

# Preauthorization Requirements Effective January 1, 2024 (Medicare)



Review Date	Approved by:
4/17/2024	<ul style="list-style-type: none"><li>MPC (Medical Policy Committee)</li></ul>

## Overview:

This list contains notification/preauthorization (PA) review requirements for inpatient and outpatient services. This is cumulative document updated with changes as needed. Updates to this list will be communicated through provider newsletters and are detailed in [Revision History](#).

*Note: Some of the services listed below may be benefit exclusions for some of our ConnectiCare Plans. Please verify member eligibility and benefits.*

## [Revision History](#)

To provide notification/request preauthorization, please submit your question via phone or fax:
<ul style="list-style-type: none"><li>Medical Operations Phone: 800-508-6157</li></ul>
<ul style="list-style-type: none"><li>Preauthorization requests can be submitted via the <a href="#">Provider Portal</a></li></ul>
<a href="http://www.connecticare.com/providers/resources/provider-sign-in">www.connecticare.com/providers/resources/provider-sign-in</a>

**Notification/prior authorization is not required for emergency or urgent care.**

Preauthorization Category/CPT CODE
<b>Admissions require Preauthorization:</b> <ul style="list-style-type: none"><li>Hospital admissions that are elective or not the result of an emergency, including Behavioral Health Services.</li><li>Rehabilitation facility admissions</li><li>Skilled nursing facility admissions</li><li>Sub-acute care admissions</li><li>Partial hospitalization programs (PHP)</li><li>Residential treatment facilities</li></ul>

# Preauthorization Requirements

## Effective January 1, 2024

### (Medicare)



#### Preauthorization Category/CPT CODE

- Skilled nursing facility admissions

#### AMBULANCE/MEDICAL TRANSPORTATION:

All non-emergency transportation requires prior authorization. (e.g. A0140, A0380, A0390, A0424, A0425, A0426, A0428, A0430, A0431, A0435, A0436)

***Effective 9/01/2021:***  
**If the member requires non-emergency transport to transfer from acute care to the next lower level of care, please request at time of PAC facility request.**  
 • Phone: Medicare members: 800-508-6157

#### ACUPUNCTURE

Acupuncture visits 13-20 require authorization

#### ADVANCED RADIOLOGY

Preauthorization is required for advanced outpatient imaging procedures:

- Certain CT, MRI, MRA and PET scans
- Nuclear medicine (including radiation therapy) and nuclear cardiology procedures

The ordering physician must seek pre- authorization of these radiological procedures please contact Evolent (formerly NIA) at 1-877-607-2363 or at <https://www.radmd.com/RadMD/Common/Login.aspx>

33206	33207	33208	33212	33213	33221	33224	33230	33231	33240	33249	70336	70450	70460	70470
70480	70481	70482	70486	70487	70488	70490	70491	70492	70496	70498	70540	70542	70543	70544
70545	70546	70547	70548	70549	70551	70552	70553	70554	70555	71250	71260	71270	71271	71275
71550	71551	71552	71555	72125	72126	72127	72128	72129	72130	72131	72132	72133	72141	72142
72146	72147	72148	72149	72156	72157	72158	72159	72191	72192	72193	72194	72195	72196	72197
72198	73200	73201	73202	73206	73218	73219	73220	73221	73222	73223	73225	73700	73701	73702

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Preauthorization Category/CPT CODE														
73706	73718	73719	73720	73721	73722	73723	73725	74150	74160	74170	74174	74175	74176	74177
74178	74181	74182	74183	74185	74261	74262	74263	74712	75557	75559	75561	75563	75565	75571
75572	75573	75574	75580	75635	76380	76390	76497	76498	77046	77047	77048	77049	77084	78429
78430	78431	78432	78433	78451	78452	78453	78454	78459	78466	78468	78469	78472	78473	78481
78483	78491	78492	78494	78499	78608	78811	78812	78813	78814	78815	78816	93303	93304	93306
93307	93308	93312	93313	93314	93315	93316	93317	93318	93350	93351	93452	93453	93454	93455
93456	93457	93458	93459	93460	93461	0042T	0742T	C9791	G0235	G0252				
Bone Growth														
20974	20975	20979												
Bariatric Surgery														
43290	43291													
BREAST RECONSTRUCTION (NON-MASTECTOMY)														
<i>Preauthorization is required for <u>all diagnosis codes</u> <u>except</u> for the following:</i>														
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		
CPT Codes														
11920	11921	11922	19303	19316	19318	19325	19328	19330	19340	19342	19350	19357	19361	19364
19367	19368	19369	19370	19371	19380	19396								

**Preauthorization Requirements  
Effective January 1, 2024  
(Medicare)**



Preauthorization Category/CPT CODE														
<b>CARDIAC REHABILITATION</b>														
93668	G0166													
<b>CARTILAGE IMPLANTS:</b>														
27412	29866	29867	29868											
<b>CLINICAL TRIALS:</b>														
Notification and Patient consent form required														
<b>COCHLEAR &amp; OTHER AUDITORY IMPLANTS</b>														
69714	69728	69729	69730	69930										
<b>COSMETIC &amp; RECONSTRUCTIVE SURGERY</b>														
10040	11960	11971	15730	15769	15771	15772	15773	15774	15780	15781	15782	15783	15788	15789
15792	15793	15820	15821	15822	15823	15830	15847	17106	17107	17108	17380	17999	21086	21087
21139	21172	21175	21179	21180	21181	21182	21183	21184	21230	21235	21256	21260	21261	21263
21267	21268	21275	21282	21740	21742	21743	28344	30540	30545	30560	30620	40500	54401	54416
67900	67901	67902	67903	67904	67906	67908	67909	67911	67912	67917	67921	67924	67950	67961
67966														
<b>DURABLE MEDICAL EQUIPMENT, PROSTHETICS AND ORTHOTICS:</b>														
<b><u>Effective 09/01/2021:</u></b>														
Providers should submit requests through one of the following intake channels:														
<ul style="list-style-type: none"> <li>• <a href="#">Provider portal</a> (preferred).</li> <li>• Phone: Medicare members: 800-508-6157</li> </ul>														
A7025	A7026	E0194	E0265	E0266	E0277	E0300	E0302	E0304	E0328	E0329	E0466	E0468	E0470	E0471
E0483	E0486	E0490	E0491	E0601	E0620	E0651	E0652	E0655	E0656	E0666	E0667	E0668	E0669	E0673

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Preauthorization Category/CPT CODE														
E0675	E0676	E0678	E0679	E0680	E0681	E0682	E0745	E0747	E0748	E0749	E0760	E0764	E0766	E0770
E0784	E0984	E0986	E1002	E1003	E1004	E1005	E1006	E1007	E1008	E1010	E1012	E1016	E1018	E1028
E1236	E1238	E1399	E1802	E1805	E1825	E1830	E1840	E2001	E2298	E2310	E2311	E2313	E2321	E2370
E2373	E2374	E2377	E2378	E2398	E2402	E2502	E2504	E2506	E2508	E2510	E2511	E2512	E2599	E2609
E2612	E2617	K0005	K0008	K0012	K0013	K0014	K0606	K0800	K0801	K0802	K0806	K0807	K0808	K0812
K0822	K0823	K0825	K0835	K0836	K0848	K0849	K0850	K0851	K0852	K0853	K0854	K0855	K0856	K0857
K0858	K0859	K0860	K0861	K0862	K0863	K0864	K0868	K0869	K0870	K0871	K0877	K0878	K0879	K0880
K0884	K0885	K0886	K0890	K0891	K1027	K1037	L0112	L0220	L0462	L0464	L0480	L0482	L0484	L0486
L0636	L0637	L0638	L0639	L0650	L0651	L0700	L0710	L0810	L0820	L0830	L0859	L1000	L1005	L1200
L1300	L1320	L1640	L1680	L1685	L1690	L1700	L1710	L1720	L1730	L1755	L1844	L1846	L2005	L2006
L2020	L2034	L2036	L2037	L2038	L2126	L2128	L2136	L2330	L2525	L2627	L2628	L3161	L3251	L3253
L3485	L3765	L3766	L3900	L3901	L3904	L3961	L3967	L3971	L3973	L3975	L3976	L3977	L3978	L4000
L4631	L5010	L5020	L5050	L5060	L5100	L5105	L5150	L5160	L5200	L5210	L5220	L5230	L5250	L5270
L5280	L5301	L5312	L5321	L5331	L5341	L5400	L5420	L5500	L5505	L5510	L5520	L5530	L5535	L5540
L5560	L5570	L5580	L5585	L5590	L5595	L5600	L5610	L5611	L5613	L5614	L5615	L5616	L5639	L5643
L5649	L5651	L5681	L5683	L5700	L5701	L5702	L5703	L5707	L5724	L5726	L5728	L5780	L5781	L5782
L5783	L5795	L5814	L5818	L5822	L5824	L5826	L5828	L5830	L5840	L5841	L5845	L5848	L5856	L5857
L5858	L5859	L5926	L5930	L5960	L5961	L5966	L5968	L5973	L5979	L5980	L5981	L5987	L5988	L5990
L5991	L6000	L6010	L6020	L6026	L6050	L6055	L6100	L6110	L6120	L6130	L6200	L6205	L6250	L6300
L6310	L6320	L6350	L6360	L6370	L6380	L6382	L6384	L6400	L6450	L6500	L6550	L6570	L6580	L6582
L6584	L6586	L6588	L6590	L6621	L6624	L6638	L6646	L6648	L6693	L6696	L6697	L6707	L6709	L6712
L6713	L6714	L6715	L6721	L6722	L6880	L6881	L6882	L6883	L6884	L6885	L6900	L6905	L6910	L6920
L6925	L6930	L6935	L6940	L6945	L6950	L6955	L6960	L6965	L6970	L6975	L7007	L7008	L7009	L7040
L7045	L7170	L7180	L7181	L7185	L7186	L7190	L7191	L7259	L7499	L8033	L8035	L8040	L8041	L8042
L8043	L8044	L8045	L8046	L8047	L8049	L8609	L8614	L8619	L8627	L8628	L8631	L8659	L8679	L8681
L8682	L8683	L8689	L8690	L8693	S1040	V2629								

# Preauthorization Requirements Effective January 1, 2024 (Medicare)



Preauthorization Category/CPT CODE														
<b>GENDER DYSPHORIA TREATMENT</b>														
<i>Requires a PA for all sites of service if submitted with these diagnosis codes ONLY:</i>				F64.0	F64.1	F64.2	F64.8	F64.9	Z87.890					
<b>Preauthorization is required for all diagnosis codes with procedures 55970 and 55980</b>														
14000	14001	14041	15734	15738	15750	15757	15758	15775	15776	21899	53410	53420	53425	53430
54125	54400	54405	54408	54520	54660	54690	55175	55180	55401	55866	55867	55970	55980	56625
56800	56805	57106	57110	57291	57292	57295	57296	57335	57426	58290	58291	58292	58940	64856
64892	64896													
<b>GENETIC TESTING</b>														
The ordering physician must seek pre-authorization of genetic testing procedures by calling EviCore at 1-888-835-2042 or going online at <a href="https://www.evicore.com/">https://www.evicore.com/</a>														
81162	81163	81164	81165	81166	81167	81185	81186	81189	81190	81212	81215	81216	81217	81225
81226	81277	81292	81293	81294	81295	81296	81297	81298	81299	81300	81306	81307	81308	81313
81317	81318	81319	81321	81322	81323	81335	81349	81351	81353	81400	81401	81402	81403	81404
81405	81406	81407	81408	81418	81419	81441	81445	81449	81450	81451	81456	81457	81458	81459
81462	81463	81464	81479	81490	81518	81519	81520	81522	81523	81528*	81529	81539	81542	81546
81552	81554	81595	81596	81599	84999	0001U	0002M	0003M	0004M	0006M	0007M	0011M	0012M	0013M
0016M	0017M	0018U	0019U	0022U	0026U	0029U	0030U	0031U	0032U	0033U	0034U	0036U	0037U	0045U
0047U	0048U	0050U	0053U	0055U	0057U	0060U	0067U	0069U	0070U	0071U	0072U	0073U	0074U	0075U
0076U	0078U	0079U	0081U	0084U	0086U	0087U	0088U	0089U	0090U	0094U	0096U	0101U	0102U	0103U
0111U	0113U	0114U	0118U	0120U	0129U	0130U	0131U	0132U	0133U	0134U	0135U	0136U	0137U	0156U
0157U	0158U	0159U	0160U	0161U	0162U	0169U	0170U	0171U	0172U	0173U	0175U	0179U	0203U	0204U
0205U	0208U	0209U	0211U	0212U	0213U	0214U	0215U	0216U	0217U	0218U	0220U	0228U	0229U	0230U

# Preauthorization Requirements Effective January 1, 2024 (Medicare)



Preauthorization Category/CPT CODE														
0231U	0232U	0233U	0234U	0235U	0236U	0237U	0238U	0239U	0242U	0244U	0245U	0246U	0250U	0252U
0253U	0254U	0258U	0260U	0262U	0264U	0265U	0266U	0267U	0268U	0269U	0270U	0271U	0272U	0273U
0274U	0276U	0277U	0278U	0282U	0285U	0286U	0287U	0288U	0289U	0290U	0291U	0292U	0293U	0294U
0296U	0297U	0298U	0299U	0300U	0306U	0307U	0313U	0313U	0314U	0315U	0317U	0318U	0319U	0320U
0326U	0329U	0331U	0332U	0333U	0334U	0335U	0336U	0339U	0340U	0341U	0343U	0345U	0347U	0348U
0349U	0350U	0355U	0356U	0362U	0363U	0364U	0368U	0379U	0380U	0388U	0392U	0400U	0403U	0405U
0409U	0410U	0411U	0413U	0414U	0417U	0418U	0419U	0420U	0421U	0422U	0423U	0424U	0425U	0426U
0428U	0433U	0434U	0437U	0438U	0439U	0440U	0444U	0448U	0449U	0524U	G9143			

*\*No PA when provider is Exact Science- PA required for any other company*

HEART PROCEDURES		
C9782	C9783	

<b>HEMOCARE Home Health Care</b> <b><i>Effective 09/01/2021:</i></b> Providers should submit requests through one of the following intake channels: <ul style="list-style-type: none"> <li>• <a href="#">Provider portal</a> (preferred).</li> <li>• Phone: Medicare members: 800-508-6157</li> </ul>														
<b>All services in the place of service of home require prior authorization including, but not limited to:</b> <b><i>See revision history for codes with PA requirement removed effective 1/01/2024</i></b>														
99500	99501	99502	99503	99504	99505	99506	99507	99509	99510	99511	99512	99600	G0068	G0069
G0070	G0071	G0088	G0089	G0090	G0151	G0152	G0153	G0155	G0156	G0157	G0158	G0159	G0160	G0161

# Preauthorization Requirements Effective January 1, 2024 (Medicare)



G0162	G0163	G0164	G0299	G0300	G0490	G0493	G0494	G0495	G0496	G2168	G2169	H1004	M0244	M0246
Q5009	S5108	S5109	S5110	S5111	S5115	S5116	S5180	S5181	S9001	S9097	S9098	S9122	S9123	S9124
S9127	S9128	S9129	S9131	S9152	S9339	S9370	S9372	S9474	S9537	S9538	S9542	S9559	S9560	S9562
S9590	S9810	T1000	T1001	T1002	T1003	T1004	T1021	T1022	T1028	T1030	T1031	T1502		

**HEMOCARE – Home Infusion Therapy**  
 Providers should submit requests to Care Continuum (CCUM)  
**Fax/Electronic: #888-631-8817, 8 a.m. to 7 p.m., Monday through Friday**  
**Phone: #877-391-7821, 8 a.m. to 7 p.m., Monday through Friday**  
*Home Infusion Therapy Drugs, please see [Home Infusion Therapy Drug Pre-Authorization criteria](#)*

99601	99602	B4148	S5497	S5498	S5501	S5502	S5518	S5520	S5521	S5522	S5523	S9208	S9209	S9211
S9212	S9213	S9214	S9325	S9326	S9327	S9328	S9329	S9330	S9331	S9336	S9338	S9340	S9341	S9342
S9343	S9345	S9346	S9347	S9348	S9349	S9351	S9353	S9355	S9357	S9359	S9361	S9363	S9364	S9365
S9366	S9367	S9368	S9373	S9374	S9375	S9376	S9377	S9379	S9490	S9494	S9497	S9500	S9501	S9502
S9503	S9504													

**IMMUNOTHERAPY**

Q2043														
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**INTRAUTERINE FETAL SURGERY Effective 1/01/2024**

59897														
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# Preauthorization Requirements Effective January 1, 2024 (Medicare)



## MENTAL HEALTH/BEHAVIORAL HEALTH SERVICES

Preauthorization is obtained **through OptumHealth Behavioral Solutions (OHBS)** if services are provided by a **Behavioral Health Provider**. Call 1-800-349-5365.

Preauthorization is obtained **through ConnectiCare** if services are provided by a **Medical Healthcare Provider**.

Hospital admissions that are elective or not the result of an emergency, including: acute hospital admissions, partial hospitalization programs (PHP), rehabilitation facility admissions, residential treatment facilities, skilled nursing facility admissions, and sub-acute care admissions.

90867	90868	90869	90870	90899	97151	97152	97153	97154	97155	97156	97157	97158	99484	99492
99493	99494	0362T	0373T	G0129	G0176	G0177	G0396	G0397	G0409	G0410	G0411	G0459	G2067	G2068
G2069	G2070	G2071	G2072	G2073	G2074	G2075	G2076	G2077	G2078	G2079	G2080	G2086	G2087	G2088
H0020	H0031	H0032	H0033	H0047	H2012	H2014								

## SPINAL SURGERY/MSK/PAIN MANAGEMENT

Evolut (formerly NIA) provides UM for our Musculoskeletal Program. Please contact Evolut at 1-877-607-2363 or online at <https://www.radmd.com/RadMD/Common/Login.aspx>

20939	22206	22207	22210	22212	22214	22220	22222	22224	22526	22532	22533	22548	22551	22552
22554	22556	22558	22586	22587	22590	22595	22600	22610	22612	22630	22632	22633	22634	22800
22802	22804	22808	22810	22812	22830	22856	22857	22858	22860	22861	22862	22864	22865	22867
22869	27096	27279	27280	62263	62264	62287	62320	62321	62322	62323	62350	62351	62355	62360
62361	62362	62380	63001	63003	63005	63012	63015	63016	63017	63020	63030	63035	63040	63042
63044	63045	63046	63047	63048	63050	63051	63055	63056	63057	63064	63066	63075	63076	63077
63078	63265	63266	63267	63268	63270	63271	63272	63273	63275	63276	63277	63278	63280	63281
63282	63283	63285	63286	63287	63290	63304	64479	64483	64490	64493	64633	64635	0095T	0274T
0275T	G0260													

**64628 & 64629 Require preauthorization. Note these codes are not managed by NIA, please contact ConnectiCare Medical Operations**

# Preauthorization Requirements Effective January 1, 2024 (Medicare)



\*Please note 22526, 66287, 0202T, 0219T, 0220T, 0375T are not covered

\*22899 follows unlisted code procedures and requires documentation to support.

## NEURO-PSYCHOLOGICAL TESTING

Preauthorization is obtained **through OptumHealth Behavioral Solutions (OHBS)** if services are provided by a **Behavioral Health Provider**. Call 1-800-349-5365.

Preauthorization is obtained **through ConnectiCare** if services are provided by a **Medical Healthcare Provider**.

96105
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## NEUROSTIMULATOR

61889	61891	61892	63664	64568	64596	64597	64598
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## ORTHOGNATHIC SURGERY

21120	21121	21122	21123	21125	21127	21141	21142	21143	21145	21146	21147	21150	21151	21154
21155	21159	21160	21188	21193	21194	21195	21196	21198	21199	21206	21210	21215	21240	21242
21244	21245	21246	21247	21248	21249	21255	21299							

## OUT-OF-PLAN SERVICES

All out-of-plan services (non-emergency)

## POTENTIALLY UNPROVEN SERVICES

28890	36514	61850	61863	61864	61867	61868	61885	61886	64405	64555	64722	64744	66180	95965
95966	0584T	0585T	0586T	C9758										

## PULMONARY REHABILITATION SERVICES

G0237	G0238	G0239
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# Preauthorization Requirements Effective January 1, 2024 (Medicare)



## RADIATION ONCOLOGY

Evolut (formerly NIA) provides UM for our Radiation Oncology Program. Please contact Evolut by phone: 1-877-607-2363 or online: <https://www.radmd.com/RadMD/Common/Login.aspx>

77371	77372	77373	77385	77386	77401	77402	77407	77412	77423	77424	77425	77520	77522	77523
77525	77600	77605	77610	77615	77620	77761	77762	77763	77767	77768	77770	77771	77772	77778
77789	77799	0394T	0395T	A9590	C1821	C2616	G0339	G0340	G6003	G6004	G6005	G6006	G6007	G6008
G6009	G6010	G6011	G6012	G6013	G6014	G6015	G6016							

## RHINOPLASTY

30400	30410	30420	30430	30435	30450	30460	30462	30465						
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## SLEEP APNEA PROCEDURES & SERVICES

21685	33276	33277	33278	33279	33280	33281	33287	33288	41512	41530	41599	42145		
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## SLEEP STUDIES

95782	95783	95805	95807	95808	95810	95811								
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## TRANSPLANT SERVICES

32850	32851	32852	32853	32854	32855	32856	33930	33933	33935	33940	33944	33945	38206	38208
38209	38210	38212	38213	38214	38215	38232	38240	38241	38242	38999	44132	44133	44135	44136
44137	44715	44720	44721	47133	47135	47140	47141	47142	47143	47144	47145	47146	47147	48551
48552	48554	50300	50320	50323	50325	50340	50360	50365	50370	50380	50547			

## VEIN PROCEDURES

36473	36474	36475	36476	36478	36479	36482	36483	37700	37718	37722	37780			
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# Preauthorization Requirements Effective January 1, 2024 (Medicare)



VENTRICULAR ASSIST DEVICE (VAD)								
33927	33928	33929	33975	33976	33979	33981	33982	33983

## Revision history:

DATE	REVISION
4/11/2024	<p><b>Following HCPCS Codes Removed:</b></p> <ul style="list-style-type: none"> <li>○ <u>DME:</u> A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6528, A6529, A6552, A6553, A6554, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, A6566, A6567, A6568, A6569, A6570, A6571, A6572, A6573, A6574, A6575, A6576, A6577, A6578, A6579, A6580, A6581, A6582, A6583, A6584, A6585, A6586, A6587, A6588, A6589, A6593, A6594, A6595, A6596, A6597, A6598, A6599, A6600, A6601, A6602, A6603, A6604, A6605, A6606, A6607, A6608, A6609 and A6610</li> </ul>
3/26/2024	<p><b>Added new codes effective 4/01/2024:</b></p> <ul style="list-style-type: none"> <li>○ <u>DME:</u> E0468, E2298, K1037, L1320, L5783 and L5841</li> <li>○ <u>Genetic Testing:</u> 0439U, 0440U, 0444U, 0448U and 0449U</li> </ul> <p><b>Removed deleted code effective 4/01/2024:</b></p> <ul style="list-style-type: none"> <li>○ <u>DME:</u> E2300</li> </ul>
3/26/2024	<p><b>Fax lines for preauthorization requests are being disconnected May 1, 2024.</b></p> <ul style="list-style-type: none"> <li>○ <b>Removed preauthorization request fax numbers – providers should submit preauthorization requests via Provider Portal; hyperlinks included where applicable.</b></li> <li>○ <b>No changes to existing fax/telephone contact information for our vendors</b></li> </ul>
2/20/2024	<p><b>Updated vendor contact name for following categories Advanced Radiology, Radiation Oncology and Spinal Surgery/MSK/Pain Management:</b></p> <ul style="list-style-type: none"> <li>○ Evolent formerly NIA (National Imaging Associates) effective 1/01/2024</li> </ul>
12/28/2023	<p><b>Added new codes effective 1/01/2024:</b></p> <ul style="list-style-type: none"> <li>○ <u>Sleep Apnea:</u> 33276, 33277, 33278, 33279, 33280, 33281, 33287 and 33288</li> <li>○ <u>Neurostimulator:</u> 61889, 61891, 61892, 64596, 64597 and 64598</li> <li>○ <u>Advanced Radiology:</u> 75580</li> <li>○ <u>Genetic Testing:</u> 81457, 81458, 81459, 81462, 81463, 81464, 0420U, 0421U, 0422U, 0423U, 0424U, 0425U, 0426U, 0428U, 0433U, 0434U, 0437U and 0438U</li> <li>○ <u>DME:</u> A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6528, A6529, A6552, A6553, A6554, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, A6566, A6567, A6568,</li> </ul>

# Preauthorization Requirements Effective January 1, 2024 (Medicare)



DATE	REVISION
	<p>A6569, A6570, A6571, A6572, A6573, A6574, A6575, A6576, A6577, A6578, A6579, A6580, A6581, A6582, A6583, A6584, A6585, A6586, A6587, A6588, A6589, A6593, A6594, A6595, A6596, A6597, A6598, A6599, A6600, A6601, A6602, A6603, A6604, A6605, A6606, A6607, A6608, A6609, A6610, E0678, E0679, E0680, E0681, E0682, E2001, L3161, L5615 and L5926</p> <p><b>Removed deleted codes effective 1/01/2024:</b></p> <ul style="list-style-type: none"> <li>○ <u>DME</u>: K1014, K1015, K1021, K1022, K1023, K1024, K1025, K1031, K1032 and K1033</li> </ul>
10/24/2023	<p>PA requirement removed <b>effective 1/01/2024:</b></p> <ul style="list-style-type: none"> <li>○ <u>Home Health Care</u>: Q5001 and Q5002</li> </ul>
10/20/2023	<ul style="list-style-type: none"> <li>• Added <u>Intrauterine Fetal Surgery</u> <b>Effective 1/01/2024</b>: 59897</li> </ul>
9/26/2023	<ul style="list-style-type: none"> <li>• Added New Codes <b>Effective 10/01/2023</b>: <ul style="list-style-type: none"> <li>○ <u>Advanced Radiology</u>: C9791</li> <li>○ <u>DME/Prosthetics/Orthotics</u>: E0490, E0491 and L5991</li> <li>○ <u>Genetic Testing</u>: 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U, 0418U and 0419U</li> <li>○ <u>Home Infusion Therapy</u>: B4148</li> </ul> </li> <li>• Removed Deleted Codes <b>Effective 10/01/2023</b>: <ul style="list-style-type: none"> <li><u>Genetic Testing</u>: 0386U and 0397U</li> </ul> </li> </ul>
9/26/2023	<ul style="list-style-type: none"> <li>• Updated to clarify following CPT Codes require PA as part of Home Infusion Therapy (moved from Home Health Care category to Home Infusion Therapy category): S9208, S9209, S9211, S9212, S9213 and S9214</li> </ul>
8/15/2023	<ul style="list-style-type: none"> <li>• Updated <ul style="list-style-type: none"> <li>• <u>Cosmetic &amp; Reconstructive Surgery</u>: Correction to 6/22/2023 - Removed 15834 (See our Cosmetic &amp; Reconstructive Surgery Medical Policy)</li> </ul> </li> </ul>
7/26/2023	<ul style="list-style-type: none"> <li>• PA Requirement to be removed <b>effective 9/1/2023</b>: <ul style="list-style-type: none"> <li>○ <u>Cardiac Rehab</u>: 93668</li> </ul> </li> </ul>
6/22/2023	<ul style="list-style-type: none"> <li>• Added New codes <b>Effective 7/1/2023</b>: <ul style="list-style-type: none"> <li>○ <u>Genetic Testing</u>: 0388U, 0392U, 0397U and 0400U</li> </ul> </li> <li>• Added New PA Requirement <b>Effective 10/13/2023</b>: <ul style="list-style-type: none"> <li>○ <u>Cosmetic &amp; Reconstructive Surgery</u>: 15834</li> </ul> </li> </ul>

# Preauthorization Requirements

## Effective January 1, 2024

### (Medicare)



DATE	REVISION
5/30/2023	<ul style="list-style-type: none"> <li>Updated to clarify following CPT Codes require PA as part of Home Infusion Therapy (moved from Home Health Care category to Home Infusion Therapy category):</li> <li>S5497, S5498, S5501, S5502, S5518, S5520, S5521, S5522, S5523, S9325, S9326, S9327, S9328, S9329, S9330, S9331, S9336, S9340, S9341, S9342, S9343, S9345, S9346, S9347, S9348, S9349, S9351, S9353, S9355, S9357, S9359, S9361, S9363, S9364, S9365, S9366, S9367, S9368, S9373, S9374, S9375, S9376, S9377, S9379, S9490, S9494, S9497, S9500, S9501, S9502, S9503 and S9504</li> </ul>
4/5/2023	<ul style="list-style-type: none"> <li>Added New codes <b>Effective 4/1/2023</b>: <ul style="list-style-type: none"> <li><u>Genetic Testing</u>: 0364U, 0368U, 0379U, 0380U and 0386U</li> </ul> </li> </ul>
3/23/2023	<ul style="list-style-type: none"> <li>Updated <u>Home Health Care</u> to include link to Home Infusion Therapy Drug Preauthorization criteria</li> <li>Updated to include Care Continuum Contact information for <u>Home Health Care – Home Infusion Therapy</u></li> <li>Removed deleted code 58293 effective 1/01/2021</li> </ul>
2/22/2023	<ul style="list-style-type: none"> <li>Removed code <b>Effective 7/1/2021</b> <ul style="list-style-type: none"> <li>MENTAL HEALTH/BEHAVIORAL SERVICES: 96116</li> </ul> </li> </ul>
2/8/2023	<ul style="list-style-type: none"> <li>PA requirement removed from following codes <b>effective 4/1/2023</b>: <ul style="list-style-type: none"> <li><u>Arthroplasty/Arthroscopy</u>: 23473, 23474, 24360, 24361, 24362, 24363, 24370, 24371, 27120, 27122, 27437, 27440, 27441, 27443, 29830, 29835, 29837, 29840, 29843, 29847, 29860, 29899, 29914, 29915 and 29916</li> <li><u>Hysterectomy</u>: 58152, 58270, 58275, 58280 and 58294</li> </ul> </li> </ul>
1/30/2023	<ul style="list-style-type: none"> <li>PA requirement removed from following codes <b>effective 4/1/2023</b>: <ul style="list-style-type: none"> <li><u>Arthroplasty</u>: 23470, 23472, 27125, 27130, 27132, 27134, 27137, 27138, 27445, 27446, 27447, 27486 and 27487</li> <li><u>Hysterectomy</u>: 58267</li> <li><u>Pulmonary</u>: 94625 and 94626</li> <li><u>Site of Service – Office</u>: 10120, 10140, 11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11442, 19000, 31579, 45300, 45330, 46922, 55250, 57460 and 64520</li> <li><u>Site of Service – Outpatient Surgical</u>: 13101, 13132, 14040, 14060, 14301, 20680, 21320, 21552, 21931, 30140, 30520, 42821, 42825, 42826, 42830, 43235, 43239, 43249, 45378, 45380, 45384, 45385, 47000, 49505, 49650, 49651, 50590, 52000, 52005, 52204, 52224, 52234, 52235, 52260, 52281, 52310, 52332, 52351, 52352, 52353, 52356, 54161, 55040, 55700, 57288, 64721, 65426, 65730, 65855, 66170, 66761, 66821, 66982, 66984, 67028, 67036, 67040, 67228, 67311, 67312, 69436 and 69631</li> </ul> </li> </ul>
12/28/2022	<ul style="list-style-type: none"> <li>Added new codes <b>effective 1/01/2023</b>: <ul style="list-style-type: none"> <li><u>Advanced Radiology</u>: 0742T</li> <li><u>Bariatric Surgery</u>: 43290, 43291</li> </ul> </li> </ul>

# Preauthorization Requirements

## Effective January 1, 2024

### (Medicare)



DATE	REVISION
	<ul style="list-style-type: none"> <li>○ <u>Cochlear &amp; Other Auditory Implants</u>: 69728, 69729 and 69730</li> <li>○ <u>Gender Dysphoria</u>: 55867</li> <li>○ <u>Genetic Testing</u>: 0355U, 0356U, 0362U, 0363U, 81418, 81441, 81449, 81451 and 81456</li> <li>○ <u>Spinal Surgery/Msk/Pain Management</u>: 22860</li> <li>• Removed <i>Deleted Codes</i> <b>effective 1/01/2023</b>:               <ul style="list-style-type: none"> <li>○ <u>Site of Service – Outpatient Surgical</u>: 49585, 49587, 49652, 49653, 49654 and 49655</li> </ul> </li> </ul>
11/30/2022	<ul style="list-style-type: none"> <li>• Updated <u>Homecare</u> to include additional codes <b>effective 12/01/2022</b>: G2168, G2169, M0244, M0246, S5108, S5109, S9152, T1021 and T1000</li> </ul>
9/29/2022	<ul style="list-style-type: none"> <li>• Added new codes <b>effective 10/01/2022</b>:               <ul style="list-style-type: none"> <li>○ <u>Genetic Testing</u>: 0332U, 0333U, 0334U, 0335U, 0336U, 0339U, 0340U, 0341U, 0343U, 0345U, 0347U, 0348U, 0349U and 0350U</li> </ul> </li> <li>• Removed deleted codes <b>effective 10/01/2022</b>:               <ul style="list-style-type: none"> <li>○ <u>Genetic Testing</u>: 0012U, 0013U, 0014U and 0056U</li> </ul> </li> </ul>
8/08/2022	<ul style="list-style-type: none"> <li>• Removed following codes <b>effective 1/01/2022</b>:               <ul style="list-style-type: none"> <li>○ <u>Home Health Care</u>: H1000, H1001, H1002, H1003 and H1005</li> </ul> </li> </ul>
7/19/2022	<ul style="list-style-type: none"> <li>• Added codes with new PA requirement <b>effective 11/15/2022</b>:               <ul style="list-style-type: none"> <li>○ <u>Cosmetic &amp; Reconstructive Surgery</u>: 10040, 15730, 17380, 40500, 21086 and 21087</li> </ul> </li> </ul>
6/29/2022	<ul style="list-style-type: none"> <li>• Added new codes <b>effective 7/01/2022</b>:               <ul style="list-style-type: none"> <li>○ <u>Genetic Testing</u>: 0326U, 0329U and 0331U</li> </ul> </li> </ul>
6/16/2022	<ul style="list-style-type: none"> <li>• Updated to include 2 Codes – <b>effective 11/01/2022</b> <ul style="list-style-type: none"> <li>○ <u>SPINAL SURGERY/MSK/PAIN MANAGEMENT</u>: 64628 and 64629</li> </ul> <i>Note: These 2 codes are not managed by NIA</i> </li> </ul>
6/09/2022	<ul style="list-style-type: none"> <li>• Corrected to align with NIA 2022 Preauthorization List               <ul style="list-style-type: none"> <li>○ <u>Advanced Radiology</u>: 71271</li> </ul> </li> </ul>
4/18/2022	<ul style="list-style-type: none"> <li>• <i>Removed Code(s)</i> <b>Effective 5/01/2022</b>:               <ul style="list-style-type: none"> <li>○ <u>Mental Health/Behavioral Health Services</u>: 90837</li> </ul> </li> </ul>
4/06/2022	<ul style="list-style-type: none"> <li>• <i>Removed Code(s)</i> <b>Effective 1/01/2022</b>:               <ul style="list-style-type: none"> <li>○ <u>Sleep Studies</u>: 95806, G0398, G0399 and G0400</li> </ul> </li> <li>• <i>Removed Code(s)</i> <b>Effective 4/05/2022</b>:               <ul style="list-style-type: none"> <li>○ <u>Ambulance non-emergency transportation</u>: A0384, A0396 and A0424</li> </ul> </li> </ul>

# Preauthorization Requirements Effective January 1, 2024 (Medicare)



DATE	REVISION
3/28/2022	<ul style="list-style-type: none"> <li>• Removed Code(s) <b>Effective 4/01/2022:</b> <ul style="list-style-type: none"> <li>○ <u>Genetic Testing:</u> 0097U – <i>deleted code</i></li> </ul> </li> <li>• Added new <b>Codes Effective 4/01/2022:</b> <ul style="list-style-type: none"> <li>○ <u>DME:</u> K1031, K1032 and K1033</li> <li>○ <u>Genetic Testing:</u> 0306U, 0307U, 0313U, 0314U, 0315U, 0317U, 0318U, 0319U and 0320U</li> <li>○ <u>Heart Procedures:</u> C9782 &amp; C9783</li> </ul> </li> </ul>
3/22/2022	<ul style="list-style-type: none"> <li>• 11/2021 Revision history clarification; 45330 was <u>not</u> removed from <u>SOS Office</u></li> </ul>
2/07/2022	<ul style="list-style-type: none"> <li>• Removed Codes <b>Effective 7/01/2021</b> <ul style="list-style-type: none"> <li>○ NEURO-PSYCHOLOGICAL TESTING: 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139 &amp; 96146</li> </ul> </li> <li>• Corrected/removed codes from Site of Service Office: 27096, 64633, 64635. <i>Listed under MUSCULOSKELETAL PROCEDURES.</i></li> </ul>
1/20/2022	<ul style="list-style-type: none"> <li>• Updated contact information for preauthorization requests</li> <li>• Ambulance: Updated contact information</li> <li>• DME: Updated contact information</li> <li>• Homecare: Updated contact information</li> </ul>
1/13/2022	<ul style="list-style-type: none"> <li>• Removed 58558 <b>Effective 1/01/2022</b></li> </ul>
12/30/2021	<ul style="list-style-type: none"> <li>• Updated with codes requiring preauthorization effective 2/01/2022: <ul style="list-style-type: none"> <li>○ Cosmetic &amp; Reconstructive Surgery: 54401 &amp; 54416</li> <li>○ Immunotherapy: Q2043</li> <li>○ Vagus Nerve Stimulation: 63664</li> </ul> </li> </ul>
12/28/2021	<ul style="list-style-type: none"> <li>• Updated with new codes <b>effective 1/01/2022:</b> <ul style="list-style-type: none"> <li>○ Genetic Testing: 81349, 81523, 0285U, 0286U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0296U, 0297U, 0298U, 0299U and 0300U</li> <li>○ Pulmonary Rehab: 94625 and 94626</li> </ul> </li> <li>• Removed deleted codes <b>effective 1/01/2022:</b> <ul style="list-style-type: none"> <li>○ Cochlear Implants: 69715 and 69718</li> <li>○ Pulmonary Rehab: G0424</li> </ul> </li> </ul>
11/2021	<ul style="list-style-type: none"> <li>• Corrected to include below <b>(effective 3/01/2021):</b> <ul style="list-style-type: none"> <li>○ <u>Site of Service – Office:</u> 27096, 58558, 64633 &amp; 64635. <i>Removed 45330</i></li> <li>○ <u>Site of Service – Outpatient Surgical Procedures:</u> 42820, 57522, 58353, 58565</li> </ul> </li> </ul>



# Preauthorization Requirements Effective January 1, 2024 (Medicare)



DATE	REVISION
10/2021	<ul style="list-style-type: none"> <li>Updated with new codes <b>effective 10/01/2021</b> <ul style="list-style-type: none"> <li><u>Genetic Testing</u>: 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U &amp; 0282U</li> <li><u>DME</u>: K1021, K1022, K1023, K1024, K1025 &amp; K1027</li> </ul> </li> </ul>
9/07/2021	<ul style="list-style-type: none"> <li>Post-acute care for ConnectiCare members will be managed by ConnectiCare instead of CareCentrix.</li> <li>Removed CareCentrix information from DME &amp; Home Care Services and added new CCI intake information.</li> <li>Ambulance/Medical Transportation: Additional transport/transfer information added <b>Effective 09/01/2021</b></li> </ul>
8/16/2021	<ul style="list-style-type: none"> <li>Added Office/POS 11 to Site of Service: Outpatient Surgical Procedures</li> </ul>
7/20/2021	<ul style="list-style-type: none"> <li>Added new codes effective 07/01/2021 to Genetic Testing-0250U, 0252U, 0253U &amp; 0254U</li> </ul>
5/13/2021	<ul style="list-style-type: none"> <li>Added clarification to Mental Health/Behavioral Health Services and Neuropsychological Testing for obtaining preauthorization</li> </ul>
5/03/2021	<ul style="list-style-type: none"> <li>New codes added effective 04/01/2021 0242U, 0244U, 0245U, 0246U, K1014, K1015</li> </ul>
1/27/2021	<ul style="list-style-type: none"> <li>New codes added effective 01/01/2020: 0228U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 81351, 81353, 81419, 81529, 81554.</li> <li>Added Site or Service section: Office and Outpatient Surgical Procedures-effective <b>3/1/2021</b></li> </ul>
8/31/2020	<ul style="list-style-type: none"> <li>Code list updated with new codes effective 04/01/2020 and 07/01/2020</li> <li>Listed more examples for homecare</li> </ul>
2/18/2020	<ul style="list-style-type: none"> <li>Listed codes in Behavioral Health instead of categories</li> </ul>
10/01/2019	<ul style="list-style-type: none"> <li>Policy Created</li> </ul>