



Mercy Care Management
 Standard Prior Authorization Guide
 (CPT codes to be updated/added)

- Medical Observation admits greater than 23 hours
- Surgical Observation admits where the procedure requires Prior Authorization, or greater than 23 hours
- All Inpatient Hospital, Behavioral Health, Chemical Dependency, Skilled Nursing, Long-term Acute care and Rehabilitation admissions require Prior Referral/Authorization
- Emergency Admissions (Requires Plan notification within 24 hours)
- Maternity admissions require Prior Referral/Authorization under the following circumstances:
 - Newborn stays beyond mother's discharge

Maternity	
CPT/HCPCS Code	Description
59400-59414	59400 - Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care; 59409 – Vaginal delivery only (with or without episiotomy and/or forceps); 59410 – Vaginal Delivery only (with or without episiotomy and/or forceps); including postpartum care; 59412 – External cephalic version, with or without tocolysis; 59414 – Delivery of placenta (separate procedure)
59510-59515	59510 – Routine obstetric care including antepartum care, cesarean delivery, and postpartum care; 59514 – Cesarean delivery only; 59515 – Cesarean delivery only; including postpartum care
59610-59614	59610 – Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery; 59612 – Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); 59614 – Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59618-59622	59618 – Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery; 59620 – Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; 59622 – Cesarean delivery only, following attempted vaginal delivery

Prior authorization list

after previous cesarean delivery; including postpartum care

- Mental health services
- Neuropsychological testing
- Nutritional Support (enteral and parenteral feeding)
- Home Health including private duty nursing, Home Physical Therapy, Occupational Therapy and Speech Therapy
- Hospice
- Durable Medical Equipment (DME) over \$1,000.00 single line item purchase price, or cumulative rental of a single item (does not include oxygen and oxygen equipment).
In addition the following items, including but not limited to:
 - PAP units (not supplies) E0601; E0701
 - Home ventilators (Invasive and non-invasive)
 - TENS units (not supplies)
 - Bone growth stimulators
 - Neuromuscular stimulators
 - Hospital beds, including, but not limited to, rocking beds, cribs, mattresses
 - Wheelchairs- Wheelchairs; motorized or powered, ultra lightweight wheelchairs, power seating systems and accessories
 - All custom made items
 - Insulin pumps (not supplies) External continuous insulin infusion pump
 - Continuous Glucose Monitors
- Orthotics over \$1000, all foot orthotics and any custom orthotic
- Non emergent ambulance transfers
- Air and water ambulances
- Phototherapy
- Clinical trials
- Transplants
 - Human Organ and Bone Marrow/Stem Cell Transplants
 - All Inpatient admits for the following:
 - Heart transplant
 - Liver transplant
 - Lung or double lung transplant
 - Simultaneous Pancreas./Kidney
 - Pancreas transplant
 - Kidney transplant
 - Small bowel transplant
 - Multi-visceral transplant
 - Stem cell/Bone Marrow transplant (with or without myeloablative therapy)
 - All Outpatient services for the following:
 - Stem Cell/Bone Marrow transplant (with or without myeloablative therapy)
 - Donor Leukocyte Infusion
- Prosthetics:
 - > \$1000
 - Electronic, Myoelectric, Microprocessor Controlled or externally powered and selected other prosthetics

Prior authorization list

- Cochlear implants and auditory brainstem implants
- Oscillatory devices for airway Clearance including High Frequency Chest Compression and Intrapulmonary Percussive Ventilation
- Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)
- Transtympanic Micropressure for the Treatment of Ménière's Disease
- Standing Frames
- Pneumatic pressure devices
- Orthotic devices
- Augmentative and Alternative Communication (AAC) Devices/Speech Generating Devices (SGD Cooling Devices and Combined Cooling/Heating Devices)
- Wearable Cardiac Defibrillator
- Accidental dental services
- All CPT codes ending in "99"
- All CPT codes ending in "T"
- Genetic testing

Integumentary System	
CPT/HCPCS Code	Description
11920-11921	11920 - Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less; 11921 - Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	Replacement of tissue expander with permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis
11976	Removal, implantable contraceptive capsules
11981-11982	11981 - Insertion, non-biodegradable drug delivery implant; 11982 - Removal, non-biodegradable drug delivery implant
15822-15823	15822 - Blepharoplasty, upper eyelid; 15823 – Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15830, 15847	15830 - Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy 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)
15840-15845	15840 - Graft for facial nerve paralysis; free fascia graft (including obtaining fascia); 15841 – Graft for facial nerve paralysis; free muscle graft (including obtaining graft); 15842 - Graft for facial nerve paralysis;free muscle flap by microsurgical technique; 15845 - Graft for facial nerve paralysis; regional muscle transfer regional muscle transfer
19300	Mastectomy for gynecomastia

Prior authorization list

19316	Mastopexy
19318	Reduction mammoplasty
19324-19325	19324 - Mammoplasty, augmentation; without prosthetic implant; 19325 - Mammoplasty, augmentation; with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340-19342	Immediate insertion of breast prosthesis following mastopexy, mastectomy, or in reconstruction 19342 - Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19357-19369	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion; 19361 – Breast reconstruction with latissimus dorsi flap, without prosthetic implant; 19364 - Breast reconstruction with free flap; 19366 - Breast reconstruction with other technique; 19367 – Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; 19368 - Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging); 19369 - Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19380,19396	19380 - Revision of reconstructed breast; preparation of moulage for custom breast implant; 19396 - Preparation of moulage for custom breast implant
?	Treatment for hyperhidrosis

Musculoskeletal System	
CPT/HCPCS Code	Description
20974-20975	20974 - Electrical stimulation to aid bone healing; noninvasive (nonoperative); 20975 - Electrical stimulation to aid bone healing; invasive (operative)
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)
20999	Unlisted procedure, musculoskeletal system, general
21010	Arthrotomy, temporomandibular joint
21050-21060	21050 - Condylectomy, temporomandibular joint (separate procedure); 21060 - Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070	Coronoidectomy (separate procedure)
21076-21088	21076 - Impression and custom preparation; surgical obturator prosthesis; 21077- Impression and custom preparation; orbital prosthesis;

Prior authorization list

	21079 - Impression and custom preparation; interim obturator prosthesis; 21080 - Impression and custom preparation; definitive obturator prosthesis; 21081 - Impression and custom preparation; mandibular resection prosthesis; 21082 - Impression and custom preparation; palatal augmentation prosthesis; 21083 - Impression and custom preparation; palatal lift prosthesis; 21084 - Impression and custom preparation; speech aid prosthesis; 21085 - Impression and custom preparation; oral surgical splint; 21086 - Impression and custom preparation; auricular prosthesis; 21087 - Impression and custom preparation; nasal prosthesis; 21088 - Impression and custom preparation; facial prosthesis
21089	Unlisted maxillofacial prosthetic procedure
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21116	Injection procedure for temporomandibular joint arthrography
21120-21123	21120 - Genioplasty; augmentation (autograft, allograft, prosthetic material); 21121 - Genioplasty; sliding osteotomy, single piece; 21122 - Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin); 21123 - Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125-21127	Augmentation, mandibular body or angle; prosthetic material, with bone graft, onlay or interpositional
21137-21139	Reduction forehead
21141-21160	Reconstruction midface, LeFort I, II, III
21172-21196	Reconstruction of orbital rims, forehead, cranial bones, mandibular rami
21198-21199	Osteotomy, mandible, segmental; with genioglossus advancement
21206-21208	Osteoplasty, facial bones; augmentation
21210-21234	Graft bone; nasal, maxillary or malar areas; rib cartilage, autogenous, to face, chin, or nose; ear cartilage, autogenous, to nose or ear
21240-21243	Arthroplasty, temporomandibular joint; autograft, allograft, prosthetic joint replacement
21244-21249	Reconstruction of mandible or maxilla
21255	Reconstruction of zygomatic arch and glenoid fossa
21256-21268	Reconstruction of orbit with osteotomies; periorbital osteotomies; orbital repositioning
21270	Malar augmentation, prosthetic material
21275	Secondary revision of orbitocraniofacial reconstruction
21299	Unlisted craniofacial and maxillofacial procedure
21740-21743	Reconstructive repair of pectus excavatum or carinatum
22100-22116	Partial excision vertebral component or vertebral body
22206-22226	Osteotomy spine
22520-22525	Percutaneous vertebroplasty, kyphoplasty

Prior authorization list

22526-22527	IDET (Intradiscal electrothermal therapy)
C1821	Artificial Intervertebral Discs
63001 63003 63005 63011 63012 63015 63016 63017 63020 63030 63035 63040 63042 63043 63044 63045 63046 63047 63048 63050 63051 63055 63056 63057 63064 63066 63075 63076 63077 63078 63081 63082 63085 63086 63087 63088 63090 63091 63101 63102 63103 63170 63172 63173 63180 63182 63185 63190	Spinal Surgery – All (including fusions, scoliosis, stimulators, discectomy, etc.) 62380 - Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar

Prior authorization list

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Prior authorization list

20985	Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures image-less (List separately in addition to code for primary procedure)
0055T	0055T - Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)
0054T	0054T - Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)
28899	Cryoablation for Plantar Fasciitis and Plantar Fibroma
29999	Electrothermal Shrinkage of Joint Capsules, Ligaments, and Tendons 29999 - Unlisted procedure, arthroscopy
20999	Extracorporeal Shock Wave Therapy for Orthopedic Conditions 20999 Unlisted procedure, musculoskeletal system, general [when specified as extracorporeal shock wave of musculoskeletal system any area, low energy] 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
27130 27132 27134 27137 27138 27140 27146 27147 27151 27156 27158 27161 27165 27170 27175 27176 27177 27178 27179 27181 27185 27187	Hip Replacement
27299	Hip Resurfacing
	Implanted Devices for Spinal Stenosis already under spinal surgery
27445 27447 27486 27487	Knee Replacement
64633 64634 64635	Percutaneous Neurolysis for Chronic Back Pain

Prior authorization list

64636	
	Percutaneous Spinal Procedures (Vertebroplasty, Kyphoplasty and Sacroplasty)
27702 27703 27704	Total Ankle Replacement
	Treatment of Osteochondral Defects of the Knee and Ankle 27412 27415 27416 29866 29867
28899 0335T	Extraosseous Subtalar Joint Implantation and Subtalar Arthroereisis
20930 20999	Recombinant Human Bone Morphogenetic Protein
23700 22505 24300 25259 26340 27275 27860	Manipulation Under Anesthesia of the Spine and Joints other than the Knee
22548 22551 22552 22554 22556 22558 22585 22558 22586 22590 22595 22600 22610 22612 22614 22630 22632 22633 22634 22800 22802 22824 22808 22810 22812	Arthrodesis, spine

Prior authorization list

22818-22819	Kyphectomy
22830	Exploration of spinal fusion
22840 22841 22842 22843 22845 22846 22847 22848 22849 22850 22851 22852 -22855	Spinal instrumentation
22856- 22857 22858 22861 22862 22864 22865	Total disc arthroplasty
23473-23474	Revision total shoulder
24370-24371	Revision total elbow

Ear Nose and Throat	
CPT/HCPCS Code	Description
30400 30410 30420 30430 60435 -30450	Rhinoplasty, primary or secondary, including major septal repair
30460 -30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate
30465	Repair of nasal vestibular stenosis
30520 30540 30545 30560 30620 -30630	Septoplasty or submucous resection; repair choanal atresia; lysis intranasal synechia; repair fistula; dermatoplasty; repair nasal septal perforations
31295 31296 31297	Sinuplasty
69710	Bone anchored hearing aide (BAHA) cochlear Implants

Prior authorization list

69714 69715 69717 69718 69711 L8690 L8691 L8692 L8693 L8619 L8627 L8628	
69930 69949 L8614 L8699	Auditory brainstem implants Implantable middle ear hearing aides
E2120 A4638	Transtympanic Micropressure for the Treatment of Ménière's Disease
	Mandibular/maxillary orthognatic surgery
42140	Uvulectomy
42145	Palatopharyngoplasty
	Nasal surgery for the treatment of obstructive sleep apnea (includes: excision of polyp(s), turbinate(s), ablation of turbinate(s), septoplasty,
	Thyroid Fine Needle Aspirate Molecular Markers

Respiratory System	
CPT/HCPCS Code	Description
32491 32672	Lung Volume Reduction Surgery
	Treatment for Obstructive Sleep Apnea in Adults (including surgery, PAP and Oral appliances)
31660 -31661	Bronchoscopy with bronchial thermoplasty
Cardiovascular System	
CPT/HCPCS Code	Description
32664	Thoracoscopy with thoracic sympathectomy
33361 33362 33363 33364 33365 33366 33367 33368 33369	Transcatheter aortic valve replacement (TAVH/TAVI)

Prior authorization list

33990-33991	Insertion of ventricular assist device
33782-33783	Nikaidoh procedure
33975 33976 33977 33978 33979 33980 33981 33982 -33983	Insertion/Replace VAD
36516	Therapeutic Apheresis (removes cholesterol)
38243	HPC Boost
93228-93229	External mobile cardiovascular telemetry
G0166	Enhanced External Counterpulsation (35 treatments over 9 weeks)
33202 33203 33217 33240 33249 33207 3208 33221 33213 33214 33224 33225 33226 33230 33231	Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure
35475 37215 37216 61630 61635 61640 61641 61642 0075T 0076T	Carotid, Vertebral and Intracranial Artery Angioplasty with or without Stent Placement
33254 33255 33256 33258 33259 33266 33257 33265	MAZE Procedure
33548	Partial Left Ventriculectomy

Prior authorization list

33999	
93580	Transcatheter Closure of Cardiac Defects
	Transmyocardial preventricular device
	Treatment of Varicose Veins (Lower Extremities)
	Myocardial sympathetic innervations imaging with or without SPECT
93228 93229	Real-Time Remote Heart Monitors

Digestive System	
CPT/HCPCS Code	Description
41512	Tongue suspension
41530	Tongue base volume reduction
41800-41806	Drainage of abscess, cyst, hematoma; removal of embedded foreign body from dentoalveolar structures
41820-41874	Gingivectomy; operculectomy; excision of tuberosities dentoalveolar structures; gingivoplasty
41899	Unlisted procedure, dentoalveolar structures
42280	Maxillary impression for palatal prosthesis
42281	Insertion of pin-retained palatal prosthesis
43206	Esophagoscopy with optical endomicroscopy
43252	Upper GI endoscopy with optical endomicroscopy
43281-43282	Laparoscopic paraesophageal hernia repair
43659	Unlisted laproscopy procedure, stomach
43647, 43881-43882	Gastric neurostimulator electrodes, implanatation, revision, replacement, removal Gastric Electrical Stimulation
43644-43645, 43770-43775, 43842-43848 43886-43888	Bariatric surgery
S2083	Lap band adjustment
44705	Preparation of fecal microbotia for instillation
49411	Placement of interstitial devices for radiation therapy guidance
	Cryosurgical Ablation of Solid Tumors Outside the Liver
	Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies
	Radiofrequency Ablation to Treat Tumors Outside the Liver

Genitourinary/Reproductive	
CPT/HCPCS Code	Description
52287	Cystourethoscopy with injection(s) for chemodenervation of the bladder

Prior authorization list

53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress incontinence
54400-54417	Penile prosthesis
58150-58240	Hysterectomy
58951	Total Abdominal Hysterectomy
59525	Sub total hysterectomy after C-Section
59897	Unlisted fetal invasive procedure, maternity care and delivery
	Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury
	Insertion/Injection of Prosthetic Material Collagen Implants
54660	Insertion of Testicular ProsthESIS
	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions
	Embolization of Uterine Fibroids
	Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome
	AmniSure® ROM (Rupture of Membranes) Test
	Cryopreservation of Oocytes or Ovarian Tissue MRI Guided High Intensity Focused Ultrasound Ablation of Uterine Fibroids
	Gender Reassignment Surgery

Nervous System	
CPT/HCPCS Code	Description
61793	Stereotactic radiation
61796-61800	Stereotactic radiosurgery, cranial lesion
61850-61888	Insertion/removal/revision neurostimulator
62263 - 62264	Lysis of Epidural Adhesions
63620-63621	Stereotactic radiosurgery, spinal lesion
63650-63688	Implanted spinal cord stimulators
64405	Nerve block greater occipital nerve (injection of anesthetic agent)
64640	RFA – inject rx other peripheral nerve – destruction by neurlytic agent, chemodenervation
64550-64595	Neurostimulator, peripheral
64611-64615	Chemodenervation of muscle(s); cervical spinal muscle(s)

Prior authorization list

64633 64634 64635 64636	Destruction by neurolytic agent, paravertebral facet joint nerves
64910-64911	Nerve repair with synthetic conduit or vein allograft
	Surgical treatment for migraine headaches
	Vagus Nerve Stimulation
	Occipital nerve stimulation
	Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury

Eye and Ocular Adnexa	
CPT/HCPCS Code	Description
65760	Keratomileusis
65771	Radial keratotomy
67221-67225	Photodynamic therapy
67345	Chemodenervation of extraocular muscle
67909	Reduction of ptosis
67911	Correction of lid retraction
	Blepharoplasty
	Suprachoroidal Injection of a Pharmacologic Agent
	Treatment of Presbyopia and Astigmatism
66183	Intraocular Anterior Segment Aqueous Drainage Devices (with or without extraocular reservoir)
67220	Photocoagulation of Macular Drusen
66174 66175	Canaloplasty
67912	Ocular surface reconstruction
67914-67924	Repair of ectropian
69714-69717	Osseointegrated implant, implantation, removal, replacement
69930	Cochlear device implantation, with or without mastoidectomy
J3396	Visudyne

Radiology	
CPT/HCPCS Code	Description
70554-70555	Functional MRI brain
72291-72292	Radiological supervision, vertebroplasty

Prior authorization list

74261-74263	CT colonography
74742	Xray fallopian tubes
75557-75565	Cardiac MRI
75571-75574	CT Heart
76390	Magnetic resonance spectroscopy
76498	Unlisted MRI
76977, 78350 77078-77083	Bone density testing when performed on a woman < 65 yrs age or a man <70 yrs age, or when more than once every 2 years
61793, 77371-77373, G0339-G0340	Stereotactic radiation Stereotactic Radiosurgery (SRS) / Stereotactic Body Radiotherapy (SBRT)
	Proton Beam Radiation Therapy (PBRT)
77470	Special Treatment Procedure
77058-77059	Breast MRI
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78491-78492	Myocardial imaging, positron emission tomography (PET), single or multiple studies
78608-78609	Brain imaging, positron emission tomography (PET); metabolic evaluation, perfusion evaluation
78811 -78816	Tumor imaging, positron emission tomography (PET), metabolic evaluation
G0219, G0235, G0252	PET imaging
	CT Colonography
	CT – Lung (low dose for cancer screening

Medicine	
CPT/HCPCS Code	Description
90378	RSV IG intramuscular
90875-90876	Individual psychophysiological therapy
90901-90911	Biofeedback
91110-91112	GI tract imaging, intraluminal e.g. capsule endoscopy
93228-93229	External mobile cardiovascular telemetry
96020	Neurofunctional testing
96118-96120	Neuropsychological testing battery
96900	Actinotherapy (ultraviolet light)
96902	Microscopic examination of hairs plucked or clipped by the examiner to determine
96910-96913	Photochemotherapy (Goeckerman and/or PUVA)
97532	Development of cognitive skills
97533	Sensory integrative techniques
97537	Community/work reintegration

Prior authorization list

97545-97546	Work hardening
97605-97606	Negative pressure wound therapy
97750	Performs testing to return to sports
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session Hyperbaric Oxygen Therapy (System/Topical)
J0585-J0588	Botox
J1745	Remicade*

Plastic/Reconstructive surgery	
CPT/HCPCS Code	Description
15822 15823	Blepharoplasty
19328	Reduction Mammoplasty
	Breast procedures including reconstructive surgery and implants
	Chin Implant, Mentoplasty, Osteoplasty Mandible
	Cosmetic and Reconstructive Services of the Head and Neck
	Cosmetic and Reconstructive Services of the Trunk and Groin
	Cosmetic and Reconstructive Services Skin Related
	Hairplasty
	Insertion/Injection of Prosthetic Material Collagen Implants
	Mastectomy for gynecomastia
	Panniculectomy and Abdominoplasty
	Lipectomy, Diastasis Recti Repair
	Rhinoplasty

Cosmetic: Not Covered	
CPT/HCPCS Code	Description
11950-11954	Subcutaneous injection of filling material (e.g. collagen)
15775-15776	Punch graft for hair transplant
15780-15811	Dermabrasion, abrasion, chemical peel, and salabrasion
15819	Cervicoplasty
15820-15821	Blepharoplasty, lower eyelid
15824-15829	Rhytidectomy
15830-15839	Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty)
15876-15879	Suction assisted lipectomy
17380	Electrolysis epilation
19316	Mastopexy
19355	Correction of inverted nipples
21209	Osteoplasty, facial bones; reduction
21280-21282	Medial canthopexy; lateral canthopexy
21295-21296	Reduction of masseter muscle and bone; extraoral , intraoral approach
30120	Excision or surgical planing of skin of nose for rhinophyma
36468-36471	Single or multiple injections of sclerosing solutions (spider veins); limb,

Prior authorization list

	trunk, face, legs
67715	Canthotomy
67900-67911	Repair of brow ptosis; repair of blepharoptosis; repair of overcorrection of ptosis; correction of lid retraction
67950	Canthoplasty
69090	Ear piercing
69300	Otoplasty, protruding ear, with or without size reduction

Infertility: Not Covered	
CPT/HCPCS Code	Description
55400	Vasovasostomy Vasovasorrhaphy

Dental: Not Covered	
CPT/HCPCS Code	Description
40840	Vestibuloplasty; Anterior
40842	Vestibuloplasty; Post Unilateral
40843	Vestibuloplasty; Post Bilateral
40844	Vestibuloplasty; Entire Arch
40845	Vestibuloplasty; COMPLX

Unlisted not ending in "99"	
CPT/HCPCS Code	Description
88749	Unlisted In vivo lab service
89398	Unlisted reproductive medicine lab procedure

This list excludes xxxxT (Category III Codes). If a Category III code is available for a given service or procedure, use the Category III code instead of a Category I Unlisted code. If billing with a temporary code, include supporting documentation with the claim.

Behavioral Health/Substance Abuse (MHSA)

Professionals are available 24 hours a day 7 days a week.

Specially trained professionals will handle referrals and coordinate care for mental health and substance abuse:

ABA (Applied Behavioral Analysis)

All facility based care

Inpatient admissions

Intensive outpatient therapy

Partial Hospitalization

Residential Care

Electric Convulsive Therapy (ECT)

Transcranial Magnetic Stimulation

Intensive In-home Behavioral Health Services

Alcohol and/or drug testing (collection and handling only-specimens other than blood)

Prior authorization list

Non-medical Family planning education
Psychometric testing
Psychoanalysis
Narcosynthesis
Psychologist Testing by a computer with interpretation
Mental Health services by a non-physician
Behavioral Health Day treatment
Therapeutic behavioral services

*Speciality Drug precert list under separate attachment