Services, Surgeries and Procedures that Always Require Prior-Authorization:

INPATIENT ADMISSIONS STAYS (INCLUDES ACUTE, SKILLED, REHABILITATION)

CLINICAL TRIALS, EXPERIMENTAL & INVESTIGATIONAL
PROCEDURES, PHARMACEUTICALS, THERAPIES

TRANSPLANT SERVICES INCLUDING PRE-TRANSPLANT EVALUATIONS (Except Corneal)

OUT-OF-NETWORK AND OUT-OF-AREA SERVICES, PROCEDURES, SURGERIES
UNLISTED, UNCLASSIFIED AND MISCELLANEOUS CPT AND/OR HCPC CODES

GASTRIC BYPASS, BARIATRIC SURGERIES INCLUDING LAPAROSCOPIC BANDING
AND SERVICES RELATED TO COMPLICATIONS OR FOLLOW-UP EVALUATIONS

PLASTIC AND RECONSTRUCTIVE SURGERIES & PROCEDURES

CT SCANS, MRIs, MRAs, and PET SCANS
Therapies/Rehabilitation Services- PT/OT/ST/Pulmonary/Cardiac

CATEGORY THREE CODES-CPT Codes ENDING in “T”

TMJ TREATMENT/THERAPY – ALWAYS REQUIRES PRE-AUTHORIZATION

The following services require authorization. Please contact Customer Service for Eastern PA at 1-800-788-8445 and Western Pa 1-800-735-4404 and Advantra 1-800-290-0190 for specific code requirements, benefits, and eligibility

A
Ablation
Advanced Reproductive Technology
Alcohol Sclerotherapy
Ambulatory continuous glucose monitoring
Anodyne Infrared Therapy
Apheresis
Aorta Graft (David or Yacoub Procedure)

B
Bone Growth Stimulators
Botulinum Toxic Treatments
Brachytherapy/ Liquid Brachytherapy

C
Capsule Endoscopy/ Camera Pill
Category Three Codes (i.e.; 0056T, 0144T, 0171T)
Cellular Therapy
Chelation Therapy
Chemodenervation

D
Deep Brain Stimulators
Dental Anesthesia (Outpatient Hospital Surgeries)
Dermatological Laser Phototherapy
Donor Lymphocyte Infusion
Durable Medical Equipment (includes orthotics and prosthetics)

E
Echosclerotherapy
EECP- Enhanced External Counterpulsation
Emobilization Therapy
Extracorporeal Shock Wave Therapy
(Except Kidney)

Fabric Wrapping Abdominal Aneurysm
Fetal Intrauterine Procedures/Surgeries
Fibrin Glue Sealant (i.e.; Anal fistual, ventral hernia, vesicovaginal repairs)

Galvanic Stimulator- High Voltage
Gamma Knife AND/OR Stereotactic Radio Surgeries
Gastric Bypass, Bariatric Surgeries
Gastric Neuro Stimulator
Graft Jacket Regenerative Tissue Matrix

Home Computerized telemetry
Home Health/Hospice Care
Hyperbaric Oxygen Therapy

Implantable Intra Arterial Infusion
Implantable Neuromuscular Electrical Stimulation
IMRT- Intensity Modulated Radiation Therapy
Injectable Medication Requests (excludes medications administered from office stock, i.e. immunizations, Insulin)
Interferential Stimulator
Intradiscal Electrothermal Therapy (IDET)
Intragrastic Hypothermia
Intrathecal Pumps
Intravitreal Injections
Iontophoresis

Kyphoplasty

Laser Light Therapy (High and Low Level)

Mammosite Radiation Therapy
Meniscal Transplantation (medial or lateral)

Microvolt T-wave alternans
Molecular Studies

Neuropsych Testing
Novalis Shaped Beam Surgical System

Ocular Photo Screening
Oral Surgery
Outpatient Surgeries (hospital or freestanding surgical centers/See exclusion list below)
Osteochondral autograft

Pain Management Programs (structured inpatient or outpatient comprehensive programs) excludes individual episodic treatments such as trigger point injections or epidurals
Pelvic Floor Therapy
Percutaneous Neuromodulation Therapy
PET Scans
Photophoresis, Extracorporeal
Plasmapheresis
Prolotherapy
Proton Beam Therapy
Pulsed Magnetic Neuromodulation

Radiofrequency Denervation
Radiofrequency Thermal Ablation
Reconstructive AND/OR Plastic Surgeries AND Procedures (Cosmetic Procedures are excluded from coverage)
Robotic assisted surgeries/procedures

Seventeen Alpha-Hydroxyprogesterone Caproate (17-P)
Sir-Spheres

Temporomandibular Joint Disorder Treatment/Therapies (Includes Arthroscopy)
Therapy/Rehabilitation-PT/OT/ST/Pulmonary/Cardiac
Thermally induced arthroscopy w/or w/o capsulorrhaphy (ankle, hip, shoulder, finger)
Thermogram cephalic/peripheral
TOPAZ Procedure  
Transurethral microwave thermotherapy (TUMT)  
Transcranial Magnetic Stimulation Treatment

Vein Bypass Graft/ Brachial-Ulnar, Radial  
Vein Sclerosing Agents/Injection/Ligation/Stripping

Vertebroplasty  
Visudyne Therapy

Unlisted, Unclassified, and Miscellaneous
CPT AND/OR HCPC Code related services
Uterine Artery Embolization OR
Cryoblation OR Endometrial Ablation/Thermal

Ven Bypass Graft/ Brachial-Ulnar, Radial  
Ven Sclerosing Agents/Injection/Ligation/Stripping

Vertebroplasty  
Visudyne Therapy

W
Wound Vacuum

X
XTRAC –Excimer Laser Phototherapy

Primary Fee for Service (Original Medicare Plan)
Authorization Requirements

LTAC (LONG TERM ACUTE CARE)
LIFE-TIME RESERVE DAYS
TRANSPLANTS (Medicare approved transplant service and approved facility)
CLINICAL TRIALS
SELF-ADMINISTERED INJECTABLES
(SEE SELF-ADMINISTERED INJECTABLE/THERAPEUTIC LIST)
INFUSIONS
NON-EMERGENT AMBULANCE TRANSPORTATION

THE FOLLOWING SERVICES, SURGERIES AND PROCEDURES WILL NO LONGER REQUIRE AUTHORIZATION IF PERFORMED IN AN OFFICE OR OUTPATIENT SETTING
(Not all of the Services noted are covered benefits, and vary by employer group
Contact Customer Service to verify all benefits and eligibility)

A
ACL Tear Repairs  
Amputation  
Arthrocentesis  
Aspiration And/Or Injection (Bursa, Cysts or Joint)  
Arthroscopy (Ankle, Knee, Wrist, Elbow, Shoulder)  
Arthrotomy (Ankle, Knee, Wrist, Elbow, Shoulder)

B
Baker's Cyst Excision  
Bartholin's Cyst Excision  
Breast Lumpectomy  
Bronchoscopy  
Bunionectomy  
Calcaneal Spur Excision  
Capsulorrhaphy (See prior auth. list)  
Cardiac Catheterizations  
Cataract Removals  
Cervical Cerclage
Cervix Laser/LEEP  
Chalazion Removal  
Cheilectomy  
Cholecystectomy (Laparoscopic)  
Claviculectomy  
Colonoscopy  
Condyloma Laser Vaporization  
Cone Biopsy  
Colpopexy  
Colporrhaphy  
Colposcopy  

D  
D&C  
DeQuervain's Release  
Dupuytren's Contracture Release  

E  
Ectropion Repair  
Electrocauterization for Epistaxis  
Entropian Repair  
Epicondylar Release  
Ethmoidectomy  
Excisional Biopsy With or Without Graft  
Excision Ganglion Cyst  

F  
Fasciotomy or Endoscopic Fasciotomy  
Fistulectomy  
Fistulotomy  
Foreign Body Removal  

H  
Hallux Rigidus or Valgus Repair  
Hammer Toe Repair  
Hemmorhoidectomy  
Herniorraphy  
Hydrocele Repair  
Hypospadias Repair  
Hysteroscopy (Diagnostic only)  

I  
Incision and Drainage (Simple or Complicated)  
Induction-Pregnancy  

L  
Larimal Duct Probe/Irrigation  
Laryngoscopy  
Lithotripsy (ESWL)  
Lumbar Puncture (Diagnostic)  

M  
Manipulation Shoulder/Knee Under Anesthesia  
Meatotomy  
Mediastinoscopy  
Mediport/Catheter Insertion/Removal  
Melanoma Excision (With/Without Graft)  
Meniscal Tear Repairs  
MOH's Procedure/Revision/Closure/Graft  
Morton's Neuroma Removal  
Myringotomy (With or Without Tubes)  

N  
Nasal-Sinus Endoscopy  

O  
Olecranon Bursa Excision  
Orchiectomy  
Orchiopexy  
Ostectomy  

P  
Pacemaker Battery Change  
Pacemaker Insertion/Removal/Replacement  
Parathyroidectomy (Bilateral/Unilateral)  
Parotid Tumor/Gland Excision  
PEG Insertion/Removal  
Pilonidal Cyst Excision  
Polypectomy  
Proctosigmoidoscopy  

R  
Rectocele Repair  
Rectopexy  
Rotator Cuff Repair (Open/Laparoscopic)  

S  
Sphincterectomy  
Sigmoidoscopy  
Sinusostomy  

T  
Thoracoscopy  
Tonsillectomy and Adenoidectomy  
Tarsal/Carpal Tunnel Releases  
Tendon Repair or Transfer  
Tenotony  
Thumb Ligament Reconstruction  
Thyroidectomy (Partial/Total)  
Transurethral Resection of Bladder Tumor (TURBT)  

4
Trigger Finger Release
Tubal Banding/Ligation

U
Urethral Stent

V
Vaginal Taping
Vulva Lesion Destruction
Vulvectomy

Z
Z-Plasty for Contracture