ASPIRUS Health Plan

Prior Authorization List

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Prior Authorization List for Aspirus Health Plan Commercial Plans

Effective November 1, 2025

General Information

- This document is a guide for members, providers and their office staff, to utilize to identify what requires prior authorization, also known as pre-certification, inclusive of the associated Current Procedural Terminology (CPT®), HCPCS, and where applicable, revenue codes, for the services, items, procedures and medical benefit prescriptions that require approval for coverage before it is provided, for your patients that are enrolled in an Aspirus Health Plan Commercial benefit plan.
- This document is informational only; it is not meant to direct treatment decisions.
- This Prior Authorization (PA) List is regularly reviewed and updated as needed. Notification of updates to the PA List are provided in the provider newsletter which can be found at Aspirus Health Plan. If utilizing a printed copy of the PA List, please check online to ensure you are utilizing the most up to date version of the PA List by: go Aspirus Health Plan website, navigate to the Provider Resources section, and scroll down to the Provider News area. On this website, you can also submit your email address to receive notifications when new newsletters are published which will help keep you informed of PA List changes and other information.
- Regardless of whether a prior authorization is required or not, all services provided to an Aspirus Health Plan commercial member are subject to the terms and limits of that member's benefit plan.
- Throughout this document, the term "provider" refers to all healthcare entities (individuals, practices, facilities, vendors, etc.) licensed to provide healthcare services to a consumer.
- If the member's eligibility and plan coverage for the service you asked for hasn't changed during the authorization period, prior authorization approvals are valid for the authorized time period.
- **You must submit prior authorization requests at least two weeks in advance.** Retrospective authorization requests will only be considered in very limited circumstances. Any retrospective authorization request not meeting the guidelines will be denied.
- As the patient's provider, you are responsible to identify when a prior authorization is required, and to submit a prior authorization request **before** the service takes place/is provided. When submitting a prior authorization request, you are responsible for providing all the information required to ensure the prior authorization submission can be processed timely, including, but not limited to:

- Member details i.e.: name, DOB, Aspirus health plan ID#; demographic contact details
- Requesting and servicing provider information - name, NPI #, and demographic contact details
- Diagnosis, dates of service, and description, for each requested service
- Requested procedure codes (CPT, HCPCS, and as applicable, revenue codes) and for any non-specified/miscellaneous/unlisted codes, please include a description detailing what is being requested and why a non-specified/unlisted/miscellaneous procedure code is required
- Supporting clinical information for each requested service

Failure to provide the information required to process the prior authorization request, and/or failure to send all supporting clinical records we may ask for, could delay the authorization decision or cause a denial of coverage.

How to Submit a Prior Authorization Request

- **Online:** You can save time by requesting prior authorization online through the Aspirus provider portal, located at www.aspirushealthplan.com. If you are not already registered, please select "Individual & group Provider Account" and complete the sign-up process. Once signed into the portal, select "Provider Authorization and Appeal Request" to initiate a prior authorization request. Submitting through the provider portal is fast, secure and simple.

- **Fax**: 763-847-4014

Emergency and Urgent Care

- Emergency and urgent care services do **not** require prior authorization
- An Emergency visit resulting in a medical/surgical or behavioral health facility admission requires notification within 2 days of the admission

Procedures and Services requiring Prior Authorization (PA)

Procedure /Service Type	Services/Items/Medication and Procedure Codes Requiring Prior Authorization
Acute and Post-Acute Non-Emergent Admissions	• All planned acute inpatient facility admissions require prior authorization **before** the admission takes place and requires notification when the admission has taken place • All planned admissions to a post-acute skilled and chronic care facility require prior authorization • An Emergency visit resulting in an admission requires notification within 2 days of the admission

Behavioral Health Services	• All planned facility admissions including to an acute care hospital, psychiatric hospital, substance abuse disorder facility, and residential treatment facility/center inclusive of day treatment programs, require prior authorization and require notification when the admission has taken place
	• An Emergency visit resulting in an admission requires notification within 2 days of the admission
	• Partial Hospitalization Programs
	• Intensive Outpatient Programs (IOP)
	  ○ Procedure Codes for the above facility related services include: H0010, H0011, H0017, H0018, H0019, H0035, H2036, S0201, S9480
	  ○ Revenue codes for the above related services can include, but are not limited to: 0114, 0116, 0124, 0126, 0134, 0136, 0144, 0146, 0154, 0156,0905, 0906, 0907,0912, 0913, 0944, 0945, 1000, 1004, 1005
	• Transcranial Magnetic Stimulation (TMS): 90867, 90868. 90869

Cardiology and Vascular Procedures Includes: Cardiac Catheterizations, Coronary Angiography, Cardiac Imaging, Cardiac Echocardiograms including Transthoracic Echocardiogram (TEE) and Transesophageal Echocardiogram (TEE), Ventricular Assist Devices (VAD), Watchman Procedure, Implantable Loop Recorder and Electrophysiological (EP) study, Vein Procedures, and others as listed in the procedure code section	33274, 33275, 33285, 33927, 33928, 33930, 33933, 33935, 33940, 33944, 33945, 33975, 33976, 33979, 33981, 33982, 33983, 33999, 36299, 36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37501, 37700, 37718, 37722, 37760, 37761, 37765, 37766, 37780, 37785, 37799, 38206, 38208, 38209, 38210, 38212, 38213, 38214, 38215, 38232, 38240, 38241, 38242, 38525, 38589, 38999, 39499, 39599, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93319, 93320, 93321, 93350, 93351, 93356, 93451, 93452,93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93595, 93596, 93653, 93656, 93799, C8921, C8922, C8923, C8924, C8925, C8926, C8927, C8928, C8929, Q0479, Q0507, Q0508, Q0509
Chemotherapy Medications Includes drugs administered by injection, infusion, and orally • All Chemotherapy drugs that have not yet received an assigned procedure code and will be billed under a miscellaneous procedure code requires prior authorization • All drugs newly approved by the FDA will require prior authorization until a determination on how the drug will be managed can be made	J8999, J9021, J9022, J9023, J9026, J9028, J9029, J9032, J9033, J9034, J9035, J9036, J9038, J9039, J9041, J9042, J9043, J9047, J9055, J9057, J9061, J9063, J9119, J9144, J9145, J9153, J9173, J9176, J9177, J9202, J9203, J9204, J9205, J9210, J9223, J9227, J9228, J9229, J9264, J9269, J9271, J9272, J9273, J9274, J9286, J9298, J9299, J9303, J9304, J9306, J9308, J9309, J9311, J9312, J9313, J9316, J9317, J9321, J9324, J9325, J9331, J9332, J9333, J9334, J9345, J9347, J9348, J9349, J9350, J9352, J9353, J9354, J9355, J9356, J9358, J9359, J9361, J9376, J9381, J9999, J1326, J9174, J9275, J9276, J9289, J9382
Chiropractor Services Chiropractic services require prior authorization after the evaluation and a maximum of 6 visits	98940, 98941, 98942, 98943
Clinical Trials	S9988, S9990, S9991

Durable Medical Equipment (DME) and Medical Supplies inclusive of Bone Growth Stimulators All covered benefits DME and Medical Supplies with a total rental or purchase cost of $500 or more, require prior authorization • All power mobility devices and accessories, lymphedema pumps and pneumatic compressors require prior authorization regardless of the cost	A4342, A4649, A4913, A5507, A6261, A6262, A6523, A6524, A6525, A6526, A6527, A6528, A6529, A6549, A6562, A6563, A6564, A6567, A6569, A6571, A6586, A6593, A6609, A7025, A7026, A9278, A9900, A9999, E0193, E0194, E0217, E0302, E0304, E0446, E0465, E0466, E0467, E0468, E0469, E0470, E0471, E0472, E0482, E0483, E0485, E0486, E0636, E0650, E0651, E0652, E0668, E0670, E0671, E0675, E0680, E0691, E0692, E0693, E0694, E0738, E0739, E0745, E0747, E0748, E0749, E0760, E0764, E0766, E0770, E0782, E0783, E0784, E0785, E0786, E0787, E0984, E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1035, E1036, E1050, E1060, E1070, E1083, E1084, E1085, E1086, E1087, E1088, E1089, E1090, E1092, E1093, E1100, E1110, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1226, E1229, E1230, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1239, E1240, E1250, E1260, E1280, E1285, E1290, E1295, E1298, E1399, E1802, E1840, E1841, E2100, E2103, E2202, E2203, E2204, E2231, E2298, E2301, E2310, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351, E2367, E2397, E2402, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2513, E2599, E2606, E2612, E2614, E2615, E2616, E2620, E2621, E2623, E2625, E2626, E2627, E2628, E2629, E2630, K0004, K0005, K0007, K0010, K0011, K0012, K0013, K0014, K0455, K0606, K0730, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, 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, K089, K0898, K0900

Eye and Ear Procedures Includes Cochlear, Osseointegrated Integrated Implants, and other Auditory Implants	69714, 69716, 69799, 69930, 69949, 69979, 0951T, 0952T, 0953T,0962T

Gastric Procedures Includes Gastric Bypass, Gastrectomy and Gastroplasty	40799, 40899, 42299, 42699, 42999, 43289, 43499, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43860, 43865, 43886, 43887, 43888, 43999, 44238, 44799, 44899, 44979, 45399, 45999, 46999, 47135, 47379, 47399, 47579, 47999, 48554, 48999, 49999, 0950T, 0963T, 0967T
Gender Affirmation Procedures and Services Prior authorization is only required for these procedures when a gender affirmation procedure is requested, or if the diagnosis code is one of the following: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890	14000, 14001, 14040, 14041, 15734, 15738, 15750, 15757, 15758, 19303, 53410, 53430, 54125, 54400, 54401, 54405, 54520, 54660, 54690, 55175, 55180, 55899, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57335, 58150, 58180, 58260, 58262, 58275, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720, 58940, 55970, 55980, C1813, C2622

Home Health Care • Includes infusions and injectable medications provided in the home, by home care personnel • Excludes Home Hospice	99600, 99601, 99602, T1000, T1002, T1003, G0068, G0069, G0070, G0088, G0090, G0155, G0156, G0162, G0299, G0493, G0494, G0495, G2168, G2169, S5109, S5181, S9122, S9123, S9124, S9127
Hyperbaric Oxygen Therapy (HBOT)	99183, G0277
Hysterectomies Prior authorization is only required if the procedure is being performed in an inpatient setting	58150, 58152, 58180, 58541, 58542, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573

Injectable Medications and Other Drugs Includes drugs administered by injection, infusion, and orally • All Injectable medications and other drugs that have not yet received an assigned procedure code and will be billed under a miscellaneous, unspecified or unlisted procedure code requires prior authorization • All drugs newly approved by the FDA will require prior authorization until a determination on how the drug will be managed can be made	90283, 90284, 90378, 90399, C9399, J0129, J0174, J0175, J0177, J0178, J0179, J0180, J0202, J0208, J0217, J0218, J0219, J0221, J0222, J0223, J0224, J0225, J0256, J0257, J0490, J0491, J0517, J0567, J0584, J0585, J0586, J0587, J0588, J0589, J0596, J0597, J0598, J0638, J0641, J0642, J0717, J0775, J0791, J0801, J0802, J0870, J0881, J0885, J0896, J0897, J1203, J1290, J1300, J1301, J1302, J1303, J1304, J1305, J1306, J1307, J1322, J1323, J1411, J1412, J1413, J1414, J1426, J1427, J1428, J1429, J1437, J1439, J1442, J1447, J1448, J1449, J1454, J1458, J1459, J1551, J1552, J1554, J1555, J1556, J1557, J1558, J1559, J1561, J1566, J1568, J1569, J1572, J1575, J1576, J1599, J1602, J1627, J1628, J1743, J1744, J1745, J1747, J1786, J1823, J1930, J1931, J1932, J1950, J1952, J2182, J2267, J2323, J2326, J2327, J2329, J2350, J2353, J2356, J2357, J2469, J2502, J2506, J2507, J2508, J2777, J2778, J2779, J2781, J2782, J2786, J2820, J2840, J2860, J2998, J3032, J3055, J3060, J3111, J3241, J3245, J3247, J3262, J3263, J3285, J3304, J3357, J3358, J3380, J3385, J3392, J3393, J3394, J3397, J3398, J3399, J3401, J3490, J3590, J7170, J7171, J7175, J7177, J7178, J7179, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7192, J7193, J7194, J7195, J7198, J7199, J7200, J7201, J7202, J7203, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212, J7213, J7214, J7311, J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329, J7330, J7331, J7332, J7352, J0525, J3391, J7172,S0013,Q0138, Q0139, Q2041, Q2042, Q2043, Q2053, Q2054, Q2055, Q2056, Q5101, Q5103, Q5104, Q5105, Q5106, Q5108, Q5110, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5121, Q5122, Q5123, Q5124, Q5125, Q5126, Q5127, Q5128, Q5129, Q5130, Q5133, Q5134, Q5136, Q5137, Q5138, Q5146, Q5147, Q5148, Q5149, Q5150, Q5151, Q5152, Q9997, Q9998, Q9999, Q2058, Q5098, Q5099, Q5100, Q5153

Maternity	Prior Authorization is required for maternity and/or newborn stays that are more than the standard length of stay (LOS). Standard LOS is defined as: • Three days or less for Vaginal delivery • Five days or less for Cesarean section delivery

Miscellaneous, Unspecified, Unlisted Procedures and Procedure Codes	All procedures, services, drugs and items with a miscellaneous, unspecified or unlisted procedure code requires Prior Authorization
Neurology Procedures Includes Stereotactic procedures, Neurostimulators, Neurolytic injections and infusions, Nerve Blocks, Paravertebral injections, Spinal procedures and injections, others as specified in procedure code list	61783, 61796, 61797, 61798, 61799, 61863, 61864, 61867, 61868, 61885, 61886, 61889, 62280, 62281, 62282, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63185, 63190, 63191, 63200, 63250, 63252, 63265, 63266, 63267, 63270, 63272, 63275, 63277, 63280, 63285, 63287, 63290, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 63620, 63621, 63650, 63655, 63663, 63664, 63685, 63688, 64451, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64510, 64520, 64553, 64555, 64568, 64581, 64583, 64590, 64595, 64625, 64628, 64629, 64633, 64634, 64635, 64636, 64640, 64856, 64892, 64896, 64999
Out of Network (OON) Please make every effort to refer your patients to an in-network provider when one is available. If your patients use an out-of-network provider or facility, they could have either increased out-of-pocket expenses, or no coverage at all, depending on their benefit plan	Prior authorization to utilize an OON provider/facility for a planned medical, surgical, behavioral health, non-emergent/urgent service, item or admission, including dialysis is required when the patient does **not** have OON benefits, and when a patient, or you, as their provider, are requesting to allow the member to receive services with an OON provider at an in-network benefit level. • Prior authorization is **not** required for dialysis when a member is traveling outside of the network area. • Failure to request and receive a prior authorization decision on a non-emergent/urgent OON request **before** the service takes place will result in a denial of submitted claims

Outpatient Medical Therapy Services (includes services provided in the home) Occupational Therapy, Physical Therapy and Speech Therapy all require prior authorization after the evaluation and a maximum of 6 visits	92507, 92508, 92524, 92526, 97309, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97799, G0129, G0151, G0152, G0153, G0157, G0158, G0159, G0160, G0161, S9128, S9129, S9131
Orthopedic Procedures including Pain Management Treatments and Services Includes: Arthroplasty, Arthroscopy, Bone Stimulation, LeFort, Genioplasty, Autologous chondrocyte implantation and Cartilage implants, others as specified in procedure code list	20930, 20931, 20939, 20974, 20975, 20979, 20999, 21089, 21121, 21123, 21125, 21127, 21137, 21138, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21172, 21175, 21179, 21180, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, 21230, 21235, 21240, 21242, 21243, 21244, 21245, 21246, 21247, 21248, 21249, 21255, 21299, 21499, 21740, 21742, 21743, 21899, 22206, 22207, 22208, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 22510, 22511, 22512, 22513, 22514, 22515, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22860, 22861, 22862, 22899, 22999, 23120, 23415, 23430, 23440, 23450, 23455, 23460, 23462, 23465, 23466, 23470, 23472, 23473, 23474, 23929, 24999, 25999, 26989, 27096, 27125, 27130, 27132, 27134, 27137, 27138, 27278, 27279, 27280, 27299, 27331, 27332, 27334, 27335, 27403, 27407, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487, 27570, 27599, 27702, 27899, 28899, 29799, 29800, 29804, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29892, 29914, 29915, 29916, 29999, 0101T, 0213T, 0214T, 0215T, 0216T, 0217T,0218T, G0260, S2112, S2118

Orthotics and Prosthetics	L1499, L2005, L3904, L3999, L5782, L5856, L5857, L5858, L5859, L5961, L5968, L5969, L5973, L5980, L5981, L5991, L5999, L6028, L6029, L6030, L6032, L6700, 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, L8039, L8042, L8043, L8044, L8048, L8499, L8600, L8603, L8614, L8619, L8627, L8679, L8680, L8682, L8685, L8686, L8687, L8688, L8690, L8691, L8692, L8698, L8699, L8701, L8702, L9900
Other Procedures and Services	0973T, 0974T, 0975T, 0976T
Pathology & Laboratory Testing Inclusive of Genetic and Molecular Testing	0016U, 0018U, 0022U, 0023U, 0026U, 0027U, 0035U, 0037U, 0040U, 0047U, 0048U, 0049U, 0050U, 0055U, 0071U, 0087U, 0088U, 0094U, 0101U, 0102U, 0103U, 0111U, 0118U, 0129U, 0138U, 0153U, 0154U, 0155U, 0156U, 0170U, 0171U, 0175U, 0179U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0237U, 0238U, 0239U, 0242U, 0244U, 0245U, 0250U, 0258U, 0265U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0282U, 0285U, 0286U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0318U, 0319U, 0320U, 0326U, 0334U, 0345U, 0355U, 0356U, 0364U, 0378U, 0379U, 0387U, 0388U, 0391U, 0395U, 0400U, 0409U, 0417U, 0423U, 0425U, 0426U, 0437U, 0444U, 0471U, 0473U, 0474U, 0475U, 0493U, 0530U, 0537U, 0538U, 0539U, 0542U, 0543U, 0551U, 81162, 81163, 81164, 81165, 81166, 81167, 81173, 81175, 81185, 81189, 81212, 81215, 81216, 81217, 81228, 81229, 81249, 81252, 81277, 81286, 81292, 81295, 81298, 81302, 81307, 81349, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81418, 81425, 81426, 81427, 81431, 81432, 81435, 81437, 81439, 81440, 81441, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81470, 81471, 81479, 81518, 81519, 81520, 81521, 81522, 81523, 81541, 81542, 81546, 81552, 81554, 81595, 81599, 84999, 85999, 86486, 86999, 87797, 87798, 87999, 88199, 88299, 88399, 88749, 89240, 89398, 0552U, 0553U, 0554U, 0555U, 0558U, 0559U, 0560U, 0561U, 0562U, 0563U, 0565U, 0566U, 0567U, 0568U, 0569U, 0571U, 0572U, 0573U, 0576U, 0577U, 0578U, 0582U, 0583U, 0584U, 0585U, 0586U, 0587U, 0590U, 0591U, 0592U, 0596U, 0597U, 0598U, 0599U, S3800, S3840, S3854, S3865, S3870

Radiology Procedures Prior Authorization is required for: CT Scans, MRIs, Magnetic Resonance Angiogram (MRA), MRCP, MOI, PET Scans, Single Photon Emission Computed Tomography (SPECT), MUGA Scans, other Cardiology, Nuclear Medicine and Nuclear Cardiology tests as listed in the procedure codes section	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, 70557, 70558, 70559, 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, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74181, 74182, 74183, 74185, 74261, 74262, 74263, 74712, 74713, 75557, 75559, 75561, 75563, 75565, 75571, 75572, 75573, 75574, 75580, 75635, 76380, 76390, 76391, 76496, 76497, 76498, 76499, 77011, 77012, 77013, 77021, 77046, 77047, 77048, 77049, 77084, 77299, 77301, 77338, 77407, 77412, 77427, 77432, 77435, 78099, 78199, 78299, 78399, 78429, 78430, 78431, 78432, 78433, 78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78499, 78599, 78608, 78609, 78699, 78799, 78811, 78812, 78813, 78814, 78815, 78816, 78999, 0609T, 0611T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0710T, 0711T, 0712T, 0713T, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, C8937, G0219, G0235, G0252, S8035, S8037, S8042, S8085
Radiation Oncology Includes: Brachytherapy, Hyperthermia, IGRT, IMRT, Neutron Beam, Proton Beam, SRS/SBRT, Radiation Treatment Delivery and Select Therapeutic Radiopharmaceuticals	77014, 77331, 77371, 77372, 77373, 77385, 77386, 77387, 77399, 77470, 77401, 77402, 77423, 77499, 77520, 77522, 77523, 77525, 77600, 77605, 77610, 77615, 77620, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 77799, 79005, 79101, 79403, 79999, A9513, A9590, A9606, A9607, A9699, G0399, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017, S2095

Reconstructive and Potentially Cosmetic Procedures	11920, 11921, 11922, 19325, 11960,14020,14021, 140160, 14061, 15773,15574, 15769, 15820, 15821, 15822, 15823, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879, 67900, 67901, 67902, 67904, 67906, 67908, 67909, 67914, G0429

Reconstruction of the Breast – Non-Mastectomy Prior authorization is not required for: • Reconstruction of the breast following a mastectomy • The following diagnosis codes: C50.0-C50.929; C79.81; D05.0-D05.92; Z90.10, Z90.11, Z90.12, Z90.13, Z42.1	15771, 15772, 19300, 19316,19318,19325, 19328, 19330,19340,19342,19350,19355,19357 19361,19364,19367,19368,19369,19370,19371, 19380, 19396, L8600, C1789, S2066, S2067, S2068
Respiratory Procedures Includes Functional Endoscopic Sinus Surgery (FESS) and Sinuplasty	30140, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30520, 30620, 30630, 30999, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, 31299, 31599, 31899, 32701, 32999
Skin and Soft Tissue Procedures and Substitutes	15150, 15151, 15152, 15155, 15156, 15157, 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, C1781, Q4082, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4116, Q4121, Q4122, Q4128, Q4130, Q4132, Q4133, Q4145, Q4151, Q4168, Q4182, Q4186, Q4187
Transportation • All non-emergency air transportation requires prior authorization • For patients with a covered benefit, non-emergency ground transportation requires prior authorization	A0140, A0426, A0428, A0430, A0431, A0435, A0436, A0999, C9363, S9960, S9961, T2002, T2003, T2005
Sleep Apnea Procedures Includes Hyoid myotomy and suspension, Uvulopalatopharyngoplasty (UPP), including laser-assisted UPP.	21685, 42145, 42299, S2080,41599, 0964T, 0965T, 0966T

Sleep Studies Performed in a Laboratory Facility Sleep studies performed in the home do not require prior authorization	95782, 95783, 95805, 95807, 95808, 95810, 95811
Transplant Including Cellular and Gene Therapy Services Prior authorization is required for all transplant evaluation, procedures, and related services, including but not limited to bone marrow, all major organ transplant (heart, kidney, liver, lung, pancreas, etc.), stem cell transfer, and Chimeric Antigen Receptor T-Cell Therapy (CAR-T)	32850, 32851, 32852, 32853, 32854, 32856, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38220, 38221, 38225, 38226, 38227, 38228, 38230, 38232, 38240, 38241, 38242, 38250, 38251, 38252, 38253, 38254, 38256, 44132, 44133, 44136, 44136, 44137, 44715, 44720, 44721, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48551, 48552, 48554, 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50547, G0341, G0342, G0343, S2053, S2054, S2060, S2061, S2065, S2102,S2142, S2150