

CPT Code	Description	Effective date	Termination date	Line of Business (HIP and GHI NonCity membership)	Does Diagnosis Code Rule Apply?	Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	*Site of Service (SOS) Preauthorization REQUIRED for Following Sites of Service ONLY: 19 & 22 *Members Under 75 years of Age ( 75 years of age and older - SOS does Not Apply )	Notes , Comments	General category
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	1/15/2023		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	Preauthorization - EH services
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	1/15/2023		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	Preauthorization - EH services
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin	1/15/2023		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	Preauthorization - EH services
0037U	Targeted genomic sequence analysis, solid organ neoplasm. DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	6/15/2024		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	Preauthorization - EH services
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanopore array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer	1/1/2021		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
0229U	BCAT3 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	1/1/2021		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	1/1/2021		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions	1/1/2021		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	1/1/2021		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	1/1/2021		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	1/1/2021		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	1/1/2021		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions	1/1/2021		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNI2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	1/1/2021		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	1/1/2021		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	1/1/2021		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for future comparisons to evaluate for MRD	4/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 4/01/2022; PA required effective 4/01/2022	Preauthorization - EH services
0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD	4/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 4/01/2022; PA required effective 4/01/2022	Preauthorization - EH services
0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)	4/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 4/01/2022; PA required effective 4/01/2022	Preauthorization - EH services
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	4/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 4/01/2022; PA required effective 4/01/2022	Preauthorization - EH services
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)	4/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 4/01/2022; PA required effective 4/01/2022	Preauthorization - EH services

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0317U	Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer	4/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 4/01/2022; PA required effective 4/01/2022	Preauthorization - EH services
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	4/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 4/01/2022; PA required effective 4/01/2022	Preauthorization - EH services
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	4/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 4/01/2022; PA required effective 4/01/2022	Preauthorization - EH services
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	4/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 4/01/2022; PA required effective 4/01/2022	Preauthorization - EH services
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 7/01/2022; PA required effective 7/01/2022	Preauthorization - EH services
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore

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0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint-inhibitor therapy	10/1/2022		HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 10/01/2022	Preauthorization - EH services
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy prothrombin (DCP), algorithm reported as normal or abnormal result	10/1/2022		HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 10/01/2022	Preauthorization - EH services
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	10/1/2022		HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 10/01/2022	Preauthorization - EH services
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants	10/1/2022		HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 10/01/2022	Preauthorization - EH services
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg. parent)	10/1/2022		HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 10/01/2022	Preauthorization - EH services
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer	10/1/2022		HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 10/01/2022	Preauthorization - EH services
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate	10/1/2022		HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 10/01/2022	Preauthorization - EH services

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0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid	10/1/2022		HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 10/01/2022	Preauthorization - EH services
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer	10/1/2022		HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 10/01/2022	Preauthorization - EH services
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	10/1/2022		HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 10/01/2022	Preauthorization - EH services
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes	10/1/2022		HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 10/01/2022	Preauthorization - EH services
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes	10/1/2022		HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 10/01/2022	Preauthorization - EH services
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis including reported phenotypes and impacted gene-drug interactions	10/1/2022		HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 10/01/2022	Preauthorization - EH services
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes	10/1/2022		HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 10/01/2022	Preauthorization - EH services

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0355U	APOLI (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code Effective 1/01/2023	Preauthorization - EH services
0356U	Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised Code Description effective 1/01/2024 New Code Effective 1/01/2023	Preauthorization - EH services
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description revised effective 10/01/2023 New Code Effective 1/01/2023	Preauthorization - EH services
0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CKCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code Effective 1/01/2023	Preauthorization - EH services
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	4/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 4/1/2023	Preauthorization - EH services
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer	4/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 4/1/2023	Preauthorization - EH services
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	4/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 4/1/2023	Preauthorization - EH services

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0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype	4/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 4/1/2023	Preauthorization - EH services
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	7/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 7/1/2023	Preauthorization - EH services
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug	7/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 7/1/2023	Preauthorization - EH services
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		evCore
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		evCore
0400U	Obstetrics (expanded carrier screening), 145 genes by next generation sequencing, fragment analysis and multiplex ligation dependent probe amplification, DNA, reported as carrier positive or negative	7/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 7/1/2023	Preauthorization - EH services
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post digital rectal examination urine (or processed first-catch urine), algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer	10/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 10/01/2023	Preauthorization - EH services



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0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected	10/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 10/01/2023	Preauthorization - EH services
0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability	10/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 10/01/2023	Preauthorization - EH services
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	10/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 10/01/2023	Preauthorization - EH services
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	10/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 10/01/2023	Preauthorization - EH services
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations	10/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 10/01/2023	Preauthorization - EH services
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive or negative for each biomarker	10/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 10/01/2023	Preauthorization - EH services
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder-associated genetic variants	10/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 10/01/2023	Preauthorization - EH services

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0418U	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score	10/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 10/01/2023	Preauthorization - EH services
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	10/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 10/01/2023	Preauthorization - EH services
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
0421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services

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0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
0428U	Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services

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0439T	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	evCore
0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 364 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)	4/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	Preauthorization - EH services
0448U	Oncology (lung and colon cancer), DNA, qualitative, next-generation sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffin-embedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options	4/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	Preauthorization - EH services
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes	7/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 7/01/2024	Preauthorization - EH services
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	7/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 7/01/2024	Preauthorization - EH services
0473U	Oncology (solid tumor), nextgeneration sequencing (NGS) of DNA from formalin-fixed paraffinembedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	7/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 7/01/2024	Preauthorization - EH services
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using nextgeneration sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	7/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 7/01/2024	Preauthorization - EH services

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0475U	Hereditary prostate cancerrelated disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	7/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 7/01/2024	Preauthorization - EH services
0476U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD]), schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	Preauthorization - EH services
0477U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD]), schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis, including impacted gene-drug interactions and reported phenotypes	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	Preauthorization - EH services
0478U	Oncology (non-small cell lung cancer), DNA and RNA, digital PCR analysis of 9 genes (EGFR, KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffin-embedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	Preauthorization - EH services
0481U	IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	Preauthorization - EH services
0485U	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	Preauthorization - EH services
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	Preauthorization - EH services

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0488U	Obstetrics (fetal antigen noninvasive prenatal test), cell-free DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, C, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	Preauthorization - EH services
0489U	Obstetrics (single-gene noninvasive prenatal test), cell-free DNA sequence analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants, and relative mutation-dosage analysis based on molecular counts to determine fetal inheritance of maternal mutation, algorithm reported as a fetal risk score for the condition (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia)	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	Preauthorization - EH services
0494U	Red blood cell antigen (fetal RHD gene analysis), next-generation sequencing of circulating cell-free DNA (cfDNA) of blood in pregnant individuals known to be RHD negative, reported as positive or negative	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	Preauthorization - EH services
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	Preauthorization - EH services
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Deleted Code Effective 1/01/2024	
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Deleted Code Effective 1/01/2024	
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Deleted Code Effective 1/01/2024	

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0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	N/A	Deleted Code Effective 1/01/2024	
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	1/1/2020	8/1/2025	HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	1/1/2020	8/1/2025	HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
0516U	Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	Preauthorization - EH services
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only	1/1/2020	8/1/2025	HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 Revised Code Description effective 1/01/2024	Preauthorization - EH services
0518T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only	1/1/2020	8/1/2025	HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 Revised Code Description effective 1/01/2024	Preauthorization - EH services
0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)	1/1/2020	8/1/2025	HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 Revised Code Description effective 1/01/2024	Preauthorization - EH services

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0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	1/1/2020	8/1/2025	HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 Revised Code Description effective 1/01/2024	Preauthorization - EH services
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	1/1/2020	8/1/2025	HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing	1/1/2020	8/1/2025	HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
0523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of singlenucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffinembedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change	1/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	Preauthorization - EH services
0529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE	1/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	Preauthorization - EH services
0530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, nextgeneration sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copynumber alterations, with therapy association	1/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	Preauthorization - EH services
0532U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or tissue sample, results reported as positive or negative	4/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	Preauthorization - EH services



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0533U	Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GSK3, NUDT15, SLC01B1, TPMT, UGT1A1, VKORC1), reported as metabolizer status and transporter function	4/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	Preauthorization - EH services
0536U	Red blood cell antigen (fetal RHD), PCR analysis of exon 4 of RHD gene and housekeeping control gene GAPDH from whole blood in pregnant individuals at 10+ weeks gestation known to be RHD negative, reported as fetal RHD status	4/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	Preauthorization - EH services
0538U	Oncology (solid tumor), next-generation targeted sequencing analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and copy number alterations, microsatellite instability, tumor mutation burden, reported as actionable variant	4/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	Preauthorization - EH services
0539U	Oncology (solid tumor), cell-free circulating tumor DNA (ctDNA), 152 genes, next-generation sequencing, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole-blood samples, mutations with clinical actionability reported as actionable variant	4/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	Preauthorization - EH services
0540U	Transplantation medicine, quantification of donor-derived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donor-derived cell-free DNA to determine probability of rejection	4/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	Preauthorization - EH services
0543U	Oncology (solid tumor), next-generation sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for single-nucleotide variants, multi-nucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden	4/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	Preauthorization - EH services
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore

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06347	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
06357	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
06367	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
06377	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
06387	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
06977	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	1/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	No	N/A	N/A	N/A		eviCore
06987	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	1/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	No	N/A	N/A	N/A		eviCore

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0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	1/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	No	N/A	N/A	N/A		eviCore
0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code Effective 1/01/2023	eviCore
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore

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10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	11/15/2022	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 New PA Requirement effective 11/15/2022	Preauthorization - EH services
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
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	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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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	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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11772	Excision of pilonidal cyst or sinus; complicated	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	1/1/2020	8/1/2025	HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	1/1/2020	8/1/2025	HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (list separately in addition to code for primary procedure)	1/1/2020	8/1/2025	HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	8/1/2025		HIP Commercial, GHI EPO/PPO	N/A	N/A	N/A	N/A		Preauthorization - EH services
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	1/1/2020		HIP Medicare, HIP Medicaid, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
11971	Removal of tissue expander without insertion of implant	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 New PA Requirement effective 11/15/2022	Preauthorization - EH services

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12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	Yes	Requires a PA for all sites of service if code submitted 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.	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	Yes	Requires a PA for all sites of service if code submitted 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.	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services



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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	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
15730	Bandage, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location	11/15/2022	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 New PA Requirement effective 11/15/2022	Preauthorization - EH services
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, geniohyoid, temporalis, masseter, sternocleidomastoid, levator scapulae)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A		Preauthorization - EH services
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

CPT Code	Description	Effective date	Termination date	Line of Business (HIP and GHI NonCity membership)	Does Diagnosis Code Rule Apply?	Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	*Site of Service (SOS) Preauthorization REQUIRED for Following Sites of Service ONLY: 19 & 22 *Members Under 75 years of Age ( 75 years of age and older - SOS does Not Apply )	Notes , Comments	General category
15750	Flap; neurovascular pedicle	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
15757	Free skin flap with microvascular anastomosis	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
15758	Free fascial flap with microvascular anastomosis	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	1/1/2020		HIP Medicare, GHI Medicare	Yes	PA is required for only gender dysphoria diagnoses codes F64.0-F64.9, Z87.890	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	1/1/2020		HIP Medicare, GHI Medicare	Yes	PA is required for only gender dysphoria diagnoses codes F64.0-F64.9, Z87.890	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (list separately in addition to code for primary procedure)	1/1/2020		HIP Medicare, GHI Medicare	Yes	PA is required for only gender dysphoria diagnoses codes F64.0-F64.9, Z87.890	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	1/1/2020		HIP Medicare, GHI Medicare	Yes	PA is required for only gender dysphoria diagnoses codes F64.0-F64.9, Z87.890	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services

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15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (list separately in addition to code for primary procedure)	1/1/2020		HIP Medicare, GHI Medicare	Yes	PA is required for only gender dysphoria diagnoses codes F64.0-F64.9, Z87.890	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services
15775	Punch graft for hair transplant; 1 to 15 punch grafts	8/1/2025		HIP Commercial, GHI EPO/PPO, HIP Medicaid	N/A	N/A	N/A	N/A		Preauthorization - EH services
15775	Punch graft for hair transplant; 1 to 15 punch grafts	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
15776	Punch graft for hair transplant; more than 15 punch grafts	8/1/2025		HIP Commercial, GHI EPO/PPO, HIP Medicaid	N/A	N/A	N/A	N/A		Preauthorization - EH services
15776	Punch graft for hair transplant; more than 15 punch grafts	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
15781	Dermabrasion; segmental, face	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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15782	Dermabrasion; regional, other than face	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
15788	Chemical peel, facial; epidermal	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
15789	Chemical peel, facial; dermal	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
15792	Chemical peel, nonfacial; epidermal	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
15793	Chemical peel, nonfacial; dermal	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
15820	Blepharoplasty, lower eyelid	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
15822	Blepharoplasty, upper eyelid	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
15877	Suction assisted lipectomy; trunk	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
17380	Electrolysis epilation, each 30 minutes	11/15/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement effective 11/15/2022	Preauthorization - EH services
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure).			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		evCore

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19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
19300	Removal of Breast Tissue	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
19303	Mastectomy, simple, complete	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	Yes	Requires a PA when submitted 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.	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
19316	Mastopexy	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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	N/A		Preauthorization - EH services

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19318	Breast reduction	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	Yes		Notification/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, 285.3, 290.10, 290.11, 290.12, 290.13, 242.1	N/A	Code description updated	Preauthorization - EH services
19325	Breast augmentation with implant	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	Yes		Notification/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, 285.3, 290.10, 290.11, 290.12, 290.13, 242.1	N/A	Code description updated	Preauthorization - EH services
19328	Removal of intact breast implant	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	Yes		Notification/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, 285.3, 290.10, 290.11, 290.12, 290.13, 242.1	N/A	Code description updated	Preauthorization - EH services
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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, 285.3, 290.10, 290.11, 290.12, 290.13, 242.1	N/A	Code description updated	Preauthorization - EH services
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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, 285.3, 290.10, 290.11, 290.12, 290.13, 242.1	N/A	Code description updated	Preauthorization - EH services
19342	Insertion or replacement of breast implant on separate day from mastectomy	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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, 285.3, 290.10, 290.11, 290.12, 290.13, 242.1	N/A	Code description updated	Preauthorization - EH services
19350	Nipple/areola reconstruction	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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, 285.3, 290.10, 290.11, 290.12, 290.13, 242.1	N/A		Preauthorization - EH services



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19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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	N/A	Code description updated	Preauthorization - EH services
19361	Breast reconstruction; with latissimus dorsi flap	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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	N/A	Code description updated	Preauthorization - EH services
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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	N/A	Code description updated	Preauthorization - EH services
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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	N/A	Code description updated	Preauthorization - EH services
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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	N/A	Code description updated	Preauthorization - EH services
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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	N/A	Code description updated	Preauthorization - EH services
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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	N/A	Code description updated	Preauthorization - EH services

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19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	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	N/A	Code description updated	Preauthorization - EH services
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	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	N/A	Code description updated	Preauthorization - EH services
19396	Preparation of moulage for custom breast implant	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	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	N/A		Preauthorization - EH services
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	1/21/2020		HIP Medicare; GHI Medicare	N/A	M54.6 See Medical Policy- Acupuncture for Chronic Low Back Pain.	N/A	N/A	M54.5 invalid dx code effective 9/30/2021. See Medical Policy- Acupuncture for Chronic Low Back Pain. PA required 13 -20 visit only.	Preauthorization - EH services
20561	Needle insertion(s) without injection(s); 3 or more muscles	1/21/2020		HIP Medicare; GHI Medicare	N/A	M54.5 See Medical Policy- Acupuncture for Chronic Low Back Pain.	N/A	N/A	M54.5 invalid dx code effective 9/30/2021. See Medical Policy- Acupuncture for Chronic Low Back Pain. PA required 13 -20 visit only.	Preauthorization - EH services
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
20694	Removal, under anesthesia, of external fixation system	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	8/1/2025		HIP Commercial, GHI EPO/PPO, HIP Medicaid	N/A	N/A	N/A	N/A		Preauthorization - EH services
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
20975	Electrical stimulation to aid bone healing; invasive (operative)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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21050	Condylectomy, temporomandibular joint (separate procedure)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Preauth Requirement Added	
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Preauth Requirement Added	
21086	Impression and custom preparation; auricular prosthesis	11/15/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement effective 11/15/2022	Preauthorization - EH services
21087	Impression and custom preparation; nasal prosthesis	11/15/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement effective 11/15/2022	Preauthorization - EH services
21110	INTERDENTAL FIXATION	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	8/1/2025		HIP Commercial, GHI EPO/PPO, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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21121	Genioplasty; sliding osteotomy, single piece	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	8/1/2025		HIP Commercial, GHI EPO/PPO, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21125	Augmentation, mandibular body or angle; prosthetic material	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21137	Reduction forehead; contouring only	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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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)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services



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21184	Reconstruction of orbital walls, rims, forehead, nasothmoid 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	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21193	Reconstruction of mandibular ram, horizontal, vertical, C, or L osteotomy; without bone graft	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21194	Reconstruction of mandibular ram, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21195	Reconstruction of mandibular ram and/or body, sagittal split; without internal rigid fixation	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21196	Reconstruction of mandibular ram and/or body, sagittal split; with internal rigid fixation	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21198	Osteotomy, mandible, segmental;	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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21199	Osteotomy, mandible, segmental; with genioglossus advancement	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21206	Osteotomy, maxilla, segmental (eg. Wassmund or Schuchard)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21209	Osteoplasty, facial bones; reduction	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21215	Graft, bone; mandible (includes obtaining graft)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21242	Arthroplasty, temporomandibular joint, with allograft	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21243	RECONSTRUCTION OF JAW JOINT	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	8/1/2025		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	1/1/2020		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	8/1/2025		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	1/1/2020		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	8/1/2025		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	1/1/2020		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	8/1/2025		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	1/1/2020		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	8/1/2025		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	1/1/2020		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21270	AUGMENTATION CHEEK BONE	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21275	Secondary revision of orbitocraniofacial reconstruction	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21280	Medial canthopexy (separate procedure)	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21282	Lateral canthopexy	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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21299	Unlisted craniofacial and maxillofacial procedure	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21315	Closed treatment of nasal bone fracture with manipulation; without stabilization	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
21685	Hyoid myotomy and suspension	8/1/2025		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21685	Hyoid myotomy and suspension	1/1/2020		HIP Medicare, HIP Medicaid, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21740	Reconstructive repair of pectus excavatum or carinatum; open	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
21899	Unlisted procedure, neck or thorax	1/1/2020		HIP Medicare, GHI Medicare	Yes	Requires a PA when submitted 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.	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services



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22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
22220	Osteotomy of spine, including disectomy, anterior approach, single vertebral segment; cervical	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
22222	Osteotomy of spine, including disectomy, anterior approach, single vertebral segment; thoracic	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
22224	Osteotomy of spine, including disectomy, anterior approach, single vertebral segment; lumbar	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code Description updated effective 1/1/2022	Orthonet
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code Description updated effective 1/1/2022	Orthonet
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code Description updated effective 1/1/2022	Orthonet
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code Description updated effective 1/1/2022	Orthonet
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code Description updated effective 1/1/2022	Orthonet
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code Description updated effective 1/1/2022	Orthonet

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22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace and segment (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code Description updated effective 1/1/2022	Orthonet
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22830	Exploration of spinal fusion			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet



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22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22849	Reinsertion of spinal fixation device			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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22852	Removal of posterior segmental instrumentation			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22855	Removal of anterior instrumentation			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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22867	Insertion of interlaminar/Interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level (New Code: 01/01/2017)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22868	Insertion of interlaminar/Interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure) (New Code: 01/01/2017)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22869	Insertion of interlaminar/Interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level (New Code: 01/01/2017)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
22870	Insertion of interlaminar/Interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure) (New Code: 01/01/2017)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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24105	Excision, olecranon bursa	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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26055	Tendon sheath incision (eg, for trigger finger)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
26340	Manipulation, finger joint, under anesthesia, each joint	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device			HIP Commercial, HIP Medicare, HIP Medicaid	N/A		N/A	N/A		Orthonet
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed			HIP Commercial, HIP Medicare, HIP Medicaid	N/A		N/A	N/A	Updated Code Description Effective 1/01/2023	Orthonet
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
27412	Autologous chondrocyte implantation, knee	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
28010	Tenotomy, percutaneous, toe; single tendon	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services



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28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint, without implant	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
28295	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed, with proximal metatarsal osteotomy, any method	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed, with distal metatarsal osteotomy, any method	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
28299	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed, with double osteotomy, any method	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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28344	Reconstruction, toe(s); polydactyly	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	1/1/2020	8/1/2025	HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
30130	Excision inferior turbinate, partial or complete, any method	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
30140	Submucous resection inferior turbinate, partial or complete, any method	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
30420	Rhinoplasty, primary; including major septal repair	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
30540	Repair choanal atresia; intranasal	8/1/2025		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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30540	Repair choanal atresia; intranasal	1/1/2020		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
30545	Repair choanal atresia; transpalatine	8/1/2025		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
30545	Repair choanal atresia; transpalatine	1/1/2020		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
30560	Lysis intranasal synechia	8/1/2025		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
30560	Lysis intranasal synechia	1/1/2020		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis, with operating microscope or telescope	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		evCore
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple		4/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed	
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
32851	Lung transplant, single, without cardiopulmonary bypass	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
32852	Lung transplant, single, with cardiopulmonary bypass	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services



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32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	1/1/2024	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 New Code effective 1/01/2024	Preauthorization - EH services
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	1/1/2024	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 New Code effective 1/01/2024	Preauthorization - EH services

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33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	1/1/2024	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 New Code effective 1/01/2024	Preauthorization - EH services
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	1/1/2024	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 New Code effective 1/01/2024	Preauthorization - EH services
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	1/1/2024	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 New Code effective 1/01/2024	Preauthorization - EH services
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	1/1/2024	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 New Code effective 1/01/2024	Preauthorization - EH services
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	1/1/2024	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 New Code effective 1/01/2024	Preauthorization - EH services
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	1/1/2024	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 New Code effective 1/01/2024	Preauthorization - EH services
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy) new code effective 1/1/2014	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33404	Construction of apical-aortic conduit	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33417	Aortoplasty (gusset) for supraaortic stenosis	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33476	Tricuspid valve repositioning and plication for Ebstein anomaly	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	1/1/2020	8/1/2025	HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft; without cardiopulmonary bypass	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft; with cardiopulmonary bypass	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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33507	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33611	Repair of double outlet right ventricle with intraventricular tunnel repair;	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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 (single Fontan procedure)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services



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33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33670	Repair of complete atrioventricular canal, with or without prosthetic valve	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33675	Closure of multiple ventricular septal defects;	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33676	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33677	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33681	Closure of single ventricular septal defect, with or without patch;	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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33684	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33688	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33690	Banding of pulmonary artery	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33692	Complete repair tetralogy of Fallot without pulmonary atresia;	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33724	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33726	Repair of pulmonary venous stenosis	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33730	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33732	Repair of cor triatriatum or supraventricular mitral ring by resection of left atrial membrane	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33737	Atrial septectomy or septostomy; open heart, with inflow occlusion	1/1/2020	1/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Deleted Code effective 1/1/2025	Preauthorization - EH services
33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33762	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33764	Shunt; central, with prosthetic graft	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33768	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33786	Total repair, truncus arteriosus (Rastelli type operation)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33788	Reimplantation of an anomalous pulmonary artery	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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33802	Division of aberrant vessel (vascular ring);	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33803	Division of aberrant vessel (vascular ring); with reanastomosis	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33820	Repair of patent ductus arteriosus; by ligation	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33822	Repair of patent ductus arteriosus; by division, younger than 18 years	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33917	Repair of pulmonary artery stenosis by reconstruction with patch or graft	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33920	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33928	Removal and replacement of total replacement heart system (artificial heart)	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services



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33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
33940	Donor cardiectomy (including cold preservation)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
33945	Heart transplant, with or without recipient cardiectomy	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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33975	Insertion of ventricular assist device; extracorporeal, single ventricle	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
33976	Insertion of ventricular assist device; extracorporeal, biventricular	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
33977	REMOVE VENTRICULAR DEVICE	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
33978	REMOVE VENTRICULAR DEVICE	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
33980	REMOVE INTRACORPOREAL DEVICE	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	8/1/2025		HIP Medicaid	N/A	Preauthorization required for all diagnosis codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	1/1/2020		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transeptal puncture	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description updated	Preauthorization - EH services
33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description updated	Preauthorization - EH services
36465	NIX NONCMPND SCLRSNT 1 VEIN	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
36466	NIX NONCMPND SCLRSNT MLT VN	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
36470	NIX SCLRSNT 1 INCMPTNT VEIN	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
36471	NIX SCLRSNT MLT INCMPTNT VN	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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)	8/1/2025		HIP Commercial, GHI EPO/PPO, HIP Medicaid	N/A	Preauthorization required for all diagnosis codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
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)	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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)	8/1/2025		HIP Commercial, GHI EPO/PPO, HIP Medicaid	N/A	Preauthorization required for all diagnosis codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
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)	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
36514	Therapeutic apheresis, for plasma pheresis	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
37500	Masclular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	8/1/2025		HIP Commercial, GHI EPO/PPO, HIP Medicaid	N/A	Preauthorization required for all diagnosis codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
37500	Masclular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
37718	Ligation, division, and stripping, short saphenous vein	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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37735	REMOVAL OF LEG VEINS/LESION	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
37760	LIGATE LEG VEINS RADICAL	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
37761	LIGATE LEG VEINS OPEN	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
37765	STAB PHLEB VEINS XTR 10-20	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
37766	PHLEB VEINS - EXTREM 20+	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
37785	LIGATE/DIVIDE/EXCISE VEIN	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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37788	Penile revascularization, artery, with or without vein graft	8/1/2025		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
37788	Penile revascularization, artery, with or without vein graft	1/1/2020		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
37790	Penile venous occlusive procedure	8/1/2025		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
37790	Penile venous occlusive procedure	1/1/2020		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
37799	Vascular surgery procedure NEC	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	Yes	Preauthorization required for all diagnosis codes	Preauthorization required for all diagnosis codes	N/A		Preauthorization - EH services
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	8/1/2025		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Preauth Requirement Added	



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38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	1/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	Preauthorization - EH services
38232	Bone marrow harvesting for transplantation; autologous	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
38242	Allogeneic lymphocyte infusions	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
38999	Unlisted procedure, hemic or lymphatic system	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	Yes	Preauthorization required for all diagnosis codes	Preauthorization required for all diagnosis codes	N/A		Preauthorization - EH services

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40500	Mermilionectomy (lip shave), with mucosal advancement	11/15/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement effective 11/15/2022	Preauthorization - EH services
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		evicore
41512	Tongue base suspension, permanent suture technique	8/1/2025		HIP Medicaid	N/A	Preauthorization required for all diagnosis codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
41512	Tongue base suspension, permanent suture technique	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	8/1/2025		HIP Medicaid	N/A	Preauthorization required for all diagnosis codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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41599	Unlisted procedure, tongue, floor of mouth	8/1/2025		HIP Commercial, GHI EPO/PPO	N/A	Preauthorization required for all diagnosis codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
41599	Unlisted procedure, tongue, floor of mouth	1/1/2020		HIP Medicare, HIP Medicaid, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	8/1/2025		HIP Commercial, GHI EPO/PPO	N/A	Preauthorization required for all diagnosis codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	1/1/2020		HIP Medicare, HIP Medicaid, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
42820	Tonsillectomy and adenoidectomy; younger than age 12	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
42825	Tonsillectomy, primary or secondary; younger than age 12	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
42826	Tonsillectomy, primary or secondary; age 12 or over	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
43283	LAP ESOPH LENGTHENING	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	1/1/2023		HIP Medicare, GHI Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed from Commercial lines of business to align with medical policy effective 1/1/2023 New Code Effective 1/01/2023	Preauthorization - EH services
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	1/1/2023		HIP Medicare, GHI Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed from Commercial lines of business to align with medical policy effective 1/1/2023 New Code Effective 1/01/2023	Preauthorization - EH services
43338	ESOPH LENGTHENING	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	8/1/2025		HIP Medicare, GHI Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	New Preauthorization requirement	Preauthorization - EH services
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43659	Unlisted laparoscopy procedure, stomach	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	8/1/2025		HIP Medicare, GHI Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	New Preauthorization requirement	Preauthorization - EH services
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	8/1/2025		HIP Medicare, GHI Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Preauthorization requirement	Preauthorization - EH services
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy) new code effective date 01/01/2010	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	8/1/2025		HIP Medicare, GHI Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Preauthorization requirement	Preauthorization - EH services
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services



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43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoduodenostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43860	Revision of gastrojejunostomy (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43865	Revision of gastrojejunostomy (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	8/1/2025		HIP Medicare, GHI Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Preauthorization requirement	Preauthorization - EH services
43865	Revision of gastrojejunostomy (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	8/1/2025		HIP Medicare, GHI Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Preauthorization requirement	Preauthorization - EH services
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	8/1/2025		HIP Medicare, GHI Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Preauthorization requirement	Preauthorization - EH services
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Preauthorization requirement	Preauthorization - EH services

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44132	Donor enterectomy (including cold preservation), open; from cadaver donor	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
44135	Intestinal allotransplantation; from cadaver donor	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
44136	Intestinal allotransplantation; from living donor	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
44137	Removal of transplanted intestinal allograft, complete	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
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	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
44970	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
45390	Colonoscopy, flexible; with endoscopic mucosal resection	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
46255	Hemorrhoidectomy, internal and external, single column/group;	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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47133	Donor hepatectomy (including cold preservation), from cadaver donor	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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 trisegment [segments I and IV through VIII])	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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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 V through VIII])	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	8/1/2025		HIP Commercial, GHI EPO/PPO	N/A	Preauthorization required for all diagnosis codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	1/1/2020		HIP Medicare, HIP Medicaid, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
47562	Laparoscopy, surgical; cholecystectomy	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
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	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
48554	Transplantation of pancreatic allograft	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple		4/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed	
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)		4/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed	
49505	Repair initial inguinal hernia, age 5 years or older; reducible	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services



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49650	Laparoscopy, surgical; repair initial inguinal hernia	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
50320	Donor nephrectomy (including cold preservation); open, from living donor	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	8/1/2025		HIP Commercial, GHI EPO/PPO	N/A	Preauthorization required for all diagnosis codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	1/1/2020		HIP Medicare, HIP Medicaid, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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50340	Recipient nephrectomy (separate procedure)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
50370	Removal of transplanted renal allograft	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
50380	Renal autotransplantation, reimplantation of kidney	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
50590	Lithotripsy, extracorporeal shock wave	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
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	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
52287	Cystourethroscopy, with injection(s) for chemodestruction of the bladder	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	Yes	Requires a PA when submitted 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.	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	1/1/2020		HIP Medicare, GHI Medicare	Yes	Requires a PA when submitted 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.	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage	1/1/2020		HIP Medicare, GHI Medicare	Yes	Requires a PA when submitted 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.	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services
53430	Urethroplasty, reconstruction of female urethra	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A		Preauthorization - EH services
54125	Amputation of penis; complete	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A		Preauthorization - EH services
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	8/1/2025		HIP Commercial, GHI EPO/PPO	N/A	Preauthorization required for all diagnosis codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	1/1/2020		HIP Medicare, HIP Medicaid, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
54401	Insertion of penile prosthesis; inflatable (self-contained)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Commercial membership eff 02/01/22 PA is required.	Preauthorization - EH services
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Commercial membership eff 02/01/22 PA is required.	Preauthorization - EH services
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	1/1/2020		HIP Medicare, GHI Medicare	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	8/1/2025		HIP Commercial, GHI EPO/PPO	N/A	Preauthorization required for all diagnosis codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	1/1/2020		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	1/1/2020		HIP Medicare, GHI Medicare	Yes	Requires a PA when submitted 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.	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	8/1/2025		HIP Commercial, HIP Medicare, GHI EPO/PPD, GHI Medicare	N/A	Preauthorization required for all diagnosis codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	1/1/2020		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	8/1/2025		HIP Commercial, HIP Medicare, GHI EPO/PPD, GHI Medicare	N/A	Preauthorization required for all diagnosis codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	1/1/2020		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Commercial and Medicare membership eff 02/01/22 PA is required.	Preauthorization - EH services
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	8/1/2025		HIP Commercial, HIP Medicare, GHI EPO/PPD, GHI Medicare	N/A	Preauthorization required for all diagnosis codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services

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54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	1/1/2020		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A		Preauthorization - EH services
54660	Insertion of testicular prosthesis (separate procedure)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A		Preauthorization - EH services
54690	Laparoscopy, surgical; orchiectomy	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A		Preauthorization - EH services
55040	Excision of hydrocele; unilateral	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
55175	Scrotoplasty; simple	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A		Preauthorization - EH services
55180	Scrotoplasty; complicated	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A		Preauthorization - EH services

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55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	8/1/2025		HIP Commercial, GHI EPO/PPO	N/A	Preauthorization required for all diagnosis codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	1/1/2020		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	1/1/2020		HIP Medicare, GHI Medicare	Yes	Requires a PA when submitted 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.	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	Yes	PA is required for only gender dysphoria diagnoses 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.	If submitted with other diagnosis codes, then does not require a PA.	N/A	New Code Effective 1/01/2023	Preauthorization - EH services
55870	Electroejaculation	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		evCore



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55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple		4/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed	
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		evCore
55970	Intersex surgery; male to female	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
55980	Intersex surgery; female to male	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
56405	Incision and drainage of vulva or perineal abscess	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemoablation)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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56625	Vulvectomy simple; complete	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A		Preauthorization - EH services
56800	Plastic repair of introitus	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A		Preauthorization - EH services
56805	Clitoroplasty for intersex state	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A		Preauthorization - EH services
57106	Vaginectomy, partial removal of vaginal wall	1/1/2020		HIP Medicare, GHI Medicare	Yes	Requires a PA when submitted 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.	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services
57110	Vaginectomy, complete removal of vaginal wall	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A		Preauthorization - EH services
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		evCore
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		evCore

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57288	Sling operation for stress incontinence (eg, fascia or synthetic)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
57291	Construction of artificial vagina; without graft	1/1/2020		HIP Medicare, GHI Medicare	Yes	Requires a PA when submitted 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.	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services
57292	Construction of artificial vagina; with graft	1/1/2020		HIP Medicare, GHI Medicare	Yes	Requires a PA when submitted 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.	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	1/1/2020		HIP Medicare, GHI Medicare	Yes	Requires a PA when submitted 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.	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	1/1/2020		HIP Medicare, GHI Medicare	Yes	Requires a PA when submitted 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.	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services
57335	Vaginoplasty for intersex state	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	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.	N/A		Preauthorization - EH services
57426	Revision (including removal) of prosthetic vaginal graft; laparoscopic approach	1/1/2020		HIP Medicare, GHI Medicare	Yes	Requires a PA when submitted 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.	If submitted with other diagnosis codes, then does not require a PA.	N/A		Preauthorization - EH services

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57452	Colposcopy of the cervix including upper /adjacent vagina;	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
57454	Colposcopy of the cervix including upper /adjacent vagina, with biopsy(s) of the cervix and endocervical curettage	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
58290	Vaginal hysterectomy, for uterus greater than 250 g;	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A		Preauthorization - EH services
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A		Preauthorization - EH services

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58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	1/1/2020		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	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.	N/A		Preauthorization - EH services
58321	Artificial insemination; intra-cervical	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
58322	Artificial insemination; intra-uterine	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
58323	Sperm washing for artificial Insemination	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
58346	Insertion of Heyman capsules for clinical brachytherapy			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		evicore
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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58563	Hysteroscopy, surgical, with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
58752	Tubouterine implantation	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
58760	Fimbrioplasty	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
58940	Oophorectomy, partial or total, unilateral or bilateral;	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A		Preauthorization - EH services
58970	Follicle puncture for oocyte retrieval, any method	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
58974	Embryo transfer, intrauterine	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	8/1/2025		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services

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59897	Uterine evacuation and curettage for hydatidiform mole	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	Preauthorization - EH services
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	1/1/2020	8/1/2025	HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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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	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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)	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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)	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniotomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services



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61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	1/1/2024	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 New Code effective 1/01/2024	Preauthorization - EH services
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance (New Code 01/01/2017)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) (New Code 01/01/2017)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance (New Code: 01/01/2017)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) (New Code: 01/01/2017)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance (New Code: 01/01/2017)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) (New Code: 01/01/2017)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance (New Code: 01/01/2017)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) (New Code: 01/01/2017)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy			HIP Commercial, HIP Medicare, HIP Medicaid	N/A		N/A	N/A		Orthonet
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy			HIP Commercial, HIP Medicare, HIP Medicaid	N/A		N/A	N/A		Orthonet
62355	Removal of previously implanted intrathecal or epidural catheter			HIP Commercial, HIP Medicare, HIP Medicaid	N/A		N/A	N/A		Orthonet
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir			HIP Commercial, HIP Medicare, HIP Medicaid	N/A		N/A	N/A		Orthonet

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62361	Implantation or replacement of device for intrathecal or epidural drug infusion; non programmable pump			HIP Commercial, HIP Medicare, HIP Medicaid	N/A		N/A	N/A		Orthonet
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming			HIP Commercial, HIP Medicare, HIP Medicaid	N/A		N/A	N/A		Orthonet
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion			HIP Commercial, HIP Medicare, HIP Medicaid	N/A		N/A	N/A		Orthonet
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg. spinal stenosis), 1 or 2 vertebral segments; cervical			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg. spinal stenosis), 1 or 2 vertebral segments; thoracic			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg. spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg. spinal stenosis), 1 or 2 vertebral segments; sacral			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg. spinal stenosis), more than 2 vertebral segments; cervical			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg. spinal stenosis), more than 2 vertebral segments; thoracic			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg. spinal stenosis), more than 2 vertebral segments; lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code Description updated effective 1/1/2022	Orthonet
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic, each additional segment (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, each additional interspace (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, single interspace			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retracted bone fragments); thoracic, single segment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet



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63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retracted bone fragments); lumbar, single segment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retracted bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63185	Laminectomy with rhizotomy; one or two segments			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63190	Laminectomy with rhizotomy; more than 2 segments			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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63191	Laminectomy with section of spinal accessory nerve			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63200	Laminectomy, with release of tethered spinal cord, lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63650	Percutaneous implantation of neurostimulator electrode array, epidural			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63650	Percutaneous implantation of neurostimulator electrode array, epidural			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	2/1/2022		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised Code Description effective 1/01/2024	Orthonet
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver <del>Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver; direct or inductive coupling</del>			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised Code Description effective 1/01/2024	Preauthorization - EH services
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised Code Description effective 1/01/2024	Orthonet
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array <del>Revision or removal of implanted spinal neurostimulator pulse generator or receiver</del>			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised Code Description effective 1/01/2024	Preauthorization - EH services



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64405	Injection, anesthetic agent; greater occipital nerve	1/1/2020	8/1/2025	HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description updated	Orthonet
64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description updated	Orthonet
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description updated	Orthonet
64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description updated	Orthonet
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (list separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (list separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (list separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (list separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code Description updated effective 1/1/2022	Preauthorization - EH services

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64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	1/1/2020	8/1/2025	HIP Commercial, HIP Medicaid, GHI EPO/PPD	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver <del>Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling</del>	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPD	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised Code Description effective 1/01/2024	Preauthorization - EH services
64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPD	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 Revised Code Description effective 1/01/2024	Preauthorization - EH services
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	11/1/2022		HIP Medicare and GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	Preauthorization - EH services

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64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	8/15/2025		HIP Commercial, GHI EPO/PPD	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	Preauthorization - EH services
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	11/1/2022		HIP Medicare and GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	Preauthorization - EH services
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	8/15/2025		HIP Commercial, GHI EPO/PPD	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	Preauthorization - EH services
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
64722	Decompression; unspecified nerve(s) (specify)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
64744	Transection or avulsion of; greater occipital nerve	1/1/2020	8/1/2025	HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	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.	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
65756	Keratoplasty (corneal transplant); endothelial	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
65765	Keratophakia	1/1/2020	8/1/2025	HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
65767	Epikeratoplasty	1/1/2020	8/1/2025	HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
65855	Trabeculoplasty by laser surgery	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach, with graft	1/1/2020	8/1/2025	HIP Medicare, HIP Medicaid, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
66821	Dissection of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
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 capsulorhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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67028	Intravitreal injection of a pharmacologic agent (separate procedure)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services

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67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	8/1/2025		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	1/1/2020		HIP Medicare, HIP Medicaid, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	8/1/2025		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services



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67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	1/1/2020		HIP Medicare, HIP Medicaid, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	8/1/2025		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	1/1/2020		HIP Medicare, HIP Medicaid, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	8/1/2025		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	1/1/2020		HIP Medicare, HIP Medicaid, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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67908	Repair of blepharoptosis; conjunctive-tarso-Müller's muscle-levator resection (eg, Fasanella-Servet type)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
67909	Reduction of overcorrection of ptosis	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
67911	Correction of lid retraction	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
67914	Repair of ectropion; suture	1/1/2020	8/1/2025	HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
67915	Repair of ectropion; thermocauterization )	1/1/2020	8/1/2025	HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
67916	Repair of ectropion; excision tarsal wedge	1/1/2020	8/1/2025	HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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67917	Repair of ectropion; extensive (eg, tarsal strip operations)	1/1/2020	8/1/2025	HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
67921	Repair of entropion; suture	1/1/2020	8/1/2025	HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
67922	Repair of entropion; thermocauterization	1/1/2020	8/1/2025	HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
67923	Repair of entropion; excision tarsal wedge	1/1/2020	8/1/2025	HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	1/1/2020	8/1/2025	HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
67950	Canthoplasty (reconstruction of canthus)	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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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	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	19 & 22 / NO Preauth POS 11 or 24	New SOS PA requirement added	Preauthorization - EH services
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code Description updated effective 1/1/2022	Preauthorization - EH services

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69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Preauth Requirement Added	
69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	1/1/2023	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 New Code Effective 1/01/2023	Preauthorization - EH services
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	1/1/2023	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 New Code Effective 1/01/2023	Preauthorization - EH services
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	1/1/2023	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 New Code Effective 1/01/2023	Preauthorization - EH services
69930	Cochlear device implantation, with or without mastoidectomy	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70450	Computed tomography, head or brain; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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70460	Computed tomography, head or brain; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70486	Computed tomography, maxillofacial area; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70487	Computed tomography, maxillofacial area; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70490	Computed tomography, soft tissue neck; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70491	Computed tomography, soft tissue neck; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70544	Magnetic resonance angiography, head; without contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70545	Magnetic resonance angiography, head; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70547	Magnetic resonance angiography, neck; without contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70548	Magnetic resonance angiography, neck; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore



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70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
71250	Computed tomography, thorax, diagnostic; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description updated	eviCore

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71260	Computed tomography, thorax, diagnostic; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description updated	eviCore
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description updated	eviCore
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	1/1/2021		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); followed by contrast material(s) and further sequences			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72125	Computed tomography, cervical spine; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72126	Computed tomography, cervical spine; with contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72128	Computed tomography, thoracic spine; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72129	Computed tomography, thoracic spine; with contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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72131	Computed tomography, lumbar spine; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72132	Computed tomography, lumbar spine; with contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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72192	Computed tomography, pelvis; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72193	Computed tomography, pelvis; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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73200	Computed tomography, upper extremity; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73201	Computed tomography, upper extremity; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73700	Computed tomography, lower extremity; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73701	Computed tomography, lower extremity; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore



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73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
74150	Computed tomography, abdomen; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
74160	Computed tomography, abdomen; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
74176	Computed tomography, abdomen and pelvis; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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74177	Computed tomography, abdomen and pelvis; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing, with contrast material(s) including non-contrast images, if performed.			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code Description updated effective 1/1/2022	eviCore
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	eviCore
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76380	Computed tomography, limited or localized follow-up study			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76390	Magnetic resonance spectroscopy			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76391	Magnetic resonance (eg, vibration) elastography			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	11/15/2022		HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement effective 11/15/2022	eviCore
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	11/15/2022		HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement effective 11/15/2022	eviCore

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76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (list separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76818	Fetal biophysical profile; with non-stress testing			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76819	Fetal biophysical profile; without non-stress testing			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76820	Doppler velocimetry, fetal; umbilical artery			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore



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76821	Doppler velocimetry, fetal; middle cerebral artery			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	7/14/2023		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA requirement effective 7/14/2023	Preauthorization - EH services

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76965	Ultrasonic guidance for interstitial radioelement application			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
76981	Ultrasound, elastography; parenchyma (eg, organ)	1/1/2020	9/1/2024	HIP Commercial, HIP Medicare, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 9/01/2024	Preauthorization - EH services
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
77014	Computed tomography guidance for placement of radiation therapy fields			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77022	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77046	Magnetic resonance imaging, breast, without contrast material; unilateral			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77047	Magnetic resonance imaging, breast, without contrast material; bilateral			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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77261	Therapeutic radiology treatment planning; simple			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77262	Therapeutic radiology treatment planning; intermediate			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77263	Therapeutic radiology treatment planning; complex			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77280	Therapeutic radiology simulation-aided field setting; simple			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77285	Therapeutic radiology simulation-aided field setting; intermediate			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77290	Therapeutic radiology simulation-aided field setting; complex			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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77295	3-dimensional radiotherapy plan, including dose-volume histograms			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77321	Special teletherapy port plan, particles, hemibody, total body			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77332	Treatment devices, design and construction; simple (simple block, simple bolus)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77370	Special medical radiation physics consultation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77402	Radiation treatment delivery, >=1 MeV; simple			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77407	Radiation treatment delivery, >=1 MeV; intermediate			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77412	Radiation treatment delivery, >= 1 MeV; complex			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77417	Therapeutic radiology port image(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore



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77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77425	Intraoperative radiation treatment delivery, electrons, single treatment session			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77427	Radiation treatment management, 5 treatments			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of one session)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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77469	Intraoperative radiation treatment management			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77499	Unlisted procedure, therapeutic radiology treatment management			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77520	Proton treatment delivery; simple, without compensation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77522	Proton treatment delivery; simple, with compensation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77523	Proton treatment delivery; intermediate			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77525	Proton treatment delivery; complex			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77620	Hyperthermia generated by intracavitary probe(s)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77761	Intracavitary radiation source application; simple			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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77762	Intracavitary radiation source application; intermediate			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77763	Intracavitary radiation source application; complex			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77789	Surface application of low dose rate radionuclide source			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77790	Supervision, handling, loading of radiation source			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
77799	Unlisted procedure, clinical brachytherapy			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78013	Thyroid imaging (including vascular flow, when performed);			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78018	Thyroid carcinoma metastases imaging; whole body			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78070	Parathyroid planar imaging (including subtraction, when performed);			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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78075	Adrenal imaging, cortex and/or medulla			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78102	Bone marrow imaging; limited area			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78103	Bone marrow imaging; multiple areas			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78104	Bone marrow imaging; whole body			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78185	Spleen imaging only, with or without vascular flow			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78195	Lymphatics and lymph nodes imaging			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78201	Liver imaging; static only			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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78202	Liver imaging; with vascular flow			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78215	Liver and spleen imaging; static only			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78216	Liver and spleen imaging; with vascular flow			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78226	Hepatobiliary system imaging, including gallbladder when present;			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78230	Salivary gland imaging;			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78231	Salivary gland imaging; with serial images			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore



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78232	Salivary gland function study			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78258	Esophageal motility			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78261	Gastric mucosa imaging			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78262	Gastroesophageal reflux study			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78264	Gastric emptying imaging study (eg, solid, liquid, or both);			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78265	Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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78278	Acute gastrointestinal blood loss imaging			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78282	Gastrointestinal protein loss			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78300	Bone and/or joint imaging; limited area			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78305	Bone and/or joint imaging; multiple areas			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78306	Bone and/or joint imaging; whole body			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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78315	Bone and/or joint imaging; 3 phase study			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78428	Cardiac shunt detection			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore

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78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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78456	Acute venous thrombosis imaging, peptide			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78457	Venous thrombosis imaging, venogram; unilateral			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78458	Venous thrombosis imaging, venogram; bilateral			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78579	Pulmonary ventilation imaging (eg, aerosol or gas)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78580	Pulmonary perfusion imaging (eg, particulate)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78597	Quantitative differential pulmonary perfusion, including imaging when performed			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78600	Brain imaging, less than 4 static views;			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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78601	Brain imaging, less than 4 static views; with vascular flow			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78605	Brain imaging, minimum 4 static views;			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78606	Brain imaging, minimum 4 static views; with vascular flow			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78610	Brain imaging, vascular flow only			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore



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78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78650	Cerebrospinal fluid leakage detection and localization			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78660	Radiopharmaceutical dacryocystography			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78700	Kidney imaging morphology;			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78701	Kidney imaging morphology; with vascular flow			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78725	Kidney function study, non-imaging radioisotopic study			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78730	Urinary bladder residual study (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78761	Testicular imaging with vascular flow			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78802	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Updated Code Description Effective 1/01/2023	eviCore
78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78813	Positron emission tomography (PET) imaging; whole body			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Updated Code Description Effective 1/01/2023 New PA Requirement	eviCore
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Updated Code Description Effective 1/01/2023 New PA Requirement	eviCore
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Updated Code Description Effective 1/01/2023 New PA Requirement	eviCore
79005	Radiopharmaceutical therapy, by oral administration			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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79101	Radiopharmaceutical therapy, by intravenous administration			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		evCore
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		evCore
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 [integrin, beta 3 [platelet glycoprotein IIa], antigen CD61 [GPIIb]] (eg, neonatal alloimmune thrombocytopenia [NAT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA [glycoprotein Ib [platelet], alpha polypeptide [GPIb]] (eg, neonatal alloimmune thrombocytopenia [NAT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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 [NAT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (J843S)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 [integrin, beta 3 [platelet glycoprotein IIa], antigen CD61 [GPIIb]] (eg, neonatal alloimmune thrombocytopenia [NAT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R14)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 [integrin, alpha 2 [CD49b, alpha 2 subunit of VLA-2 receptor] [GPIa]] (eg, neonatal alloimmune thrombocytopenia [NAT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (Integrin, beta 3 [platelet glycoprotein IIb, antigen CD61] [GPIIb])(eg, neonatal alloimmune thrombocytopenia [NAT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (Integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb/II] (eg, neonatal alloimmune thrombocytopenia [NAT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	*Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening.	Preauthorization - EH services

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81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	*Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening.	Preauthorization - EH services
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	*Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening.	Preauthorization - EH services
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangement)	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	*Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening.	Preauthorization - EH services
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	*Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening.	Preauthorization - EH services
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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81200	A37PA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, C285A, Y231X)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services



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81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis; common variants (eg, R183P, G278S, G422X)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81209	BLM [Bloom syndrome, RecQ helicase-like] (eg, Bloom syndrome) gene analysis, 2281delGins? variant	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185 delAG, 5385insC, 6174delT variants	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	*Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening.	Preauthorization - EH services
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	*Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening.	Preauthorization - EH services
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	*Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening.	Preauthorization - EH services
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	*Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening.	Preauthorization - EH services
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis; common variants (eg, *2, *3, *4, *6, *17)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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, *1XXN, *2XXN, *4XXN)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis; common variants (eg, *2, *3, *5, *6)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 Code Description updated effective 1/1/2022	Preauthorization - EH services
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism [SNP] variants, comparative genomic	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 Code Description updated effective 1/1/2022	Preauthorization - EH services
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description updated	Preauthorization - EH services
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81243	FMR1 (Fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 Revised Code Description effective 1/01/2024	Preauthorization - EH services
81244	FMR1 (Fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 Revised Code Description effective 1/01/2024	Preauthorization - EH services
81245	FLT3 (Fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81246	FLT3 (Fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, R836)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis; common variants (eg, R83C, Q347X)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis; common variants (eg, N370S, R466G, L444P, N552+1G-A)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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81254	GB6 (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)])	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G-C, G269S)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (e.g., C282Y, H63D)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services



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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	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, DBS6 variant(s)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81288	MLH1 (mult. homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81290	MCDLN1 (mucoilin 1) (eg, Mucopolidosis, type IV) gene analysis, common variants (eg, IVS3-2A+G, del6.4kb)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81292	MLH1 (mult. homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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81293	MLH1 (mult. homolog 1, colon cancer, nonpolyposis type 2) [eg, hereditary non-polyposis colorectal cancer, Lynch syndrome] gene analysis; known familial variants	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81294	MLH1 (mult. homolog 1, colon cancer, nonpolyposis type 2) [eg, hereditary non-polyposis colorectal cancer, Lynch syndrome] gene analysis; duplication/deletion variants	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) [eg, hereditary non-polyposis colorectal cancer, Lynch syndrome] gene analysis; full sequence analysis	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) [eg, hereditary non-polyposis colorectal cancer, Lynch syndrome] gene analysis; known familial variants	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) [eg, hereditary non-polyposis colorectal cancer, Lynch syndrome] gene analysis; duplication/deletion variants	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81298	MSH6 (mutS homolog 6 [E. coli]) [eg, hereditary non-polyposis colorectal cancer, Lynch syndrome] gene analysis; full sequence analysis	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81299	MSH6 (mutS homolog 6 [E. coli]) [eg, hereditary non-polyposis colorectal cancer, Lynch syndrome] gene analysis; known familial variants	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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81300	MSH6 (mut5 homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81309	PIK3CA (phosphatidylinositol-4, 5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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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	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81321	PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81322	PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81323	PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81327	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *5 and *2)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81335	TPMT(thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81340	TBR@ (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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81341	TBR@ (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)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81342	TBG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services



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81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	1/1/2022	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	No	N/A	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	1/1/2021	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	1/1/2021	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173>1000C>T)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DNB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2 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	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description updated	Preauthorization - EH services
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3 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])	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description updated	Preauthorization - EH services
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)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised Code Description effective 1/01/2024 Code description updated	Preauthorization - EH services
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)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised Code Description effective 1/01/2024 Code description updated	Preauthorization - EH services

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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)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised Code Description effective 1/01/2024 Code description updated	Preauthorization - EH services
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)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised Code Description effective 1/01/2024	Preauthorization - EH services
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)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised Code Description effective 1/01/2024	Preauthorization - EH services
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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, TGFBF1, TGFBF2, COL3A1, MYH11, ACTA2, SLCA10, SMAD3, and MYLK	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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 TGFBF1, TGFBF2, MYH11, and COL3A1	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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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, KCNU2, KCNQ1, RYR2, and SCN5A	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel; must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code Effective 1/01/2023	Preauthorization - EH services
81419	Epilepsy genomic sequence analysis panel; must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	1/1/2021		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer, hereditary pancreatic cancer, hereditary prostate cancer); genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code Description Revised Effective 1/1/2025	Preauthorization - EH services
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	1/1/2020	1/1/2025	HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Deleted Code effective 1/1/2025	Preauthorization - EH services

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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, CNGB1, CRY1, EYS, PRPF8, PRPF31, PRPF12, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81435	Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025 Code Description Revised Effective 1/1/2025	Preauthorization - EH services
81436	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11	1/1/2020	1/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Deleted Code effective 1/1/2025	Preauthorization - EH services
81437	Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code Description Revised Effective 1/1/2025	Preauthorization - EH services
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	1/1/2020	1/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Deleted Code effective 1/1/2025	Preauthorization - EH services
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)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH 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	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services



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81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANGC, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RADS1C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBO5, TERT, and TINF2	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code Effective 1/01/2023	Preauthorization - EH services
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	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81445	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised Code Description effective 1/01/2024	Preauthorization - EH services
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, BSLC12, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised Code Description effective 1/01/2024 New Code Effective 1/01/2023	Preauthorization - EH services
81450	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised Code Description effective 1/01/2024	Preauthorization - EH services
81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised Code Description effective 1/01/2024 New Code Effective 1/01/2023	Preauthorization - EH services

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81455	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed, DNA analysis or combined DNA and RNA analysis	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised Code Description effective 1/01/2024	Preauthorization - EH services
81456	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed, RNA analysis	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised Code Description effective 1/01/2024 New Code Effective 1/01/2023	Preauthorization - EH services
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERRF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services

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81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	Preauthorization - EH services
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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, HUWE1, IL1RAPL1, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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, HUWE1, IL1RAPL1, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81479	Unlisted molecular pathology procedure [when specified as gene analysis of V600K variant]	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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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	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	1/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	No	N/A	N/A	N/A		Preauthorization - EH services
81541	(Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score)	6/13/2025		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	Preauthorization - EH services
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	1/1/2020		HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	1/15/2025		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	Preauthorization - EH services
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	1/1/2021		HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, AS-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
81599	Unlisted multianalyte assay with algorithmic analysis	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89250	Culture of oocyte(s)/embryo(s), less than 4 days;	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89253	Assisted embryo hatching, microtechniques (any method)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89254	Oocyte identification from follicular fluid	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89255	Preparation of embryo for transfer (any method)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89257	Sperm identification from aspiration (other than seminal fluid)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89258	Cryopreservation; embryo(s)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89259	Cryopreservation; sperm	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89264	Sperm identification from testis tissue, fresh or cryopreserved	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89268	Insemination of oocytes	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89337	Cryopreservation, mature oocyte(s)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89342	Storage (per year); embryo(s)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89343	Storage (per year); sperm/semen	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89346	Storage (per year); oocyte(s)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89352	Thawing of cryopreserved; embryo(s)	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services



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89353	Thawing of cryopreserved; sperm/semen, each aliquot	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
89356	Thawing of cryopreserved; oocytes, each aliquot	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
90283	Immune globulin (IgIV), human, for intravenous use	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
90284	Immune globulin (SCIG), human, for use in subcutaneous infusions, 100 mg, each	1/1/2020		HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
90901	Biofeedback training by any modality		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Palladian
90901	Biofeedback training by any modality		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid		Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Preauthorization - EH services
90901	Biofeedback training by any modality		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	PT/OT - GHI PPO

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90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Palladian
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid		Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Preauthorization - EH services
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient		1/1/2024	GHl EPO/PPO, GHl Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	PT/OT - GHl PPO
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Palladian
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid		Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Preauthorization - EH services
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)		1/1/2024	GHl EPO/PPO, GHl Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	PT/OT - GHl PPO
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete			HIP Commercial, HIP Medicare, HIP Medicaid, GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		evCore

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93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
93312	TEE 2D;Incl Probe Placement, Imaging/Interp/Report	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore

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93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)	1/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	No	N/A	N/A	N/A		eviCore
93350	Echocardiography, transthoracic, real-time with image documentation (2D), Includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
93351	Echocardiography, transthoracic, real-time with image documentation (2D), Includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	7/1/2022	1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement termed effective 1/01/2024	eviCore
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore

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93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore

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93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	1/1/2020	8/1/2025	HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	1/1/2022	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	No	N/A	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
93750	INTERROGATION VAD IN PERSON	1/1/2020	8/1/2025	HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness			HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist			HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist			HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist			HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
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			HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Palladian
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid		Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Preauthorization - EH services
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A		N/A	N/A	PA Requirement removed	PT/OT - GHI PPO
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Palladian

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95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid		Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Preauthorization - EH services
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A		N/A	N/A	PA Requirement removed	PT/OT - GHI PPO
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	1/1/2020	8/1/2025	HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	1/1/2020	8/1/2025	HIP Medicare, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
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	1/1/2020	8/1/2025	HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH 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	1/1/2020	8/1/2025	HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH 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	1/1/2020	8/1/2025	HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services



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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	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	10/1/2019		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	10/1/2019		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
97010	Application of a modality to 1 or more areas; hot or cold packs		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Palladian
97010	Application of a modality to 1 or more areas; hot or cold packs		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid		Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97010	Application of a modality to 1 or more areas; hot or cold packs		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	PT/OT - GHI PPO
97012	Application of a modality to 1 or more areas; traction, mechanical		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian

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97012	Application of a modality to 1 or more areas; traction, mechanical		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97012	Application of a modality to 1 or more areas; traction, mechanical		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	PT/OT - GHI PPO
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	PT/OT - GHI PPO
97016	Application of a modality to one or more areas; vasopneumatic devices		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97016	Application of a modality to one or more areas; vasopneumatic devices		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services

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97016	Application of a modality to one or more areas; vasopneumatic devices		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97018	Application of a modality to 1 or more areas; paraffin bath		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97018	Application of a modality to 1 or more areas; paraffin bath		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97018	Application of a modality to 1 or more areas; paraffin bath		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97022	Application of a modality to 1 or more areas; whirlpool		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97022	Application of a modality to 1 or more areas; whirlpool		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97022	Application of a modality to 1 or more areas; whirlpool		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services

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97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97026	Application of a modality to 1 or more areas; infrared		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97026	Application of a modality to 1 or more areas; infrared		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97026	Application of a modality to 1 or more areas; infrared		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97028	Application of a modality to 1 or more areas; ultraviolet		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian

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97028	Application of a modality to 1 or more areas; ultraviolet		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97028	Application of a modality to 1 or more areas; ultraviolet		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services

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97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services

CPT Code	Description	Effective date	Termination date	Line of Business (HIP and GHI NonCity membership)	Does Diagnosis Code Rule Apply?	Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	*Site of Service (SOS) Preauthorization REQUIRED for Following Sites of Service ONLY: 19 & 22 *Members Under 75 years of Age ( 75 years of age and older - SOS does Not Apply )	Notes , Comments	General category
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97039	Unlisted modality (specify type and time if constant attendance)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97039	Unlisted modality (specify type and time if constant attendance)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97039	Unlisted modality (specify type and time if constant attendance)		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian

CPT Code	Description	Effective date	Termination date	Line of Business (HIP and GHI NonCity membership)	Does Diagnosis Code Rule Apply?	Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	*Site of Service (SOS) Preauthorization REQUIRED for Following Sites of Service ONLY: 19 & 22 *Members Under 75 years of Age ( 75 years of age and older - SOS does Not Apply )	Notes , Comments	General category
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed Main Physical therapy code for POS 11,19,22 Any POS other than the above is not valid/not appropriate POS =12 has a different authorization (59131)	Preauthorization - EH services
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services



CPT Code	Description	Effective date	Termination date	Line of Business (HIP and GHI NonCity membership)	Does Diagnosis Code Rule Apply?	Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	*Site of Service (SOS) Preauthorization REQUIRED for Following Sites of Service ONLY: 19 & 22 *Members Under 75 years of Age ( 75 years of age and older - SOS does Not Apply )	Notes , Comments	General category
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services

CPT Code	Description	Effective date	Termination date	Line of Business (HIP and GHI NonCity membership)	Does Diagnosis Code Rule Apply?	Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	*Site of Service (SOS) Preauthorization REQUIRED for Following Sites of Service ONLY: 19 & 22 *Members Under 75 years of Age ( 75 years of age and older - SOS does Not Apply )	Notes , Comments	General category
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Palladian
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid		Prior Authorization required for all Diagnosis Codes.	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A		N/A	N/A	PA Requirement removed	Preauthorization - EH services
97139	Unlisted therapeutic procedure (specify)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97139	Unlisted therapeutic procedure (specify)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97139	Unlisted therapeutic procedure (specify)		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian

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97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97150	Therapeutic procedure(s), group (2 or more individuals)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97150	Therapeutic procedure(s), group (2 or more individuals)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97150	Therapeutic procedure(s), group (2 or more individuals)		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97161	Physical therapy evaluation: low complexity, requiring these components: A. history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed  Physical Therapy evaluation low, moderate, high complexity 11/17/2021: Removed Pre-auth Requirement for initial visits for PT/OT 6 codes: 97161; 97162; 97163; 97165; 97166; 97167. Subsequent visits require preauth effective date 03/26/2021.	Palladian
97161	Physical therapy evaluation: low complexity, requiring these components: A. history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed	Preauthorization - EH services

CPT Code	Description	Effective date	Termination date	Line of Business (HIP and GHI NonCity membership)	Does Diagnosis Code Rule Apply?	Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	*Site of Service (SOS) Preauthorization REQUIRED for Following Sites of Service ONLY: 19 & 22 *Members Under 75 years of Age ( 75 years of age and older - SOS does Not Apply )	Notes , Comments	General category
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed	Preauthorization - EH services
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed  Physical Therapy evaluation low, moderate, high complexity 11/17/2021:Removed Pre-auth Requirement for Initial visits for PT/OT G codes: 97161; 97162; 97163; 97165; 97166; 97167. Subsequent visits require preauth effective date 03/26/2021.	Palladian
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed	Preauthorization - EH services
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed	Preauthorization - EH services
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed  Physical Therapy evaluation low, moderate, high complexity 11/17/2021: Removed Pre-auth Requirement for Initial visits for PT/OT G codes: 97161; 97162; 97163; 97165; 97166; 97167. Subsequent visits require preauth effective date 03/26/2021.	Palladian
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed	Preauthorization - EH services
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed	Preauthorization - EH services

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97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed	Palladian
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed	Preauthorization - EH services
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed	Preauthorization - EH services
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed Occupational Therapy evaluation low, moderate, high complexity 11/17/2021: Remove Pre-auth Requirement for initial visits for PT/OT 6 codes: 97161; 97162; 97163; 97165; 97166; 97167. Subsequent visits require preauth effective date 03/26/2021.	Palladian
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed	Preauthorization - EH services
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed	Preauthorization - EH services
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed Occupational Therapy evaluation low, moderate, high complexity 11/17/2021: Removed Pre-auth Requirement for initial visits for PT/OT 6 codes: 97161; 97162; 97163; 97165; 97166; 97167. Subsequent visits require preauth effective date 03/26/2021.	Palladian

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97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (ie, physical or verbal) with assessment(s)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed	Preauthorization - EH services
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (ie, physical or verbal) with assessment(s)		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed	Preauthorization - EH services
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (ie, physical or verbal) with assessment(s) is necessary to		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed  Occupational Therapy evaluation low, moderate, high complexity 11/11/2021-Removed Pre-auth Requirement for initial visits for PT/OT 6 codes: 97161; 97162; 97163; 97165; 97166; 97167. Subsequent visits require preauth effective date 03/26/2021.	Palladian
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (ie, physical or verbal) with assessment(s) is necessary to		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed	Preauthorization - EH services
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (ie, physical or verbal) with assessment(s) is necessary to		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed  Main Occupational therapy code for POS 11,19,22 Any POS other than the above is not valid/not appropriate POS +12 has a different authorization (59128)	Preauthorization - EH services
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services

CPT Code	Description	Effective date	Termination date	Line of Business (HIP and GHI NonCity membership)	Does Diagnosis Code Rule Apply?	Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	*Site of Service (SOS) Preauthorization REQUIRED for Following Sites of Service ONLY: 19 & 22 *Members Under 75 years of Age ( 75 years of age and older - SOS does Not Apply )	Notes , Comments	General category
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services

CPT Code	Description	Effective date	Termination date	Line of Business (HIP and GHI NonCity membership)	Does Diagnosis Code Rule Apply?	Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	*Site of Service (SOS) Preauthorization REQUIRED for Following Sites of Service ONLY: 19 & 22 *Members Under 75 years of Age ( 75 years of age and older - SOS does Not Apply )	Notes , Comments	General category
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes		1/1/2024	GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	9/1/2022	1/1/2024	GHI-EPD/PPD, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed New PA Requirement -GHI/PPD Medicare only	Chiro - Palladian
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed	Palladian
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed	Preauthorization - EH services
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes		1/1/2024	GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed	Preauthorization - EH services



CPT Code	Description	Effective date	Termination date	Line of Business (HIP and GHI NonCity membership)	Does Diagnosis Code Rule Apply?	Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	*Site of Service (SOS) Preauthorization REQUIRED for Following Sites of Service ONLY: 19 & 22 *Members Under 75 years of Age ( 75 years of age and older - SOS does Not Apply )	Notes , Comments	General category
97545	Work hardening/conditioning; initial 2 hours		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed	Palladian
97545	Work hardening/conditioning; initial 2 hours		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA requirement removed	Preauthorization - EH services
97545	Work hardening/conditioning; initial 2 hours		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed	Preauthorization - EH services
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)		1/1/2024	GHI EPO/PPO, GHI Medicare	Yes	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 30 sq cm or less		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Palladian

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97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid		Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A		N/A	N/A	PA Requirement removed	Preauthorization - EH services
97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Palladian
97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid		Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A		N/A	N/A	PA Requirement removed	Preauthorization - EH services
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Palladian
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid		Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Preauthorization - EH services

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97502	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A		N/A	N/A	PA Requirement removed	Preauthorization - EH services
97505	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Palladian
97505	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid		Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97505	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A		N/A	N/A	PA Requirement removed	Preauthorization - EH services
97506	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Palladian
97506	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid		Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97506	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A		N/A	N/A	PA Requirement removed	Preauthorization - EH services

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97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Palladian
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid		Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A		N/A	N/A	PA Requirement removed	Preauthorization - EH services
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Palladian

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97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Palladian
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid		Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Preauthorization - EH services
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A		N/A	N/A	PA Requirement removed	Preauthorization - EH services
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Palladian
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid		Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Preauthorization - EH services

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97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes		1/1/2024	GHl EPO/PP0, GHl Medicare	N/A		N/A	N/A	PA Requirement removed	Preauthorization - EH services
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	1/21/2020		HIP Medicare; GHl Medicare	N/A	M54.5 See Medical Policy- Acupuncture for Chronic Low Back Pain.	N/A	N/A	M54.5 invalid dx code effective 9/30/2021. See Medical Policy- Acupuncture for Chronic Low Back Pain. PA required 13 -20 visit only.	Preauthorization - EH services
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)	1/21/2020		HIP Medicare; GHl Medicare	N/A	M54.5 See Medical Policy- Acupuncture for Chronic Low Back Pain.	N/A	N/A	Code Description Revised Effective 1/1/2025 M54.5 invalid dx code effective 9/30/2021. See Medical Policy- Acupuncture for Chronic Low Back Pain. PA required 13 -20 visit only.	Preauthorization - EH services
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	1/21/2020		HIP Medicare; GHl Medicare	N/A	M54.5 See Medical Policy- Acupuncture for Chronic Low Back Pain.	N/A	N/A	M54.5 invalid dx code effective 9/30/2021. See Medical Policy- Acupuncture for Chronic Low Back Pain. PA required 13 -20 visit only.	Preauthorization - EH services
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)	1/21/2020		HIP Medicare; GHl Medicare	N/A	M54.5 See Medical Policy- Acupuncture for Chronic Low Back Pain.	N/A	N/A	Code Description Revised Effective 1/1/2025 M54.5 invalid dx code effective 9/30/2021. See Medical Policy- Acupuncture for Chronic Low Back Pain. PA required 13 -20 visit only.	Preauthorization - EH services
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed Preauthorization is required for the 2nd visit and every visit thereafter	Chiro - Palladian
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions		1/1/2024	GHl EPO/PP0, GHl Medicare	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed Preauthorization is required after the 8th visit and every visit thereafter	Chiro - Palladian

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98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed Preauthorization is required for the 2nd visit and every visit thereafter	Chiro - Palladian
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions		1/1/2024	GHI EPO/PPO, GHI Medicare	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed Preauthorization is required after the 8th visit and every visit thereafter	Chiro - Palladian
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed Preauthorization is required for the 2nd visit and every visit thereafter	Chiro - Palladian
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions		1/1/2024	GHI EPO/PPO, GHI Medicare	Yes	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed Preauthorization is required after the 8th visit and every visit thereafter	Chiro - Palladian
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement removed Preauthorization is required after the 8th visit and every visit thereafter	Chiro - Palladian
99341	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed Updated Code Description Effective 1/01/2023	Homecare
99342	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed Updated Code Description Effective 1/01/2023	Homecare

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99344	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed Updated Code Description Effective 1/01/2023	Homecare
99345	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed Updated Code Description Effective 1/01/2023	Homecare
99347	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed Updated Code Description Effective 1/01/2023	Homecare
99348	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed Updated Code Description Effective 1/01/2023	Homecare
99349	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed Updated Code Description Effective 1/01/2023	Homecare
99350	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed Updated Code Description Effective 1/01/2023	Homecare
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare



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99501	Home visit, postnatal			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
99502	Home visit, nb care			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
99503	Home visit, resp therapy			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
99504	Home visit mech ventilator			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
99505	Home visit, stoma care			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
99506	Home visit, im injection			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
99507	Home visit, cath maintain			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare

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99509	Home visit day life activity			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
99510	Home visit, sing/m/fam couns			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
99511	Home visit, fecal/enema mgmt			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
99512	Home visit, hemodialysis			HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
99600	Unlisted home visit			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum

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A0021	Ambulance service, outside state per mile, transport (Medicaid only)			HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Non emergency Ambulance
A0130	Nonemergency transportation: wheelchair van			HIP Commercial, HIP Medicaid, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Non emergency Ambulance
A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Non emergency Ambulance
A0380	BLS mileage (per mile)	1/1/2023		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
A0390	ALS mileage (per mile)	1/1/2023		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	1/1/2023		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
A0425	Ground mileage, per statute mile	1/1/2023		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)			HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Non emergency Ambulance
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)			HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Non emergency Ambulance
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)			HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Non emergency Ambulance
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)			HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Non emergency Ambulance
A0435	Fixed wing air mileage, per statute mile	1/1/2023		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
A0436	Rotary wing air mileage, per statute mile	1/1/2023		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
A4230	Infusion set for external insulin pump, non needle cannula type	8/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid				N/A	PA required effective 8/01/2022	EviCore

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A4232	Syringe with needle for external insulin pump, sterile, 3 cc	8/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid				N/A	PA required effective 8/01/2022	evCore
A4238	Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	8/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid				N/A	Updated Code Description Effective 1/01/2023 PA required effective 8/01/2022	evCore
A4239	Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	evCore
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month	4/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	evCore
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month	4/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	8/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid				N/A	PA required effective 8/01/2022	eviCore
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	8/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid				N/A	PA required effective 8/01/2022	eviCore
A4353	Intermittent urinary catheter, with insertion supplies	8/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid				N/A	PA required effective 8/01/2022	eviCore
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	8/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid				N/A	PA required effective 8/01/2022	eviCore
A4457	Enema tube, with or without adapter, any type, replacement only, each	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore

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A4468	An exsufflation belt is a stand-alone, intermittent abdominal daytime pressure ventilator device.	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
A4520	Incontinence garment, any type, (e.g., brief, diaper), each	8/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid				N/A	PA required effective 8/01/2022	eviCore
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
A4541	Monthly supplies for use of device coded at E0733	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
A4545	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	eviCore
A4545	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month	10/1/2024		GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	DME code greater than \$2000 done in house for GHI PPO membership

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A4554	Disposable underpads, all sizes	8/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid				N/A	PA required effective 8/01/2022	eviCore
A4560	Neuromuscular electrical stimulator (NMES), disposable, replacement only	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each		8/1/2025	GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	DME code greater than \$2000 done in house for GHI PPD membership
A4575	Topical hyperbaric oxygen chamber, disposable			HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per month	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
A4604	Tubing with integrated heating element for use with positive airway pressure device. Authorization required on or after 12/1/18			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A4649	Surgical supply, miscellaneous			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore



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A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
A5510	or diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	8/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid				N/A	PA required effective 8/01/2022	eviCore
A6515	Gradient compression wrap with adjustable straps, full leg, each, custom	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
A6516	Gradient compression wrap with adjustable straps, foot, each, custom	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
A6517	Gradient compression wrap with adjustable straps, below knee, each, custom	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
A6518	Gradient compression wrap with adjustable straps, arm, each, custom	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore

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A6519	Gradient compression garment, not otherwise specified, for nighttime use, each	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
A6520	Gradient compression garment, glove, padded, for nighttime use, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EviCore
A6520	Gradient compression garment, glove, padded, for nighttime use, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EviCore
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6522	Gradient compression garment, arm, padded, for nighttime use, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EviCore
A6522	Gradient compression garment, arm, padded, for nighttime use, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership

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A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore

CPT Code	Description	Effective date	Termination date	Line of Business (HIP and GHI NonCity membership)	Does Diagnosis Code Rule Apply?	Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	*Site of Service (SOS) Preauthorization REQUIRED for Following Sites of Service ONLY: 19 & 22 *Members Under 75 years of Age ( 75 years of age and older - SOS does Not Apply )	Notes , Comments	General category
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6528	Gradient compression garment, bra, for nighttime use, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6528	Gradient compression garment, bra, for nighttime use, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6529	Gradient compression garment, bra, for nighttime use, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6529	Gradient compression garment, bra, for nighttime use, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership

CPT Code	Description	Effective date	Termination date	Line of Business (HIP and GHI NonCity membership)	Does Diagnosis Code Rule Apply?	Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	*Site of Service (SOS) Preauthorization REQUIRED for Following Sites of Service ONLY: 19 & 22 *Members Under 75 years of Age ( 75 years of age and older - SOS does Not Apply )	Notes , Comments	General category
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A6552	Gradient compression stocking, below knee, 30-40 mmhg, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EviCore
A6552	Gradient compression stocking, below knee, 30-40 mmhg, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6553	Gradient compression stocking, below knee, 30-40 mmhg, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EviCore
A6553	Gradient compression stocking, below knee, 30-40 mmhg, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6554	Gradient compression stocking, below knee, 40 mmhg or greater, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EviCore
A6554	Gradient compression stocking, below knee, 40 mmhg or greater, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership

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A6555	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6555	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6556	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6556	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6557	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6557	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6558	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore

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A6558	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6559	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6559	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6560	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6560	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6561	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6561	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership

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A6562	Gradient compression stocking, waist length, 18-30 mmhg, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6562	Gradient compression stocking, waist length, 18-30 mmhg, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6563	Gradient compression stocking, waist length, 30-40 mmhg, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6563	Gradient compression stocking, waist length, 30-40 mmhg, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6564	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6564	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6565	Gradient compression gauntlet, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore



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A6565	Gradient compression gauntlet, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6566	Gradient compression garment, neck/head, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6566	Gradient compression garment, neck/head, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6567	Gradient compression garment, neck/head, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6567	Gradient compression garment, neck/head, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6568	Gradient compression garment, torso and shoulder, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6568	Gradient compression garment, torso and shoulder, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership

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A6569	Gradient compression garment, torso/shoulder, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6569	Gradient compression garment, torso/shoulder, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6570	Gradient compression garment, genital region, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6570	Gradient compression garment, genital region, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6571	Gradient compression garment, genital region, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6571	Gradient compression garment, genital region, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6572	Gradient compression garment, toe caps, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore

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A6572	Gradient compression garment, toe caps, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6573	Gradient compression garment, toe caps, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6573	Gradient compression garment, toe caps, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6574	Gradient compression arm sleeve and glove combination, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6574	Gradient compression arm sleeve and glove combination, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6575	Gradient compression arm sleeve and glove combination, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6575	Gradient compression arm sleeve and glove combination, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership

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A6576	Gradient compression arm sleeve, custom, medium weight, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6576	Gradient compression arm sleeve, custom, medium weight, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6577	Gradient compression arm sleeve, custom, heavy weight, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6577	Gradient compression arm sleeve, custom, heavy weight, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6578	Gradient compression arm sleeve, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6578	Gradient compression arm sleeve, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6579	Gradient compression glove, custom, medium weight, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore

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A6579	Gradient compression glove, custom, medium weight, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6580	Gradient compression glove, custom, heavy weight, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6580	Gradient compression glove, custom, heavy weight, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6581	Gradient compression glove, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6581	Gradient compression glove, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6582	Gradient compression gauntlet, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6582	Gradient compression gauntlet, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership

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A6583	Gradient compression wrap with adjustable straps, below knee, each <del>Gradient compression wrap with adjustable straps, below knee, 30-50 mmHg, each</del>	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised description effective 4/01/2025 New Code effective 1/01/2024	EvCore
A6583	Gradient compression wrap with adjustable straps, below knee, each <del>Gradient compression wrap with adjustable straps, below knee, 30-50 mmHg, each</del>	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised description effective 4/01/2025 New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6584	Gradient compression wrap with adjustable straps, not otherwise specified	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6584	Gradient compression wrap with adjustable straps, not otherwise specified	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6585	Gradient compression wrap with adjustable straps, above knee, each <del>Gradient pressure wrap with adjustable straps, above knee, each</del>	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised description effective 4/01/2025 New Code effective 1/01/2024	EvCore
A6585	Gradient compression wrap with adjustable straps, above knee, each <del>Gradient pressure wrap with adjustable straps, above knee, each</del>	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised description effective 4/01/2025 New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6586	Gradient compression wrap with adjustable straps, full leg, each <del>Gradient pressure wrap with adjustable straps, full leg, each</del>	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised description effective 4/01/2025 New Code effective 1/01/2024	EvCore

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A6586	Gradient compression wrap with adjustable straps, full leg, each <del>Gradient pressure wrap with adjustable straps, full leg, each</del>	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised description effective 4/01/2025 New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6587	Gradient compression wrap with adjustable straps, foot, each <del>Gradient pressure wrap with adjustable straps, foot, each</del>	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised description effective 4/01/2025 New Code effective 1/01/2024	EvCore
A6587	Gradient compression wrap with adjustable straps, foot, each <del>Gradient pressure wrap with adjustable straps, foot, each</del>	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised description effective 4/01/2025 New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6588	Gradient compression wrap with adjustable straps, arm, each <del>Gradient pressure wrap with adjustable straps, arm, each</del>	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised description effective 4/01/2025 New Code effective 1/01/2024	EvCore
A6588	Gradient compression wrap with adjustable straps, arm, each <del>Gradient pressure wrap with adjustable straps, arm, each</del>	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised description effective 4/01/2025 New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6589	Gradient pressure wrap with adjustable straps, bra, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6589	Gradient pressure wrap with adjustable straps, bra, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership

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A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month	10/15/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	DME code greater than \$2000 done in house for GHI PPO membership
A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
A6591	External urinary catheter; non-disposable, for use with suction pump, per month	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
A6593	Accessory for gradient compression garment or wrap with adjustable straps, non-otherwise specified	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EviCore
A6593	Accessory for gradient compression garment or wrap with adjustable straps, non-otherwise specified	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EviCore
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership



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A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6597	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6597	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore

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A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership

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A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore

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A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership

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A6609	Gradient compression bandaging supply, not otherwise specified	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6609	Gradient compression bandaging supply, not otherwise specified	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6610	Gradient compression stocking, below knee, 18-30 mmhg, custom, each	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
A6610	Gradient compression stocking, below knee, 18-30 mmhg, custom, each	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
A6611	Gradient compression wrap with adjustable straps, above knee, each, custom	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	evCore
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	10/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	evCore
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	10/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	DME code greater than \$2000 done in house for GHI PPO membership

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A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A7028	Oral cushion for combination oral/nasal mask, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A7030	Full face mask used with positive airway pressure device, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A7031	Face mask interface, replacement for full face mask, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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A7032	Cushion for use on nasal mask interface, replacement only, each. Authorization required on or after 12/1/18			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A7033	Pillow for use on nasal cannula type interface, replacement only, pair			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap. Authorization required on or after 12/1/18			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A7035	Headgear used with positive airway pressure device. Authorization required on or after 12/1/18			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A7036	Chinstrap used with positive airway pressure device. Authorization required on or after 12/1/18			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A7037	Tubing used with positive airway pressure device. Authorization required on or after 12/1/18			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A7038	Filter, disposable, used with positive airway pressure device. Authorization required on or after 12/1/18			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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A7039	Filter, non disposable, used with positive airway pressure device. Authorization required on or after 12/1/18:			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A7044	Oral interface used with positive airway pressure device, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each. Authorization required on or after 12/1/18			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	8/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid				N/A	PA required effective 8/01/2022	eviCore
A9275	Home glucose disposable monitor, includes test strips	8/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid				N/A	PA required effective 8/01/2022	eviCore
A9276	Sensor, invasive (e.g., subcutaneous), disposable, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM), one unit = 1 day supply	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore



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A9277	Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
A9278	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
A9285	Inversion/eversion correction device		8/1/2025	GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	DME code greater than \$2000 done in house for GHI PPD membership
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
A9590	Iodine I-131, iobenguane, 1 mCi	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
A9606	Radium RA-223 dichloride, therapeutic, per microcurie			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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A9607	Pluvicto™ (Lutetium Iu 177 vipivotide tetraxetan, therapeutic, 1 millicurie) <i>Replacement Code for A9699 - effective 10/01/2022</i>	10/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA required effective 10/01/2022 - this is new/replacement code for temp code A9699.	eviCore
A9609	Fludeoxyglucose F18, up to 15 mCi	11/13/2024		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
A9900	Miscellaneous dme supply, accessory, and/or service component of another hcpcs code			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
A9999	Miscellaneous dme supply or accessory, not otherwise specified			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum

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B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
B4104	Additive for enteral formula (e.g., fiber)	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	10/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	New Code effective 10/01/2023	Care Continuum
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum

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B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
B4185	Parenteral nutrition solution, not otherwise specified, 10 g lipids	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - AmiroSyn RF, NephroAmine, RenAmine - premix	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatAmine-premix	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
C1821	Interspinous process distraction device (implantable)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	1/1/2021	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services

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C2616	Brachytherapy source, nonstranded, yttrium-90, per source			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8900	Magnetic resonance angiography with contrast, abdomen			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8901	Magnetic resonance angiography without contrast, abdomen			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8903	Magnetic resonance imaging with contrast, breast; unilateral			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8906	Magnetic resonance imaging with contrast, breast; bilateral			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8912	Magnetic resonance angiography with contrast, lower extremity			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8913	Magnetic resonance angiography without contrast, lower extremity			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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C8918	Magnetic resonance angiography with contrast, pelvis			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8919	Magnetic resonance angiography without contrast, pelvis			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8921	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies, complete			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8922	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies, follow-up or limited study			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8923	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color doppler echocardiography			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8924	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording when performed, follow-up or limited study			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore



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C8928	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8929	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8930	Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
C8934	Magnetic resonance angiography with contrast, upper extremity	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore

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C8935	Magnetic resonance angiography without contrast, upper extremity	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
C9758	Blinded procedure for NYHA Class III/IV heart failure: transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	1/1/2020	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement removed effective 8/1/2025	Preauthorization - EH services
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
C9782	Blinded procedure for new york heart association (nyha) class II or III heart failure, or canadian cardiovascular society (ccs) class III or IV chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study	4/1/2022	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	Preauthorization requirement removed effective 8/1/2025 New Code effective 4/01/2022; PA required effective 4/01/2022	Preauthorization - EH services

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C9783	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (ide) study	4/1/2022	8/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare				N/A	Preauthorization requirement removed effective 8/1/2025 New Code effective 4/01/2022; PA required effective 4/01/2022	Preauthorization - EH services
C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	10/1/2023		HIP Medicare, GHI Medicare				N/A	New Code effective 10/01/2023	eviCore
C9794	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	11/13/2024	1/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Deleted Code effective 1/1/2025 New PA Requirement	eviCore
C9795	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	11/13/2024	1/1/2025	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Deleted Code effective 1/1/2025 New PA Requirement	eviCore
E0170	Commode chair with integrated seat lift mechanism, electric, any type	9/1/2022		HIP Commercial and Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E0172	Seat lift mechanism placed over or on top of toilet, any type	9/1/2022		HIP Commercial and Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E0182	Pump for alternating pressure pad, for replacement only			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	10/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 10/01/2022	eviCore
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	10/1/2022		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New code effective 10/01/2022	DME code greater than \$2000 done in house for GHI PPO membership
E0184	Dry pressure mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0186	Air pressure mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0187	Water pressure mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0193	Powered air flotation bed (low air loss therapy)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0193	Powered air flotation bed (low air loss therapy)			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
E0194	Air fluidized bed			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0194	Air fluidized bed			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
E0196	Gel pressure mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0197	Air pressure pad for mattress, standard mattress length and width			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E0198	Water pressure pad for mattress, standard mattress length and width			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0217	Water circulating heat pad with pump			EH HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
E0217	Water circulating heat pad with pump		8/1/2025	GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0231	Noncontact wound-warming device (temperature control unit, AC adapter , power cord) for use with warming card , wound cover	9/1/2022		HIP Commercial and Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E0232	Warming card for use with the noncontact wound-warming device , noncontact wound-warming wound cover	9/1/2022		HIP Commercial and Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E0250	Hospital bed, fixed height, with any type side rails, with mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E0251	Hospital bed, fixed height, with any type side rails, without mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0251	Hospital bed, fixed height, with any type side rails, without mattress			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore



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E0271	Mattress, innerspring			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0272	Mattress, foam rubber			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0273	Bed board			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0274	Over-bed table			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0277	Powered pressure-reducing air mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0277	Powered pressure-reducing air mattress			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0280	Bed cradle, any type			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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E0290	Hospital bed, fixed height, without side rails, with mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0290	Hospital bed, fixed height, without side rails, with mattress			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0291	Hospital bed, fixed height, without side rails, without mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0305	Bed side rails, half length			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0310	Bed side rails, full length			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0315	Bed accessory: board, table, or support device, any type			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0316	Safety enclosure frame/canopy for use with hospital bed, any type			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E0350	Control unit for electronic bowel irrigation/evacuation system	9/1/2022		HIP Commercial and Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0372	Powered air overlay for mattress, standard mattress length and width			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0373	Nonpowered advanced pressure reducing mattress			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies, accessories	9/1/2022		HIP Commercial and Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)	9/1/2022		HIP Commercial and Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E0455	Oxygen tent, excluding croup or pediatric tents			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0457	Chest shell (cuirass)	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore



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E0462	Rocking bed with or without side rails			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	4/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	eviCore

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E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	4/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	eviCore
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	10/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0480	Percussor, electric or pneumatic, home model			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0481	Intrapulmonary percussive ventilation system and related accessories			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0482	Cough stimulating device, alternating positive and negative airway pressure			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description updated effective 10/01/2022	DME-Pac services by eviCore
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description updated effective 10/01/2022	DME code greater than \$2000 done in house for GHI PPO membership

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E0484	Oscillatory positive expiratory pressure device, non-electric, any type, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0487	Spirometer, electronic, includes all accessories			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	10/1/2023		HIP Medicare				N/A	New Code effective 10/01/2023	eviCore

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E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	10/1/2023		GHI Medicare				N/A	New Code effective 10/01/2023	DME code greater than \$2000 done in house for GHI PPO membership
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply	10/1/2023		HIP Medicare				N/A	New Code effective 10/01/2023	eviCore
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply	10/1/2023		GHI Medicare				N/A	New Code effective 10/01/2023	DME code greater than \$2000 done in house for GHI PPO membership
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore

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E0550	Humidifier, durable for extensive supplemental humidification during ippb treatments or oxygen delivery			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E0561	Humidifier, non heated, used with positive airway pressure device			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0562	Humidifier, heated, used with positive airway pressure device			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0570	Nebulizer, with compressor	8/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid				N/A	PA required effective 8/01/2022	eviCore
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0575	Nebulizer, ultrasonic, large volume	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E0575	Nebulizer, ultrasonic, large volume			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0585	Nebulizer, with compressor and heater			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0601	Continuous positive airway pressure (CPAP) device			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0601	Continuous positive airway pressure (CPAP) device			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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E0607	Home blood glucose monitor	8/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid				N/A	PA required effective 8/01/2022	eviCore
E0610	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0615	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0617	External defibrillator with integrated electrocardiogram analysis			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0617	External defibrillator with integrated electrocardiogram analysis			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0618	Apnea monitor, without recording feature			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0619	Apnea monitor, with recording feature			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore



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E0625	Patient lift, bathroom or toilet, not otherwise classified			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0627	Seat lift mechanism, electric, any type			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0627	Seat lift mechanism, electric, any type			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0629	Seat lift mechanism, non-electric, any type			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0629	Seat lift mechanism, non-electric, any type			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0635	Patient lift, electric, with seat or sling			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E0635	Patient lift, electric, with seat or sling			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0636	Multipositional patient support system, with integrated lift, patient accessible controls			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0636	Multipositional patient support system, with integrated lift, patient accessible controls			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0640	Patient lift, fixed system, includes all components/accessories			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E0641	Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0650	Pneumatic compressor, nonsegmental home model			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0650	Pneumatic compressor, nonsegmental home model			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0671	Segmental gradient pressure pneumatic appliance, full leg			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0672	Segmental gradient pressure pneumatic appliance, full arm			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E0673	Segmental gradient pressure pneumatic appliance, half leg			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E0677	Nonpneumatic sequential compression garment, trunk	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
E0678	Non-pneumatic sequential compression garment, full leg	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EviCore
E0678	Non-pneumatic sequential compression garment, full leg	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership

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E0679	Non-pneumatic sequential compression garment, half leg	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
E0679	Non-pneumatic sequential compression garment, half leg	1/1/2024		GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHl PPO membership
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure	1/1/2024		GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHl PPO membership
E0681	Non-pneumatic compression controller without calibrated gradient pressure	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
E0681	Non-pneumatic compression controller without calibrated gradient pressure	1/1/2024		GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHl PPO membership
E0682	Non-pneumatic sequential compression garment, full arm	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore

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E0682	Non-pneumatic sequential compression garment, full arm	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	eviCore
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump	10/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership



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E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E0700	Safety equipment, device or accessory, any type			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0710	Restraints, any type (body, chest, wrist or ankle)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0720	Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E0732	Cranial electrotherapy stimulation (CES) system, any type	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
E0735	Noninvasive vagus nerve stimulator	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
E0736	Transcutaneous tibial nerve stimulator	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
E0737	Transcutaneous tibial nerve stimulator, controlled by phone application	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	eviCore

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E0737	Transcutaneous tibial nerve stimulator, controlled by phone application	10/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
E0739	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors <del>Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors</del>	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description revised effective 10/01/2024 New PA requirement	eviCore
E0740	Non-implanted pelvic floor electrical stimulator, complete system			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0744	Neuromuscular stimulator for scoliosis			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0745	Neuromuscular stimulator, electronic shock unit			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0745	Neuromuscular stimulator, electronic shock unit			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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E0746	Electromyography (emg), biofeedback device			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0749	Osteogenesis stimulator, electrical, surgically implanted			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
E0755	Electronic salivary reflex stimulator (intra-oral/non-invasive)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0761	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device			HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting			HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified			HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0775	Iv pole			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E0784	External ambulatory infusion pump, insulin			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPQ, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
E0791	Parenteral infusion pump, stationary, single or multi-channel			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0920	Fracture frame, attached to bed, includes weights			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0930	Fracture frame, free standing, includes weights			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0935	Continuous passive motion exercise device for use on knee only			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E0936	Continuous passive motion exercise device for use other than knee			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E0941	Gravity assisted traction device, any type			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0947	Fracture frame, attachments for complex pelvic traction			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0948	Fracture frame, attachments for complex cervical traction			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore



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E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	evCore
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by evCore
E0974	Manual wheelchair accessory, anti-rollback device, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by evCore
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	evCore
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	evCore
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E0985	Wheelchair accessory, seat lift mechanism	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	evCore

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E0986	Manual wheelchair accessory, push-rim activated power assist system			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by evCore
E0986	Manual wheelchair accessory, push-rim activated power assist system			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E1002	Wheelchair accessory, power seating system, tilt only			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by evCore
E1002	Wheelchair accessory, power seating system, tilt only			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by evCore
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by evCore

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E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore

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E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1022	Wheelchair transportation securement system, any type includes all components and accessories	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
E1022	Wheelchair transportation securement system, any type includes all components and accessories	4/1/2025		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHI PPO membership
E1023	Wheelchair transit securement system, includes all components and accessories	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
E1023	Wheelchair transit securement system, includes all components and accessories			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHI PPO membership
E1030	Wheelchair accessory, ventilator tray, gimbaled	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	eviCore
E1030	Wheelchair accessory, ventilator tray, gimbaled			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	evCore
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHl PPO membership
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	evCore
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHl PPO membership
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	evCore
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHl PPO membership
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	evCore

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E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1050	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1070	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1083	Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore

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E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore



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E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1161	Manual adult size wheelchair, includes tilt in space			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E1161	Manual adult size wheelchair, includes tilt in space			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1221	Wheelchair with fixed arm, footrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1222	Wheelchair with fixed arm, elevating legrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1223	Wheelchair with detachable arms, footrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1224	Wheelchair with detachable arms, elevating legrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore

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E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1227	Special height arms for wheelchair	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1229	Wheelchair, pediatric size, not otherwise specified	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	eviCore

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E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	evCore
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	evCore
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	evCore
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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E1236	Wheelchair, pediatric size, folding, adjustable, with seating system			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	8/1/2025		HIP Commercial,HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	eviCore
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E1239	Power wheelchair, pediatric size, not otherwise specified	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1240	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1250	Lightweight wheelchair, fixed full length arms, swing away detachable footrest	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore

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E1260	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1270	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1280	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1285	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1290	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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E1296	Special wheelchair seat height from floor	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1296	Special wheelchair seat height from floor			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E1298	Special wheelchair seat depth and/or width, by construction	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E1300	Whirlpool, portable (overtub type)	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1301	Whirlpool tub, walk-in, portable	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
E1310	Whirlpool, nonportable (built-in type)	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E1355	Stand/rack			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1358	Oxygen accessory, dc power adapter for portable concentrator, any type, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1372	Immersion external heater for nebulizer			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore



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E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E1392	Portable oxygen concentrator, rental			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1392	Portable oxygen concentrator, rental			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E1399	Durable medical equipment, miscellaneous			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1405	Oxygen and water vapor enriching system with heated delivery			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1406	Oxygen and water vapor enriching system without heated delivery			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1700	Jaw motion rehabilitation system	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore

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E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1801	Static progressive stretch/patient actualized serial stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories  <del>Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories</del>			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised description effective 4/01/2025	DME-PAC services by eviCore
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1803	Dynamic adjustable elbow extension only device, includes soft interface material	1/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	eviCore
E1803	Dynamic adjustable elbow extension only device, includes soft interface material	1/1/2025		GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	DME code greater than \$2000 done in house for GHI PPO membership
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	1/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	eviCore
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	1/1/2025		GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	DME code greater than \$2000 done in house for GHI PPO membership

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E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1807	Dynamic adjustable wrist extension only device, includes soft interface material	1/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	eviCore
E1807	Dynamic adjustable wrist extension only device, includes soft interface material	1/1/2025		GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	DME code greater than \$2000 done in house for GHI PPO membership
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	1/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	eviCore
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	1/1/2025		GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	DME code greater than \$2000 done in house for GHI PPO membership
E1813	Dynamic adjustable knee extension only device, includes soft interface material	1/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	eviCore

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E1813	Dynamic adjustable knee extension only device, includes soft interface material	1/1/2025		GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	DME code greater than \$2000 done in house for GHI PPO membership
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	1/1/2025		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	eviCore
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	1/1/2025		GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	DME code greater than \$2000 done in house for GHI PPO membership
E1822	Dynamic adjustable ankle extension only device, includes soft interface material	1/1/2025		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	eviCore
E1822	Dynamic adjustable ankle extension only device, includes soft interface material	1/1/2025		GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	DME code greater than \$2000 done in house for GHI PPO membership
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	1/1/2025		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	eviCore
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	1/1/2025		GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	DME code greater than \$2000 done in house for GHI PPO membership

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E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material			HIP Commerical, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1826	Dynamic adjustable finger extension only device, includes soft interface material	1/1/2025		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	eviCore
E1826	Dynamic adjustable finger extension only device, includes soft interface material	1/1/2025		GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	DME code greater than \$2000 done in house for GHI PPO membership
E1827	Dynamic adjustable finger flexion only device, includes soft interface material	1/1/2025		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	eviCore
E1827	Dynamic adjustable finger flexion only device, includes soft interface material	1/1/2025		GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	DME code greater than \$2000 done in house for GHI PPO membership
E1828	Dynamic adjustable toe extension only device, includes soft interface material	1/1/2025		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	eviCore
E1828	Dynamic adjustable toe extension only device, includes soft interface material	1/1/2025		GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	DME code greater than \$2000 done in house for GHI PPO membership

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E1829	Dynamic adjustable toe flexion only device, includes soft interface material	1/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	eviCore
E1829	Dynamic adjustable toe flexion only device, includes soft interface material	1/1/2025		GHl EPO/PPO, GHl Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	DME code greater than \$2000 done in house for GHl PPO membership
E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHl PPO membership
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E1841	Static progressive stretch/patient actualized serial stretch shoulder device, with or without range of motion adjustment, includes all components and accessories <del>Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories</del>			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised description effective 4/01/2025	DME-PAC services by eviCore
E2000	Gastric suction pump, home model, portable or stationary, electric			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine and/or fecal management system	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Description revised effective 4/01/2024 New Code effective 1/01/2024	eviCore
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine and/or fecal management system	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Description revised effective 4/01/2024 New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
E2100	Blood glucose monitor with integrated voice synthesizer			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2101	Blood glucose monitor with integrated lancing/blood sample			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2102	Adjunctive, non-implanted continuous glucose monitor or receiver	8/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid				N/A	Updated Code Description Effective 1/01/2023 PA required effective 8/01/2022	eviCore
E2103	Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	4/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	eviCore

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E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	4/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2209	Accessory, arm trough, with or without hand support, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore



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E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2227	Manual wheelchair accessory, gear reduction drive wheel, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2227	Manual wheelchair accessory, gear reduction drive wheel, each			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E2230	Manual wheelchair accessory, manual standing system			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	4/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	eviCore

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E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	4/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
E2300	Wheelchair accessory, power seat elevation system, any type		4/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	Deleted Code effective 4/01/2024	
E2301	Wheelchair accessory, power standing system, any type			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2324	Power wheelchair accessory, chin cup for chin control interface			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 in	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 in	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E2360	Power wheelchair accessory, 22nf non-sealed lead acid battery, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2368	Power wheelchair component, drive wheel motor, replacement only			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2369	Power wheelchair component, drive wheel gear box, replacement only			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore



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E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2378	Power wheelchair component, actuator, replacement only	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore

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E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E2396	Power wheelchair accessory, caster fork, any size, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E2397	Power wheelchair accessory, lithium-based battery, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E2398	Wheelchair accessory, dynamic positioning hardware for back			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E2402	Negative pressure wound therapy electrical pump, stationary or portable			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E2402	Negative pressure wound therapy electrical pump, stationary or portable			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
E2500	Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 minutes recording time			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
E2502	Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2511	Speech generating software program, for personal computer or personal digital assistant			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2512	Accessory for speech generating device, mounting system			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2513	Accessory for speech generating device, electromyographic sensor	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	eviCore

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E2513	Accessory for speech generating device, electromyographic sensor	10/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
E2599	Accessory for speech generating device, not otherwise classified			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2605	Positioning wheelchair seat cushion, width less than 22 in, any depth	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E2606	Positioning wheelchair seat cushion, width 22 in or greater, any depth	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E2608	Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
E2609	Custom fabricated wheelchair seat cushion, any size	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore

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E2610	Wheelchair seat cushion, powered	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore



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E3000	Speech volume modulation system, any type, including all components and accessories	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore
G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes	8/1/2025		HIP Commercial, GHI EPO/PPO, GHI Medicare, Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes	1/1/2021		HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	8/1/2025		HIP Commercial, GHI EPO/PPO, GHI Medicare, Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	1/1/2021		HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	8/1/2025		HIP Commercial, GHI EPO/PPO, GHI Medicare, Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	1/1/2021		HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare

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G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare

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G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0219	PET imaging whole body; melanoma for noncovered indications	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
G0235	PET imaging, any site, not otherwise specified	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore

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G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	Yes	Prior authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Palladian
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid		Prior authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement removed	Preauthorization - EH services
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care		1/1/2024	GHI EPO/PPO, GHI Medicare	N/A		N/A	N/A	PA Requirement removed	Preauthorization - EH services
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
G0490	Face-to-face home health nursing visit by a rural health clinic (RHC) or federally qualified health center (FQHC) in an area with a shortage of home health agencies; (services limited to RN or LPN only)	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare				N/A		Homecare
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0495	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G0562	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	1/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	eviCore

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G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	1/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	New Code effective 1/1/2025	eviCore
G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G2168	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
G6001	Ultrasonic guidance for placement of radiation therapy fields			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore



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H1004	Prenatal care, at-risk enhanced service; follow-up home visit	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
J1437	Injection, ferric derisomaltose, 10 mg	10/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
J1738	Injection, meloxicam, 1 mg	10/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
K0001	Standard wheelchair			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0002	Standard hemi (low seat) wheelchair			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0003	Lightweight wheelchair			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0004	High strength, lightweight wheelchair			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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K0005	Ultralightweight wheelchair			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0006	Heavy duty wheelchair			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0007	Extra heavy duty wheelchair			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0008	Custom manual wheelchair/base			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0009	Other manual wheelchair/base			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0010	Standard - weight frame motorized/power wheelchair			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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K0012	Lightweight portable motorized/power wheelchair			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0013	Custom motorized/power wheelchair base			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0014	Other motorized/power wheelchair base			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0017	Detachable, adjustable height armrest, base, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0051	Cam release assembly, footrest or legrest, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0052	Swingaway, detachable footrests, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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K0053	Elevating footrests, articulating (telescoping), each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0108	Wheelchair component or accessory, not otherwise specified			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0607	Replacement battery for automated external defibrillator, garment type only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0608	Replacement garment for use with automated external defibrillator, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0608	Replacement garment for use with automated external defibrillator, each			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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K0730	Controlled dose inhalation drug delivery system			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0730	Controlled dose inhalation drug delivery system			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0743	Suction pump, home model, portable, for use on wounds	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
K0743	Suction pump, home model, portable, for use on wounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0812	Power operated vehicle, not otherwise classified			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership



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K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership



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K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership

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K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0898	Power wheelchair, not otherwise classified			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0899	Power mobility device, not coded by dme pdac or does not meet criteria			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K0900	Customized durable medical equipment, other than wheelchair	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
K1004	Low frequency ultrasonic diathermy treatment device for home use	10/15/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA requirement	eviCore

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K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	4/1/2021	1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	Deleted Code Effective 1/01/2024	
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	4/1/2021	1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Deleted Code Effective 1/01/2024	
K1015	Foot, adductus positioning device, adjustable	4/1/2021	1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid	N/A	N/A	N/A	N/A	Deleted Code Effective 1/01/2024	
K1015	Foot, adductus positioning device, adjustable	4/1/2021	1/1/2024	GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Deleted Code Effective 1/01/2024	
K1021	Exsufflation belt, includes all supplies and accessories	10/1/2021	1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Deleted Code Effective 1/01/2024	
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	10/1/2021	1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Deleted Code Effective 1/01/2024	
K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	10/1/2021	1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Deleted Code Effective 1/01/2024	

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K1024	Non-pneumatic compression controller with sequential calibrated gradient pressure	10/1/2021	1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Deleted Code Effective 1/01/2024	DME-PAC services by eviCore
K1025	Non-pneumatic sequential compression garment, full arm	10/1/2021	1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Deleted Code Effective 1/01/2024	
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	10/1/2021		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	10/1/2021		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	8/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid				N/A	PA required effective 8/01/2022	eviCore
K1031	Non-pneumatic compression controller without calibrated gradient pressure	4/1/2022	1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Deleted Code Effective 1/01/2024 New Code effective 4/01/2022; PA required effective 4/01/2022	
K1032	Non-pneumatic sequential compression garment, full leg	4/1/2022	1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Deleted Code Effective 1/01/2024 New Code effective 4/01/2022; PA required effective 4/01/2022	

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K1033	Non-pneumatic sequential compression garment, half leg	4/1/2022	1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Deleted Code Effective 1/01/2024 New Code effective 4/01/2022; PA required effective 4/01/2022	
K1036	Supplies , accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	10/1/2023		HIP Commercial, HIP Medicare and HIP Medicaid				N/A	New Code effective 10/01/2023	eviCore
K1037	Docking station for use with oral device/appliance used to reduce upper airway collapsibility	4/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	eviCore
K1037	Docking station for use with oral device/appliance used to reduce upper airway collapsibility	4/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
L0113	Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0454	Tlso flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0455	Tlso, flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore



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L0456	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacroccocygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L0457	Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacroccocygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0458	Tlso, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacroccocygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0460	Tlso, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacroccocygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0462	Tlso, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacroccocygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0464	Tlso, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacroccocygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0466	Tlso, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L0467	Tlso, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0468	Tlso, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacroccocygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0469	Tlso, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacroccocygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0470	Tlso, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacroccocygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0472	Tlso, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0480	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacroccocygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0480	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacroccocygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L0482	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0482	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L0484	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0484	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L0486	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0486	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L0488	Tlso, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L0490	Tlso, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the t-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0491	Tlso, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0492	Tlso, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0622	lacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from l-1 to below l-5 vertebra, produces intracavity pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from l-1 to below l-5 vertebra, produces intracavity pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0628	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to L-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0629	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to L-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0630	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to L-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to L-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0632	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to L-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0633	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to L-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L0634	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0635	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0636	Lumbar-sacral orthotic (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0636	Lumbar-sacral orthotic (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0638	Lumbar-sacral orthotic (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0638	Lumbar-sacral orthotic (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0640	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L0720	Cervical-thoracic-lumbar-sacral-orthoses (ctls), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
L0720	Cervical-thoracic-lumbar-sacral-orthoses (ctls), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHl PPO membership
L1006	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	eviCore
L1006	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	10/1/2024		GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	DME code greater than \$2000 done in house for GHl PPO membership
L1200	Thoracic-lumbar-sacral-orthosis (tlso), inclusive of furnishing initial orthosis only			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore



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L1300	Other scoliosis procedure, body jacket molded to patient model			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L1300	Other scoliosis procedure, body jacket molded to patient model			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L1310	Other scoliosis procedure, postoperative body jacket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L1310	Other scoliosis procedure, postoperative body jacket			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated	4/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	eviCore
L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated	4/1/2024		GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	DME code greater than \$2000 done in house for GHl PPO membership
L1499	Spinal orthosis, not otherwise specified			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

CPT Code	Description	Effective date	Termination date	Line of Business (HIP and GHI NonCity membership)	Does Diagnosis Code Rule Apply?	Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	*Site of Service (SOS) Preauthorization REQUIRED for Following Sites of Service ONLY: 19 & 22 *Members Under 75 years of Age ( 75 years of age and older - SOS does Not Apply )	Notes , Comments	General category
L1653	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	eviCore
L1653	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf	10/1/2024		GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
L1681	Hip orthosis, bilateral hip joints , thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	10/1/2023		HIP Commercial, HIP Medicare and HIP Medicaid				N/A	New Code effective 10/01/2023	eviCore
L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L1820	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise <del>Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment</del>			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description revised effective 10/01/2024	DME-PAC services by eviCore
L1821	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	eviCore
L1821	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf	10/1/2024		GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	DME code greater than \$2000 done in house for GHI PPO membership

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L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L1834	Knee orthosis, without knee joint, rigid, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L1840	Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L1844	Knee orthotic (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L1844	Knee orthotic (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L1846	Knee orthotic, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L1846	Knee orthotic, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L1847	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L1850	Knee orthosis, swedish type, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L1851	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L1852	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L1852	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L1860	Knee orthotic (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L1860	Knee orthotic (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L1900	Ankle foot orthosis, spring wire, dorsiflexion assist calf band, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L1902	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L1905	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L1910	Ankle foot orthosis, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L1920	Ankle foot orthosis, single upright with static or adjustable stop (phelps or peristein type), custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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L1930	Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L1932	Ankle foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise <del>Afo, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment</del>			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised description effective 4/01/2025	DME-PAC services by eviCore
L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHI PPO membership
L1940	Ankle foot orthosis, plastic or other material, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L1945	Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L1950	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L1951	Ankle foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine-type), plastic or other material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise  <del>Ankle-foot-orthosis-spiral-(institute-of-rehabilitative-medicine-type)-plastic-or-other-material-prefabricated-includes-fitting-and-adjustment</del>			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised description effective 4/01/2025	DME-PAC services by eviCore
L1952	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
L1952	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf			GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHI PPD membership
L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L1970	Ankle foot orthosis, plastic with ankle joint, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L1971	Ankle foot orthosis (AFO), plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment  <del>Ankle-foot-orthosis-plastic-or-other-material-with-ankle-joint-prefabricated-includes-fitting-and-adjustment</del>			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Revised description effective 4/01/2025	DME-PAC services by eviCore
L1980	Ankle foot orthosis, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'bk' orthosis), custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore



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L1990	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2000	Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2005	Knee-ankle-foot orthotic (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2005	Knee-ankle-foot orthotic (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L2006	Knee-ankle-foot (KAF) device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2006	Knee-ankle-foot (KAF) device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	1/1/2020		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L2010	Knee-ankle-foot orthotic (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), without knee joint, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L2010	Knee-ankle-foot orthotic (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), without knee joint, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L2020	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthotic), custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2020	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthotic), custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L2030	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthotic), without knee joint, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2030	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthotic), without knee joint, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L2034	Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2034	Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L2035	Knee ankle foot orthosis, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2036	Knee-ankle-foot orthotic (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2036	Knee-ankle-foot orthotic (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L2037	Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2037	Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L2038	Knee-ankle-foot orthotic (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2038	Knee-ankle-foot orthotic (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L2050	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2060	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2080	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2090	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2106	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2108	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture cast orthotic, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2108	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture cast orthotic, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L2112	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2114	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2116	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2126	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, thermoplastic type casting material, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2126	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, thermoplastic type casting material, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L2128	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2128	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L2132	Kafo, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2134	Kafo, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2136	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, rigid, prefabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2136	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, rigid, prefabricated, includes fitting and adjustment			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore

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L2280	Addition to lower extremity, molded inner boot	9/1/2022		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	9/1/2022		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	8/1/2025		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	DME code greater than \$2000 done in house for GHI PPO membership
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	9/1/2022		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2340	Addition to lower extremity, pretibial shell, molded to patient model	9/1/2022		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)	9/1/2022		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	9/1/2022		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore

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L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	9/1/2022		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	9/1/2022		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	8/1/2025		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	DME code greater than \$2000 done in house for GHI PPO membership
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	9/1/2022		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	9/1/2022		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	9/1/2022		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type two-position joint, each	9/1/2022		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore



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L2580	Addition to lower extremity, pelvic control, pelvic sling	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	8/1/2025		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	DME code greater than \$2000 done in house for GHI PPO membership
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	8/1/2025		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	DME code greater than \$2000 done in house for GHI PPO membership
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2768	Orthotic side bar disconnect device, per bar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L2999	Lower extremity orthoses, not otherwise specified			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3000	Foot, insert, removable, molded to patient model, 'ucb' type, berkeley shell, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3001	Foot, insert, removable, molded to patient model, spenco, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3002	Foot, insert, removable, molded to patient model, plastazote or equal, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L3003	Foot, insert, removable, molded to patient model, silicone gel, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3020	Foot, insert, removable, molded to patient model, longitudinal/ metatarsal support, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3030	Foot, insert, removable, formed to patient foot, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3040	Foot, arch support, removable, premolded, longitudinal, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3050	Foot, arch support, removable, premolded, metatarsal, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L3060	Foot, arch support, removable, premolded, longitudinal/ metatarsal, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3070	Foot, arch support, non-removable attached to shoe, longitudinal, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3161	Foot, adductus positioning device, adjustable	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EviCore
L3161	Foot, adductus positioning device, adjustable	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership

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L3203	Orthopedic shoe, oxford with supinator or pronator, junior			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3207	Orthopedic shoe, hightop with supinator or pronator, junior			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3215	Orthopedic footwear, ladies shoe, oxford, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3216	Orthopedic footwear, ladies shoe, depth inlay, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3219	Orthopedic footwear, mens shoe, oxford, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3221	Orthopedic footwear, mens shoe, depth inlay, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3230	Orthopedic footwear, custom shoe, depth inlay, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3251	Foot, shoe molded to patient model, silicone shoe, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3252	Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3253	Foot, molded shoe plastazote (or similar) custom fitted, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3254	Non-standard size or width			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L3255	Non-standard size or length			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L3257	Orthopedic footwear, additional charge for split size			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L3330	Lift, elevation, metal extension (skate)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L3671	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L3674	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

CPT Code	Description	Effective date	Termination date	Line of Business (HIP and GHI NonCity membership)	Does Diagnosis Code Rule Apply?	Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	*Site of Service (SOS) Preauthorization REQUIRED for Following Sites of Service ONLY: 19 & 22 *Members Under 75 years of Age ( 75 years of age and older - SOS does Not Apply )	Notes , Comments	General category
L3720	Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3730	Elbow orthosis, double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3740	Elbow orthotic (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3740	Elbow orthotic (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L3760	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L3761	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf	9/1/2022		HIP Commercial, Medicare and Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore



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L3764	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3765	Elbow-wrist-hand-finger orthotic (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3765	Elbow-wrist-hand-finger orthotic (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L3766	Elbow-wrist-hand-finger orthotic (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3766	Elbow-wrist-hand-finger orthotic (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L3806	Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L3808	Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore

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L3809	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L3900	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L3900	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L3901	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L3901	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L3904	Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated	8/1/2025		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	DME code greater than \$2000 done in house for GHI PPO membership

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L3904	Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L3905	Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L3912	Hand finger orthosis (Hfo), flexion glove with elastic finger control, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3915	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3921	Hand-finger orthosis (HFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore

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L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3930	Hand finger orthosis, includes one or more nonensor joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3960	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L3961	Shoulder-elbow-wrist-hand orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	8/1/2025		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	DME code greater than \$2000 done in house for GHI PPO membership
L3961	Shoulder-elbow-wrist-hand orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L3962	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L3967	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	8/1/2025		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	DME code greater than \$2000 done in house for GHI PPO membership

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L3967	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L3971	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	8/1/2025		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	DME code greater than \$2000 done in house for GHI PPO membership
L3971	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L3973	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	8/1/2025		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	DME code greater than \$2000 done in house for GHI PPO membership
L3973	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L3975	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3975	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L3976	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	8/1/2025		GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	DME code greater than \$2000 done in house for GHl PPO membership
L3976	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	9/1/2022		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L3977	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	8/1/2025		GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	DME code greater than \$2000 done in house for GHl PPO membership
L3977	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	9/1/2022		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L3978	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	8/1/2025		GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	DME code greater than \$2000 done in house for GHl PPO membership
L3978	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	9/1/2022		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	9/1/2022		HIP Commerical, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore

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L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L3999	Upper limb orthosis, not otherwise specified			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L4002	Replacement strap, any orthosis, includes all components, any length, any type			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L4010	Replace trilateral socket brim			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L4020	Replace quadrilateral socket brim, molded to patient model			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L4030	Replace quadrilateral socket brim, custom fitted			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L4040	Replace molded thigh lacer, for custom fabricated orthosis only			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L4395	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L4631	Ankle-foot orthotic, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L4631	Ankle-foot orthotic, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership



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L5050	Ankle, Symes, molded socket, SACH foot			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by evCore
L5050	Ankle, Symes, molded socket, SACH foot			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by evCore
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L5100	Below knee, molded socket, shin, SACH foot			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by evCore
L5100	Below knee, molded socket, shin, SACH foot			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by evCore

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LS105	Below knee, plastic socket, joints and thigh lacer, SACH foot			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

CPT Code	Description	Effective date	Termination date	Line of Business (HIP and GHI NonCity membership)	Does Diagnosis Code Rule Apply?	Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	*Site of Service (SOS) Preauthorization REQUIRED for Following Sites of Service ONLY: 19 & 22 *Members Under 75 years of Age ( 75 years of age and older - SOS does Not Apply )	Notes , Comments	General category
LS210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
LS210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
LS220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
LS230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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LS250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS301	Below knee, molded socket, shin, SACH foot, endoskeletal system			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS301	Below knee, molded socket, shin, SACH foot, endoskeletal system			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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LS312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
LS312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
LS321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
LS331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'ak' or knee disarticulation			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5430	Immediate post surgical or early fitting, application of initial rigid dressing, incl. fitting, alignment and suspension, 'ak' or knee disarticulation, each additional cast change and realignment			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5450	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5460	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L5500	Initial, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L5500	Initial, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5505	Initial, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5505	Initial, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5510	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5510	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5520	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5520	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership



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L5530	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L5530	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5535	Preparatory, below knee PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L5535	Preparatory, below knee PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5540	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L5540	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5560	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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LS560	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS570	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS570	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS580	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS580	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS585	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS585	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L5590	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L5590	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracandence system			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadece system			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5611	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with friction swing phase control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5611	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with friction swing phase control			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5613	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with hydraulic swing phase control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5613	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with hydraulic swing phase control			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	EvCore
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5617	Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5618	Addition to lower extremity, test socket, symes			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5620	Addition to lower extremity, test socket, below knee			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L5622	Addition to lower extremity, test socket, knee disarticulation			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5624	Addition to lower extremity, test socket, above knee			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5626	Addition to lower extremity, test socket, hip disarticulation			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5628	Addition to lower extremity, test socket, hemipelvectomy			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5629	Addition to lower extremity, below knee, acrylic socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5630	Addition to lower extremity, symes type, expandable wall socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L5632	Addition to lower extremity, symes type, 'ptb' brim design socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5634	Addition to lower extremity, symes type, posterior opening (canadian) socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5636	Addition to lower extremity, symes type, medial opening socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5637	Addition to lower extremity, below knee, total contact			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5638	Addition to lower extremity, below knee, leather socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5639	Addition to lower extremity, below knee, wood socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5639	Addition to lower extremity, below knee, wood socket			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L5640	Addition to lower extremity, knee disarticulation, leather socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5642	Addition to lower extremity, above knee, leather socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5644	Addition to lower extremity, above knee, wood socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore



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L5647	Addition to lower extremity, below knee suction socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by evicore
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by evicore
L5649	Addition to lower extremity, ischial containment/narrow M-L socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by evicore
L5649	Addition to lower extremity, ischial containment/narrow M-L socket			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5650	Additions to lower extremity, total contact, above knee or knee disarticulation socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by evicore
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by evicore
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5654	Addition to lower extremity, socket insert, symes, (kemblo, pelite, allplast, plastazote or equal)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5655	Addition to lower extremity, socket insert, below knee (kemblo, pelite, allplast, plastazote or equal)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5656	Addition to lower extremity, socket insert, knee disarticulation (kemblo, pelite, allplast, plastazote or equal)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5658	Addition to lower extremity, socket insert, above knee (kemblo, pelite, allplast, plastazote or equal)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5661	Addition to lower extremity, socket insert, multi-durometer symes			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L5665	Addition to lower extremity, socket insert, multi-durometer, below knee			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5666	Addition to lower extremity, below knee, cuff suspension			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5668	Addition to lower extremity, below knee, molded distal cushion			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5670	Addition to lower extremity, below knee, molded supracondylar suspension (pts' or similar)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5671	Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5672	Addition to lower extremity, below knee, removable medial brim suspension			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

PA Requirement added

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L5676	Additions to lower extremity, below knee, knee joints, single axis, pair			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5677	Additions to lower extremity, below knee, knee joints, polycentric, pair			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5678	Additions to lower extremity, below knee, joint covers, pair			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
L5680	Addition to lower extremity, below knee, thigh lacer, nonmolded			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5686	Addition to lower extremity, below knee, back check (extension control)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5692	Addition to lower extremity, above knee, pelvic control belt, light			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L5699	All lower extremity prostheses, shoulder harness			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5700	Replacement, socket, below knee, molded to patient model			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5700	Replacement, socket, below knee, molded to patient model			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L5704	Custom shaped protective cover, below knee			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L5705	Custom shaped protective cover, above knee			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L5706	Custom shaped protective cover, knee disarticulation			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L5707	Custom shaped protective cover, hip disarticulation			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L5707	Custom shaped protective cover, hip disarticulation			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership

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LS710	Addition, exoskeletal knee-shin system, single axis, manual lock			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore



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LS724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
LS724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
LS726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
LS728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	4/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	eviCore
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	4/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	DME code greater than \$2000 done in house for GHI PPO membership

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LS785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS810	Addition, endoskeletal knee-shin system, single axis, manual lock			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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LS814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS818	Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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LS826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
LS826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
LS827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHI PPO membership
LS828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
LS828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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LS830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS840	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS840	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	4/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	eviCore
LS841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	4/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2024; PA required effective 4/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
LS845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
LS845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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LS848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
LS850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
LS855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
LS856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
LS856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
LS857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
LS857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5910	Addition, endoskeletal system, below knee, alignable system			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	1/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	eviCore



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L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	1/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 1/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
L5930	Addition, endoskeletal system, high activity knee control frame			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5930	Addition, endoskeletal system, high activity knee control frame			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist. Includes any type motor(s)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5970	All lower extremity prostheses, foot, external keel, sach foot			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5971	All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5972	All lower extremity prostheses, foot, flexible keel			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L5974	All lower extremity prostheses, foot, single axis ankle/foot			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5975	All lower extremity prosthesis, combination single axis ankle and flexible keel foot			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5976	All lower extremity prostheses, energy storing foot (seattle carbon copy ii or equal)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one piece system			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one piece system			GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPD membership
L5980	All lower extremity prostheses, flex-foot system			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L5980	All lower extremity prostheses, flex-foot system			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5981	All lower extremity prostheses, flex-walk system or equal			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5981	All lower extremity prostheses, flex-walk system or equal			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L5982	All exoskeletal lower extremity prostheses, axial rotation unit			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5984	All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L5986	All lower extremity prostheses, multi-axial rotation unit ('mcp' or equal)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore

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L5987	All lower extremity prostheses, shank foot system with vertical loading pylon			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L5990	Addition to lower extremity prosthesis, user adjustable heel height	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	PA Requirement added	eviCore
L5990	Addition to lower extremity prosthesis, user adjustable heel height			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	10/1/2023		HIP Commercial, HIP Medicare and HIP Medicaid				N/A	New Code effective 10/01/2023	eviCore

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L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	10/1/2023		GHI EPO/PPO, GHI Medicare				N/A	New Code effective 10/01/2023	Preauthorization - EH services
L5999	Lower extremity prosthesis, not otherwise specified			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by I6692	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by I6692			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHI PPO membership
L6029	Upper extremity addition, test socket/interface, partial hand including fingers	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
L6029	Upper extremity addition, test socket/interface, partial hand including fingers			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHI PPO membership
L6030	Upper extremity addition, external frame, partial hand including fingers	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore

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L6030	Upper extremity addition, external frame, partial hand including fingers			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHI PPO membership
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHI PPO membership
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHI PPO membership
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHI PPO membership



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L6037	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
L6037	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHl PPO membership
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHl PPO membership

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L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	8/1/2025		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	DME code greater than \$2000 done in house for GHI PPO membership
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L7007	Electric hand, switch or myoelectric controlled, adult			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L7007	Electric hand, switch or myoelectric controlled, adult			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L7008	Electric hand, switch or myoelectric, controlled, pediatric			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by evCore
L7008	Electric hand, switch or myoelectric, controlled, pediatric			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L7009	Electric hook, switch or myoelectric controlled, adult			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by evCore
L7009	Electric hook, switch or myoelectric controlled, adult			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L7040	Prehensile actuator, switch controlled			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by evCore
L7040	Prehensile actuator, switch controlled			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L7045	Electric hook, switch or myoelectric controlled, pediatric			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by evCore

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L7045	Electric hook, switch or myoelectric controlled, pediatric			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L7170	Electronic elbow, Hosmer or equal, switch controlled			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L7170	Electronic elbow, Hosmer or equal, switch controlled			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership

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L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L7186	Electronic elbow, child, Variety Village or equal, switch controlled			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L7186	Electronic elbow, child, Variety Village or equal, switch controlled			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled			GHl EPO/PPO, GHl Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHl PPO membership
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L7259	Electronic wrist rotator, any type			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L7360	Six volt battery, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L7364	Twelve volt battery, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L7366	Battery charger, twelve volt, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L7367	Lithium ion battery, rechargeable, replacement			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L7368	Lithium ion battery charger, replacement only			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore



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L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system	4/1/2025		HIP Commercial, HIP Medicare and HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	eviCore
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 4/01/2025	DME code greater than \$2000 done in house for GHI PPO membership
L7499	Upper extremity prosthesis, not otherwise specified			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L7700	Basket or seal, for use with prosthetic socket insert, any type, each	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L7900	Male vacuum erection system			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L7900	Male vacuum erection system			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L7902	Tension ring, for vacuum erection device, any type, replacement only, each			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	1/1/2020		HIP Commercial, HIP Medicare, HIP Medicaid	Yes	All diagnosis codes, except the breast cancer diagnoses listed in the next column.	Covered with PA all LOB unless breast cancer diagnosis. Covered without PA if any of these breast cancer diagnoses: 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	N/A	DME-Pac services by eviCore	
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	1/1/2020		GHI EPO/PPO, GHI Medicare	Yes	All diagnosis codes, except the breast cancer diagnoses listed in the next column.	Covered with PA all LOB unless breast cancer diagnosis. Covered without PA if any of these breast cancer diagnoses: 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	N/A	DME code greater than \$2000 done in house for GHI PPO membership	
L8035	Custom breast prosthesis, post mastectomy, molded to patient model			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L8035	Custom breast prosthesis, post mastectomy, molded to patient model			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L8039	Breast prosthesis, not otherwise specified	9/1/2022		HIP Commercial, HIP Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L8040	Nasal prosthesis, provided by a nonphysician			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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L8040	Nasal prosthesis, provided by a nonphysician			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L8041	Midfacial prosthesis, provided by a nonphysician			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L8041	Midfacial prosthesis, provided by a nonphysician			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L8042	Orbital prosthesis, provided by a nonphysician			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L8042	Orbital prosthesis, provided by a nonphysician		8/1/2025	GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L8043	Upper facial prosthesis, provided by a nonphysician			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L8043	Upper facial prosthesis, provided by a nonphysician			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L8044	Hemi-facial prosthesis, provided by a nonphysician			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L8044	Hemi-facial prosthesis, provided by a nonphysician			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L8045	Auricular prosthesis, provided by a nonphysician			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L8045	Auricular prosthesis, provided by a nonphysician			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L8046	Partial facial prosthesis, provided by a nonphysician			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore
L8046	Partial facial prosthesis, provided by a nonphysician			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L8047	Nasal septal prosthesis, provided by a non-physician			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-Pac services by eviCore

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L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by eviCore
L8499	Unlisted procedure for miscellaneous prosthetic services	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L8500	Artificial larynx, any type	9/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L8614	Cochlear device, includes all internal and external components			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
L8614	Cochlear device, includes all internal and external components			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L8627	Cochlear implant, external speech processor, component, replacement			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
L8627	Cochlear implant, external speech processor, component, replacement			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L8628	Cochlear implant, external controller component, replacement			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
L8628	Cochlear implant, external controller component, replacement			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L8679	Implantable neurostimulator, pulse generator, any type			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
L8680	Implantable neurostimulator electrode, each	8/1/2025		HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	Preauth Requirement Added	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L8682	Implantable neurostimulator radiofrequency receiver			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership

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L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services



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L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L8690	Auditory osseointegrated device, includes all internal and external components			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
L8691	Auditory osseointegrated device, external sound processor, replacement			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
L8691	Auditory osseointegrated device, external sound processor, replacement			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
L8701	Powered upper extremity range of motion assist device, elbow, wrist, h, with single or double upright(s), includes microprocessor, sensors, all components , accessories, custom fabricated	9/1/2022		HIP Commercial and Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
L8702	Powered upper extremity range of motion assist device, elbow, wrist, h,, finger, single or double upright(s), includes microprocessor, sensors, all components , accessories, custom fabricated	9/1/2022		HIP Commercial and Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore

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L8720	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	evCore
L8720	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	10/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
L8721	Receptor sole for use with l8720, replacement, each	10/1/2024		HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	evCore
L8721	Receptor sole for use with l8720, replacement, each	10/1/2024		GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New Code effective 10/01/2024	DME code greater than \$2000 done in house for GHI PPO membership
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another hcpcs "I" code			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME-PAC services by evCore
M0244	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare

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Q5001	Hospice or home health care provided in patient's home/residence. See Medicare Learning Network (MLN) Matters* article, MM8136	12/1/2022	1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed	Homecare
Q5002	Hospice or home health care provided in assisted living facility. See Medicare Learning Network (MLN) Matters* article, MM8136	12/1/2022	1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA requirement removed	Homecare
Q5009	Hospice or home health care provided in place not otherwise specified (NO). See Medicare Learning Network (MLN) Matters* article, MM8136	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A		Homecare
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)			GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		DME code greater than \$2000 done in house for GHI PPO membership
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore
S2350	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, single interspace			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet
S2351	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)			HIP Commercial, HIP Medicare, HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Orthonet

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S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero	1/1/2024		HIP Commercial and GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	Preauthorization - EH services
S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	1/1/2024		HIP Commercial and GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	Preauthorization - EH services
S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	1/1/2024		HIP Commercial and GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	Preauthorization - EH services
S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	1/1/2024		HIP Commercial and GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	Preauthorization - EH services
S2404	Repair, myelomeningocele in the fetus, procedure performed in utero	1/1/2024		HIP Commercial and GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	Preauthorization - EH services
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	1/1/2024		HIP Commercial and GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	Preauthorization - EH services
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	1/1/2024		HIP Commercial and GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	Preauthorization - EH services

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S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	1/1/2024		HIP Commercial and GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	Preauthorization - EH services
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	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate	8/1/2025		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate	8/1/2025		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
S4015	Complete in-vitro fertilization cycle, not otherwise specified, case rate	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
S4016	Frozen in vitro fertilization cycle, case rate	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
S4017	Frozen in-vitro fertilization cycle, case rate	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
S4020	In vitro fertilization procedure cancelled before aspiration, case rate	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
S4021	In-vitro fertilization procedure cancelled before aspiration, case rate	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
S4022	In-vitro fertilization procedure cancelled after aspiration, case rate	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
S4023	Donor egg cycle, incomplete, case rate— no known contract with case rates but if they did then YES this would need auth	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
S4025	Donor egg cycle, incomplete, case rate	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
S4027	Storage of previously frozen embryos	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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S4028	Microsurgical epididymal sperm aspiration (MESA)	8/1/2025		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Preauthorization - EH services
S4035	Stimulated intrauterine insemination (IUI), case rate	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
S4037	Cryopreserved embryo transfer, case rate	1/1/2020		HIP Commercial, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
S5102	Day care services, adult; per diem	4/1/2021		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
S5108	Home care training to home care client, per 15 minutes	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
S5109	Home care training to home care client, per session	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
S5110	Home care training, family; per 15 minutes	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare

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SS111	Home care training, family; per session	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
SS115	Home care training, nonfamily; per 15 minutes	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
SS116	Home care training, nonfamily; per session	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
SS130	Homemaker service, NOS; per 15 minutes	4/1/2021		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
SS160	Emergency response system; installation and testing	4/1/2021		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
SS161	Emergency response system; service fee, per month (excludes installation and testing)	4/1/2021		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
SS165	Home modifications; per service	10/1/2019		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services



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55170	Home delivered meals, including preparation; per meal	10/1/2020		HIP Medicaid, CHP and HARP	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		GLWD - Home Delivered Meals
55180	Home health respiratory therapy, initial evaluation	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
55181	Home health respiratory therapy, NDS, per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
55497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
55498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
55501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
55502	Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum

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55517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
55518	Home infusion therapy, all supplies necessary for catheter repair	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
55520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
55521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
55522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
55523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
58030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		eviCore

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58037	Magnetic resonance cholangiopancreatography (MRCP)	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
58042	Magnetic resonance imaging (MRI), low-field	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
58085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (nondedicated PET scan)	7/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	New PA Requirement	eviCore
59001	Home uterine monitor with or without associated nursing services			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
59061	Home administration of aerosolized drug therapy (e.g., Pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59097	Home visit for wound care	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
59098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare

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59122	Home health aide or certified nurse assistant, providing care in the home; per hour	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
59123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	4/1/2021		HIP Commercial, HIP Medicaid, GHI Medicare, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
59124	Nursing care, in the home; by licensed practical nurse, per hour	4/1/2021		HIP Commercial, HIP Medicaid, GHI Medicare, GHI EPO/PPO	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
59127	Social work visit, in the home, per diem			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
59128	Speech therapy, in the home, per diem			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
59129	Occupational therapy, in the home, per diem			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
59131	Physical therapy, in the home, per diem			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare

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59140	Diabetic management program, follow-up visit to non-MD provider	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
59145	Insulin pump initiation, instruction in initial use of pump (pump not included)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
59152	Speech therapy, re-evaluation			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
59208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59209	Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59211	Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59212	Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum

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59213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
59214	Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with 59326, 59327 or 59328)	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59326	Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59327	Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with 59330 or 59331)	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum

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59330	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59339	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
59340	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum

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59342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59345	Home infusion therapy, antihemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59348	Home infusion therapy, sympathomimetic/isotonic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum



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59351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59359	Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59363	Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum

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59364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes 59365-59368 using daily volume scales)	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59370	Home therapy, intermittent antiemetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
59372	Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with Heparin to maintain patency)	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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59373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes 59374-59377 using daily volume scales)	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59374	Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59375	Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59376	Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59377	Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Care Continuum
59430	Pharmacy compounding and dispensing services	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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59470	Nutritional counseling, dietitian visit	1/1/2023	9/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	N/A	N/A	N/A	Preauthorization requirement removed effective 9/01/2024	Preauthorization - EH services
59474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Homecare
59490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
59494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules 59497-59504)	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
59497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
59500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
59501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPD, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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59502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
59503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
59504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
59537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
59538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
59542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
59558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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59559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
59560	Home injectable therapy, hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
59562	Home injectable therapy, palivizumab or other monoclonal antibody for rsv, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Code description updated effective 4/1/2023	Preauthorization - EH services
59590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	1/1/2023		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
59810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)			HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
59960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement Removed Effect 1/01/2024	Preauthorization - EH services
59961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)		1/1/2024	HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	N/A	N/A	N/A	PA Requirement Removed Effect 1/01/2024	Preauthorization - EH services

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59977	Meals, per diem, not otherwise specified	10/1/2020		HIP Medicaid, CHP and HARP	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		GLWD - Home Delivered Meals
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
T1001	Nursing assessment/evaluation	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
T1002	RN services, up to 15 minutes	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
T1003	LPN/LVN services, up to 15 minutes	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
T1004	Services of a qualified nursing aide, up to 15 minutes	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	4/1/2021		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services

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T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	4/1/2021		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
T1021	Home health aide or certified nurse assistant, per visit	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
T1022	Contracted home health agency services, all services provided under contract, per day	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	8/1/2025		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A	Preauthorization requirement added	Homecare
T1030	Nursing care, in the home, by registered nurse, per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
T1031	Nursing care, in the home, by licensed practical nurse, per diem	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	12/1/2022		HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Homecare



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T2028	Specialized supply, not otherwise specified, waiver	10/1/2019		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services
T2039	Vehicle modifications, waiver; per service	10/1/2019		HIP Medicaid	N/A	Prior Authorization required for all Diagnosis Codes	N/A	N/A		Preauthorization - EH services