

Prior Authorization List

**Premier Health Plans
Premier & Premier Plus
Prior Authorization (Precertification) Guide
with Procedure Code
Revised October 19, 2007**

- **All Observation Admits, either Medical or Surgical, require Prior Referral**
- **All Inpatient Hospital, Behavioral Health, Chemical Dependency, Skilled Nursing and Rehabilitation admissions require Prior Referral/Authorization. Maternity admissions require Prior Referral/Authorization under the following circumstances:**

Maternity	
CPT/HCPCS Code	Description
59400-59414	Vaginal Delivery; > 48 hours from delivery
59510-59515	Cesarean Delivery; > 96 hours from delivery
59610-59614	Vaginal delivery after previous cesarean section; > 48 hours from delivery
59618-59622	Cesarean delivery following attempted vaginal delivery after previous cesarean delivery; > 96 hours from delivery

- **PPO plans require authorization for all mental health services, which includes referrals to psychiatrists, psychologists, and counselors.**
- **Home Health, except for Physical Therapy, Occupational Therapy and Speech Therapy.**
- **Durable Medical Equipment (DME) over \$1000.00 single line item purchase price. In addition the following items, including but not limited to: oxygen, CPAP units, TENS units, bone growth or neuromuscular stimulators, hospital beds, wheelchairs, all custom made items, require prior authorization.**
- **Non emergent ambulance transfers, out of network services, transplants and requests for benefit exceptions.**
- **All CPT codes ending in “99”**
- **All CPT codes ending in “T”**

.....
Prior Authorization List for Springfield Region

** Cosmetic in nature, consider on individual basis with letter of medical necessity and photos

This list is not inclusive

October 19, 2007

Prior Authorization List

Integumentary System	
CPT/HCPCS Code	Description
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
11975-11977	Removal, insertion, and removal with reinsertion, implantable contraceptive capsules
**15822-15823	Blepharoplasty, upper eyelid
15830, 15847	Excision, excessive tissue skin and subcutaneous tissue
15840-15845	Graft for facial nerve paralysis; free muscle graft; free muscle flap; regional muscle transfer
15850-15852	Removal of sutures under anesthesia; dressing changes under anesthesia
15860	Intravenous injection of agent (e.g. fluorescein) to test vascular flow in flap or graft
19300	Mastectomy for gynecomastia
**19182	Mastectomy, subcutaneous
**19316	Mastopexy
**19318	Reduction mammoplasty
**19324-19325	Mammoplasty, augmentation; with and without prosthetic implant
19330	Removal of mammary implant material
**19340-19342	Immediate/ delayed insertion of breast prosthesis following mastopexy, mastectomy, or in reconstruction
**19380-19396	Revision of reconstructed breast; preparation of moulage for custom breast implant

Prior Authorization List for Springfield Region

** Cosmetic in nature, consider on individual basis with letter of medical necessity and photos

This list is not inclusive

October 19, 2007

Prior Authorization List

Musculoskeletal System	
CPT/HCPCS Code	Description
20974-20975	Electrical stimulation to aid bone healing; noninvasive; invasive
20979	Low intensity ultrasound stimulation to aid bone healing
20999	Unlisted procedure, musculoskeletal system, general
21010	Arthrotomy, temporomandibular joint
21050-21060	Condylectomy/ Menisectomy; temporomandibular joint
21070	Coronoidectomy
21076-21088	Impression and custom preparation; maxillofacial prosthesis
21089	Unlisted maxillofacial prosthetic procedure
21100	Application of halo type appliance for maxillofacial fixation, includes removal
21110	Interdental fixation for other than fracture
21116	Injection procedure for temporomandibular joint arthrography
**21125-21127	Augmentation, mandibular body or angle; prosthetic material, with bone graft, onlay or interpositional
**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
**21210-21235	Graft bone; nasal, maxillary or malar areas; rib cartilage, autogenous, to face, chin, nose, or ear; 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
22520-22525	Percutaneous vertebroplasty, kyphoplasty

Prior Authorization List for Springfield Region

** Cosmetic in nature, consider on individual basis with letter of medical necessity and photos

This list is not inclusive

October 19, 2007

Prior Authorization List

Musculoskeletal System (continued)	
22526-22527	IDET (Intradiscal electrothermal therapy)
22857-22865	Total disc arthroplasty

Respiratory System	
CPT/HCPCS Code	Description
**30400-30420	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
30520-30630	Septoplasty or submucous resection; repair choanal atresia; lysis intranasal synechia; repair fistula; dermatoplasty; repair nasal septal perforations

Cardiovascular System	
CPT/HCPCS Code	Description
G0166	Enhanced External Counterpulsation (35 treatments over 9 weeks)

Digestive System	
CPT/HCPCS Code	Description
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
42140	Uvulectomy
42145	Palatopharyngoplasty
43647, 43881-43882	Gastric neurostimulator electrodes, implanatation, revision, replacement, removal
43770-43774, 43842-43848	Bariatric surgery

Prior Authorization List for Springfield Region

** Cosmetic in nature, consider on individual basis with letter of medical necessity and photos

This list is not inclusive

October 19, 2007

Prior Authorization List

Male/Female	
CPT/HCPCS Code	Description
54400-54417	Penile prosthesis
58150-58240	Total abdominal hysterectomy, with or without removal of tube(s) and/or ovary(s)
58951	Resection of ovarian, tubal, or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy

Nervous System	
CPT/HCPCS Code	Description
63650-63688	Neurostimulators, spinal
64550-64595	Neurostimulator, peripheral
64612-64614	Chemodenervation of muscle(s); cervical spinal muscle(s)
64910-64911	Nerve repair with synthetic conduit or vein allograft
61793	Stereotactic radiation

Eye and Ocular Adnexa	
CPT/HCPCS Code	Description
65710-65730	Corneal transplants
65750-65755	Keratoplasty
65760	Keratomileusis
65771	Radial keratotomy
67221-67225	Photodynamic therapy
67345	Chemodenervation of extraocular muscle
67912	Ocular surface reconstruction
**67914-67924	Repair of ectropian; repair of entropian
69714-69715	Osseointegrated implant, implantation, removal
69930	Cochlear device implantation, with or without mastoidectomy
J3396	Visudyne

Prior Authorization List for Springfield Region

** Cosmetic in nature, consider on individual basis with letter of medical necessity and photos

This list is not inclusive

October 19, 2007

Prior Authorization List

Radiology	
CPT/HCPCS Code	Description
70332	Temporomandibular joint arthrography
70554-70555	Functional MRI brain
72291-72292	Radiological supervision, vertebroplasty
74740	Hysterosalpingography
74742	Xray fallopian tubes
75552-75556	Cardiac MRI
76390	Magnetic resonance spectroscopy
76498	Unlisted MRI
76977, 77078-77083	Bone density testing, < 50 yrs age or > 1 every 2 years over age of 50
76805-76816	Ultrasound, pregnant uterus; >2
61793 77371-77373, G0339-G0340	Stereotactic radiation
78350-78351	Bone density; single or dual photon
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

Prior Authorization List for Springfield Region

** Cosmetic in nature, consider on individual basis with letter of medical necessity and photos

This list is not inclusive

October 19, 2007

Prior Authorization List

Medicine	
CPT/HCPCS Code	Description
90378	RSV IG intramuscular
90875-90876	Individual psychophysiological therapy
90901-90911	Biofeedback
91110-91111	GI tract imaging, intraluminal e.g. capsule endoscopy
96020	Neurofunctional testing
96117	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
97545-97546	Work hardening
97605-97606	Negative pressure wound therapy
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session
J0585-J0587	Botox
J1745	Remicade

Prior Authorization List for Springfield Region

** Cosmetic in nature, consider on individual basis with letter of medical necessity and photos

This list is not inclusive

October 19, 2007

Prior Authorization List

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
15831-15839	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
30400-30450 (excludes 30420)	Rhinoplasty; primary, secondary, nasal tip work
36468-36471	Single or multiple injections of sclerosing solutions (spider veins); limb, 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

Prior Authorization List for Springfield Region

** Cosmetic in nature, consider on individual basis with letter of medical necessity and photos

This list is not inclusive

October 19, 2007

Prior Authorization List

Infertility: Not Covered	
CPT/HCPCS Code	Description
55400	Vasovasostomy Vasovasorrhaphy
88130	Sex Chromatin Ident; Barr Bodies
88140	Sex Chromatin ID; Peripherl Bld Smear Polymorphn
89329	Sperm Eval; Hamster Penetration Test
89330	Sperm; Cerv Mucos Penetration w/wo Spinnbarkeit

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

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.

Prior Authorization List for Springfield Region

** Cosmetic in nature, consider on individual basis with letter of medical necessity and photos

This list is not inclusive

October 19, 2007

Prior Authorization List

DISCLAIMER

CPT codes, descriptions and other data only are copyright 1999 American Medical Association (AMA). All Rights Reserved (or such other date of publication of CPT). CPT is a trademark of the AMA.

CPT is provided "as is" without warranty of any kind, either expressed or implied, including but not limited to, the implied warranties of merchantability and fitness for a particular purpose. AMA warrants that due to the nature of CPT, it does not manipulate or process dates, therefore there is no Year 2000 issue with CPT. AMA disclaims responsibility for any errors in CPT that may arise as a result of CPT being used in conjunction with any software and/or hardware system that is not Year 2000 compliant. No fee schedules, basic unit, relative values or related listings are included in CPT. The AMA does not directly or indirectly practice medicine or dispense medical services. The responsibility for the content of this file/product is with Mercy Health Plans (MHP) and no endorsement by the AMA is intended or implied. The AMA disclaims responsibility for any consequences or liability attributable to or related to any use, non-use, or interpretation of information contained or not contained in this file/product. This Agreement will terminate upon notice if you violate its terms. The AMA is a third party beneficiary to this Agreement.

The scope of this license is determined by the AMA, the copyright holder. Any questions pertaining to the license or use of the CPT must be addressed to the AMA. End Users do not act for or on behalf of MHP. MHP DISCLAIMS RESPONSIBILITY FOR ANY LIABILITY ATTRIBUTABLE TO END USER USE OF THE CPT. MHP WILL NOT BE LIABLE FOR ANY CLAIMS ATTRIBUTABLE TO ANY ERRORS, OMISSIONS, OR OTHER INACCURACIES IN THE INFORMATION OR MATERIAL CONTAINED ON THIS PAGE. In no event shall MHP be liable for direct, indirect, special, incidental, or consequential damages arising out of the use of such information or material.

Prior Authorization List for Springfield Region

** Cosmetic in nature, consider on individual basis with letter of medical necessity and photos

This list is not inclusive

October 19, 2007