



Prior Authorization List

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CPT/HCPCS PROCEDURE DESCRIPTION / NOTES	
Code	
11950	Injection of collagen or other filling material
11951	Injection of collagen or other filling material
11952	Injection of collagen or other filling material
11954	Injection of collagen or other filling material
15780	Facial dermabrasion or acid peel
15780	Scar revision (of any kind)
15781	Scar revision (of any kind)
15782	Scar revision (of any kind)
15783	Scar revision (of any kind)
15786	Scar revision (of any kind)
15787	Scar revision (of any kind)
15788	Scar revision (of any kind)
15789	Scar revision (of any kind)
15792	Scar revision (of any kind)
15793	Scar revision (of any kind)
15820	Blepharoplasty (Include visual fields – taped & untaped)
15821	Blepharoplasty (Include visual fields – taped & untaped)
15822	Blepharoplasty (Include visual fields – taped & untaped)
15823	Blepharoplasty (Include visual fields – taped & untaped)
15824	Rhytidectomy - brow or face lift
15828	Malar (cheek) implants
15828	Rhytidectomy - brow or face lift
15830	Abdominal Lipectomy
15830	Abdominoplasty



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CPT/HCPCS PROCEDURE DESCRIPTION / NOTES	
Code	
15830	Excision of redundant abdominal skin and stria
15830	Panniculectomy – abdominoplasty
15830	Removal of abdominal apron
15832	Lipectomy (Liposuction procedures)
15832	Panniculectomy – abdominoplasty
15833	Lipectomy (Liposuction procedures)
15834	Lipectomy (Liposuction procedures)
15835	Lipectomy (Liposuction procedures)
15836	Lipectomy (Liposuction procedures)
15837	Lipectomy (Liposuction procedures)
15838	Lipectomy (Liposuction procedures)
15839	Lipectomy (Liposuction procedures)
15847	Abdominal Lipectomy
15847	Abdominoplasty
15847	Excision of redundant abdominal skin and stria
15847	Panniculectomy – abdominoplasty
15847	Removal of abdominal apron
15876	Lipectomy (Liposuction procedures)
15877	Lipectomy (Liposuction procedures)
15878	Lipectomy (Liposuction procedures)
15879	Lipectomy (Liposuction procedures)
17106	Rosacea
17107	Rosacea
17108	Rosacea



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CPT/HCPCS PROCEDURE DESCRIPTION / NOTES Code	
19300	Gynecomastia repair
19316	Mastopexy
19318	Breast Reduction (mammoplasty)
19324	Augmentation of breast - mammoplasty; without prosthetic implant
19325	Augmentation of breast - mammoplasty
19328	Removal of breast implant/material (periprosthetic capsulectomy)
19330	Removal of breast implant/material (periprosthetic capsulectomy)
19370	Removal of breast implant/material (periprosthetic capsulectomy)
19371	Removal of breast implant/material (periprosthetic capsulectomy)
19499	Breast ductal lavage
20550	Prolotherapy
20974	Bone Growth Stimulators
20975	Bone Growth Stimulators
21083	Nasal (dorsal-external) implants (except for Dx 170.0, 170.1, 756.0, 802.0 - 804.9)
21087	Nasal (dorsal-external) implants (except for Dx 170.0, 170.1, 756.0, 802.0 - 804.9)
21120	Anterior horizontal mandibular osteotomy (chin)-genioplasty
21120	Chin Implants
21121	Anterior horizontal mandibular osteotomy (chin)-genioplasty
21121	Chin Implants
21122	Anterior horizontal mandibular osteotomy (chin)-genioplasty
21122	Chin Implants
21123	Anterior horizontal mandibular osteotomy (chin)-genioplasty
21123	Chin Implants
21125	Chin Implants



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CPT/HCPCS Code	PROCEDURE DESCRIPTION / NOTES
21137	Forehead Reduction
21138	Forehead Reduction
21139	Forehead Reduction
21141	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21142	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21143	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21145	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21146	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21147	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21150	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21151	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21154	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21155	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21159	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21160	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21172	Mandibular Osteotomies, Reconstruction superior-lateral orbital rim and lower forehead
21175	Mandibular Osteotomies, Reconstruction bifrontal, superior-lateral orbital rims and lower forehead
21179	Mandibular Osteotomies, Reconstruction entire or majority of forehead and/or supraorbial rims
21180	Mandibular Osteotomies, Reconstruction entire or majority of forehead and/or supraorbial rims
21188	Mandibular Osteotomies, Reconstruction Midface (other than LeFort type)
21196	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21206	Maxillary Osteotomies
21208	Osteoplasty, facial bones
21209	Osteoplasty, facial bones



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CPT/HCPCS PROCEDURE DESCRIPTION / NOTES	
Code	
21210	Maxillary or Malar Osteotomies (nasal bone graft)
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21256	Mandibular Osteotomies, Reconstruction of orbit (includes obtaining autografts)
21270	Malar (cheek) implants
21335	Nasal reconstruction -
21337	Nasal reconstruction -
21740	Pectus Excavatum
21742	Pectus Excavatum
21743	Pectus Excavatum
22505	Manipulation of spine under anesthesia
22520	Kyphoplasty
22521	Kyphoplasty
22522	Kyphoplasty
22523	Kyphoplasty
22524	Kyphoplasty
22525	Kyphoplasty
22526	IDET; annuloplasty
22527	IDET; annuloplasty
22851	Artificial Disc Placement
22857	Artificial Disc Placement
22862	Artificial Disc Placement
22865	Artificial Disc Placement
22899	Kyphoplasty



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CPT/HCPCS PROCEDURE DESCRIPTION / NOTES	
Code	
22999	Repair of disastasis recti
24360	Elbow Replacement
24361	Elbow Replacement
24362	Elbow Replacement
24363	Elbow Replacement
27412	Autologous chondroctye transplantation
27415	Autologous chondroctye transplantation
27700	Ankle Replacement
27702	Ankle Replacement
27703	Ankle Replacement
28890	Extracorpeal shock wave therapy (Orthotripsy)
28890	Orthotripsy (heel) Ossatron
28899	Orthotripsy (heel) Ossatron
29866	Autologous chondroctye transplantation
29867	Autologous chondroctye transplantation
29868	Meniscal Transplantation
30120	Rosacea
30400	Rhinoplasty
30410	Rhinoplasty
30420	Rhinoplasty
30420	Septo-Rhinoplasty
30430	Rhinoplasty
30435	Rhinoplasty
30450	Rhinoplasty



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CPT/HCPCS PROCEDURE DESCRIPTION / NOTES	
Code	
32664	Thoracic Sympathectomy (for hyperhidrosis)
36247	Uterine artery embolization
36470	Sclerotherapy
36471	Sclerotherapy
36475	Radiofrequency ablation of varicose veins
36476	Radiofrequency ablation of varicose veins
36478	Radiofrequency ablation of varicose veins
36479	Radiofrequency ablation of varicose veins
37204	Uterine artery embolization
41120	Glossectomy
41120	Partial Resection of tongue
41599	Glossectomy
41870	Periodontal Mucosal Grafting
41874	Alveoplasty - as a result of accident or injury
42145	Palatopharyngoplasty - UPPP, LAUP's, and somnoplasty
42145	UPPP
42299	Somnoplasty for snoring
43257	Endoscopic treatment of GERD (Stretta or Endocinch)
43258	Stretta or Endocinch procedure, Endoscopic treatment of GERD
43499	Stretta or Endocinch procedure, Endoscopic treatment of GERD
43644	Gastric Bypass - gastroplasty
43645	Gastric Bypass - gastroplasty
43647	Gastric Pacemaker
43648	Gastric Pacemaker



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CPT/HCPCS PROCEDURE DESCRIPTION / NOTES	
Code	
43659	Gastric Bypass - gastroplasty
43770	Gastric Bypass - gastroplasty
43771	Gastric Bypass - gastroplasty
43773	Gastric Bypass - gastroplasty
43842	Gastric Bypass - gastroplasty
43843	Gastric Bypass - gastroplasty
43845	Gastric Bypass - gastroplasty
43846	Gastric Bypass - gastroplasty
43847	Gastric Bypass - gastroplasty
43848	Gastric Bypass - gastroplasty
43848	Revision of gastric restrictive procedure for morbid obesity
43881	Gastric Pacemaker
43882	Gastric Pacemaker
43886	Gastric Bypass - gastroplasty
43888	Gastric Bypass - gastroplasty
44376	Capsule Endoscopy
46505	Chemodenervation of internal anal sphincter
52648	Contact laser vaporization of prostate
58150	Hysterectomy under age 35
58152	Hysterectomy under age 35
58180	Hysterectomy under age 35
58200	Hysterectomy under age 35
58210	Hysterectomy under age 35
58240	Hysterectomy under age 35



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58260	Hysterectomy under	age 35
58263	Hysterectomy under	age 35
58267	Hysterectomy under	age 35
58270	Hysterectomy under	age 35
58275	Hysterectomy under	age 35
58280	Hysterectomy under	age 35
58285	Hysterectomy under	age 35
58290	Hysterectomy under	age 35
58291	Hysterectomy under	age 35
58292	Hysterectomy under	age 35
58293	Hysterectomy under	age 35
58294	Hysterectomy under	age 35
58356	Endometrial cryoablation with ultrasonic guidance	
58550	Hysterectomy under	age 35
58552	Hysterectomy under	age 35
58553	Hysterectomy under	age 35
58554	Hysterectomy under	age 35
58578	HALT procedure	
61885	Vagal Nerve Stimulators	
61886	Vagal Nerve Stimulators	
62263	IDET; annuloplasty	
62282	Epideral procedure (possible IDET; annuloplasty) If procedure is an IDET procedure, a letter of intent will be required.	
62287	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk (possible IDET; annuloplasty) If procedure is an IDET procedure, a letter of intent will be required.	



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CPT/HCPCS PROCEDURE DESCRIPTION / NOTES	
Code	
62290	Injection procedure for diskography (possible IDET; annuloplasty) If procedure is an IDET procedure, a letter of intent will be required.
62292	Injection procedure for chemonucleolysis, including diskography (possible IDET; annuloplasty) If procedure is an IDET procedure, a letter of intent will be required.
63090	Artificial Disc Placement
63091	Artificial Disc Placement
63650	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
63685	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
64553	Vagal Nerve Stimulators
64555	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
64561	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
64573	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
64573	Vagal Nerve Stimulators
64581	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
64590	Gastric Pacemaker
64590	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
64595	Gastric Pacemaker
64600	Destruction by neurolytic agent, trigeminal nerve
64612	Chemodeneration of muscle(s) innervated by facial nerve
64613	Chemodeneration of muscle; neck
64614	Chemodeneration of muscle; cervical spine muscle
64622	Destruction by neurolytic agent(possible IDET; annuloplasty) If procedure is an IDET procedure, a letter of intent will be required.
64626	Destruction by neurolytic agent; cervical or thoracic
64627	Destruction by neurolytic agent; cervical or thoracic
64640	Destruction by neurolytic agent (possible IDET; annuloplasty) If procedure is an IDET procedure, a letter of intent will be required.



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CPT/HCPCS Code	PROCEDURE DESCRIPTION / NOTES
64650	Chemodenervation of eccrine glands
64653	Chemodenervation of other area(s)
64714	Neuroplasty (possible IDET; annuloplasty) If procedure is an IDET procedure, a letter of intent will be required.
64722	Decompression (possible IDET; annuloplasty) If procedure is an IDET procedure, a letter of intent will be required.
67345	Chemodenervation of extraocular muscle
67900	Blepharoplasty (Include visual fields – taped & untaped)
67901	Blepharoplasty (Include visual fields – taped & untaped)
67902	Blepharoplasty (Include visual fields – taped & untaped)
67903	Blepharoplasty (Include visual fields – taped & untaped)
67904	Blepharoplasty (Include visual fields – taped & untaped)
67906	Blepharoplasty (Include visual fields – taped & untaped)
67908	Blepharoplasty (Include visual fields – taped & untaped)
67914	Ectropion Repair
67917	Ectropion Repair
69300	Otoplasty
69930	Cochlear Implants (need audiometry interpretation)
71250	Ultra fast chest CT -
71270	Ultra fast chest CT -
72291	Kyphoplasty
72292	Kyphoplasty
72295	Discography (possible IDET; annuloplasty) If procedure is an IDET procedure, a letter of intent will be required.
75894	Uterine artery embolization
76001	Fluoroscopy (possible IDET; annuloplasty) If procedure is an IDET procedure, a letter of intent will be required.
76376	Virtual Colonoscopy



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CPT/HCPCS PROCEDURE DESCRIPTION / NOTES Code	
76377	Virtual Colonoscopy
76390	Magnetic Resonance Spectroscopy
76499	Breast ductal lavage
76499	Ultra fast chest CT -
77058	Breast MRI
77058	MRI - Breast
77059	Breast MRI
77059	MRI - Breast
77301	IMRT
77418	IMRT
77520	Proton Beam Therapy for Breast Cancer
77522	Proton Beam Therapy for Breast Cancer
77523	Proton Beam Therapy for Breast Cancer
77525	Proton Beam Therapy for Breast Cancer
91035	Esophageal pH wireless monitor
91110	Capsule Endoscopy
91111	Capsule Endoscopy
92971	Cardio Assist - External Counter Pulsation
95965	Magnetoencephalography (MEG)
95966	Magnetoencephalography (MEG)
95967	Magnetoencephalography (MEG)
0008T	Endoscopic treatment of GERD (Stretta or Endocinch)
0019T	Extracorporeal shock wave therapy (Orthotripsy)
0019T	Orthotripsy (heel) Ossatron



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CPT/HCPCS PROCEDURE DESCRIPTION / NOTES	
Code	
0046T	Breast ductal lavage
0047T	Breast ductal lavage
0057T	Endoscopic treatment of GERD (Stretta or Endocinch)
0062T	IDET; annuloplasty
0063T	IDET; annuloplasty
0066T	Virtual Colonoscopy
0067T	Virtual Colonoscopy
0071T	Focused ultrasound ablation of uterine leiomyomata
0072T	Focused ultrasound ablation of uterine leiomyomata
0073T	IMRT
0088T	Glossectomy
0090T	Artificial Disc Placement
0090T	Artificial Disc Placement
0090T	Artificial Disc Placement
0090T	Artificial Disc Placement
0090T	Artificial Disc Placement
0090T	Artificial Disc Placement
0090T	Artificial Disc Placement
0090T	Artificial Disc Placement
0090T	Artificial Disc Placement
0090T	Artificial Disc Placement
0090T	Artificial Disc Placement
0101T	Extracorporeal shock wave therapy (Orthotripsy)
0102T	Extracorporeal shock wave therapy (Orthotripsy)
0133T	Endoscopic treatment of GERD (Stretta or Endocinch)
0147T	Ultra fast chest CT -



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CPT/HCPCS PROCEDURE DESCRIPTION / NOTES Code	
0149T	Ultra fast chest CT -
E0745	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
E0745	Vagal Nerve Stimulators
E0747	Bone Growth Stimulators
E0747	Vagal Nerve Stimulators
E0748	Bone Growth Stimulators
E0760	Bone Growth Stimulators
E0760	Vagal Nerve Stimulators
E0784	Insulin Pump
E1399	Misc/Unlisted DME code
E2402	Wound Vac
G0166	Cardio Assist - External Counter Pulsation
L8680	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
L8681	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
L8682	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
L8683	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
L8685	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
L8686	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
L8687	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
L8688	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
M0076	Prolotherapy
S2080	Laser-assisted uvulopalatoplasty
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline.
S2202	Sclerotherapy



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Code	
S2215	Endoscopic treatment of GERD (Stretta or Endocinch)
S2250	Uterine artery embolization
S2360	Kyphoplasty
S2361	Kyphoplasty
S8030	Proton Beam Therapy for Breast Cancer
Unlisted CPT codes	Unlisted CPT codes - ending in 99 (sometimes 89, 59)