PrimeWest HEALTH™

Services Requiring Prior Authorization

Service Category	Benefit/Description	Codes Requiring Authorization	Member Program*
Cosmetic	Abdominoplasty	15847	All
	Ablative laser treatment (non-contact, full field and fractional ablation, open wound, per day, total treatment surface area)	17999	All
	Chemical Peel	15788, 15789, 15792, 15793	All
	Chemical exfoliation for acne	17360	All
	Correction of inverted nipples	19355	All
	Correction of lid retraction	67911	All
	Correction of lagophthalmos	67912	All
	Cryotherapy for acne	17340	All
	Dermabrasion	15780, 15781, 15782, 15783, 15786, 15787	All
	Dermal filler injection	G0429	All
	Excision of excessive SubQ	15832, 15836, 15837, 15838, 15839, 15833, 15834, 15835	All
	Electrolysis epilation	17380	All
	Facial Osteoplasty	21208	All
	Facial bones reduction	21209	All
	Fractional ablative laser fenestration of burn and traumatic scars	0479T, 0480T	All
	Grafting of autologous soft tissue, fat by liposuction	15769, 15771, 15772, 15773, 15774	All
	Mastectomy, SubQ	19300, 19318	All
	Mastopexy	19316	All
	Malar augmentation	21270	All
	Mandibular augmentation	21125, 21127	All
	Midface Flap or Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle	15730, 15733	All
	Otoplasty	69300	All
	Planing of skin of nose	30120	All
	Punch graft for hair transplant	15775, 15776	All
	Removal of mammary implant	19328	All
	Rhytidectomy	15824, 15825, 15826, 15828, 15829	All
	SubQ filling (collagen)	11950, 11951, 11952, 11954	All
	Tattooing	11920, 11921, 11922	All
Dental	Diagnostics	D0999, D0210	All
	Diagnostics	D0330	Children under age 6
	Oral Hygiene Instruction	D1330	All
	Crowns	D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2952, D2953, D2960, D2961, D2962, D2971, D2975, D2999	All
	Dentures	D5110–D5140, D5211–D5214, D5221–D5226, D5820–D5821, D5862–D5867, D5899	All
	Endodontics	D3460 (endosseous implant)	All
	Periodontics	D4240, D4241, D4245, D4249, D4260, D4261, D4263, D4264, D4266, D4267, D4268, D4270, D4273, D4274, D4275, D4276, D4381, D4999	All
	Other Periodontics – covered for all	D4341 (scaling and root planing 4+ teeth), D4342 (scaling and root planing 1–3 teeth), D4910 (Periodontal Maintenance)	All
	Maxillofacial Prosthetics	D5911, D5912, D5937, D5951, D5952, D5953, D5954, D5958, D5959, D5960, D5982, D5983, D5984, D5985, D5986, D5987	All
	Implants / Implant services / Prosthodontics	D6010, D6012, D6013, D6040, D6050, D6051, D6055, D6056, D6057, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6080, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6190, D6194, D6195, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6253, D6545, D6548, D6624, D6634, D6710, D6720, D6721, D6792, D6793, D6794, D6795, D6797, D6799, D6920, D6940, D6950, D6985	All
	Removal of Impacted tooth	D7220, D7230, D7240, D7241, D7252	All
	Oral Surgery	D7251, D7272, D7290, D7291, D7490, D7953	All
	Orthodontia (No age restriction)	D8010, D8020, D8030, D8040, D8070, D8080, D8090, D8091, D8210, D8220, D8670, D8671, D8680, D8681, D8999	All
	Other Dental services	D9941 (athletic mouthguard), D9952 (complete occlusal adjustment), D9971 (odontoplasty), D9972, D9973, D9974 (bleaching), D9999 (unspecified adjunctive procedure)	All
	Medical Dental (accidental, injury, before jaw surgery)	Several CPT codes	All
	TMJ related services and TMJ surgery	21073, 21079, 21080, 21081, 21085, 21110, 21480, 21485, 21497, 21010, 21025, 21026, 21050, 21490, 21060, 21240, 21242, 21243, 21255, 29804, 29800, D7880, D7899	All
	Mandibular Ortho Repositioning device	21499, 21089	All
	Anesthesia and facility fees for dental cleaning & restorations	00170, 00172, 00174, 00176	All
	Miscellaneous dental code	41899	All
	Dentures – PrimeWest Senior Health Complete (MSHO) members only	D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5221, D5222, D5223, D5224, D5227, D5228, D5820, D5821	PWSHC
	Porcelain Crowns (one per year up to $1,500) limited to PrimeWest Senior Health Complete (MSHO) and Prime Health Complete (Dual SNBC)	D2740	PWSHC and PHC
Diagnostics	Capsule Endoscopy	91110, 91111, 91113	All
	Breast MRI	77046, 77047, 77048, 77049	All

*For more information on PrimeWest Health Progams, visit **primewest.org/programs**.

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Diagnostics continued	CT Colonography	74261, 74262, 74263	All
	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin	96931, 96932, 96933, 96934, 96935, 96936	All
	Mammogram or Mammography	G0279, 77061, 77062, 77063, 77065, 77066, 77067	Female members under age 40 (exception noted)
	Colonoscopy	G0105, G0121, 44388–44392, 44394, 44401–44408, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398	Members ages 18–44 require authorization
	Real-time quaking-induced conversion for prion detection	0035U	All
	Sensivea Droplet 25OH vitamin D2/D3 Microvolume LC/MS Assay by InSource Diagnostics	0038U	All
	Anti-dsDNA, high salt/avidity	0039U	All
	Lyme ImmunoBlot IgM and IgG by IGeneX Inc.	0041U, 0042U	All
	Tick-borne Relapsing Fever (TBRF) Borrelia ImmunoBlots IgM & IgG Test	0043U, 0044U	All
	PolypDx	0002U	All
	Overa (OVA1 Next Generation)	0003U	All
	Macular pigment optical density measurement by heterochromatic flicker photometer (HFP)	0506T	All
	Near-infrared dual imaging of meibomian glands	0507T	All
	Pulse-echo ultrasound bone density measurement, tibia	76999	All
	RX MNTR LC-MS/MS UR 31 PNL	0051U	All
	VAP Cholesterol Test	0052U	All
	AssuranceRX Micro Serum RX MNTR TRNSPL 96 DNA Seq	0054U	All
	myTAIHEART CARD HRT TRNSPL 95 DNA Seq	0055U	All
	Merkel SmT Oncoprotein Antibody Titer ONC MERKEL CLL CARC SRM	0058U	All
	Merkel Virus VP1 Capsid Antibody ONC MERKEL CLL CARC CRM	0059U	All
	Transcutaneous multispectral measurement of tissue oxygenation and hemoglobin using Spatial Frequency Domain Imaging (SFDI)	0061U	All
	AI SLE IGG&IGM ALYS 80 BMRK	0062U	All
	NEURO AUTISM 32 AMINES ALG	0063U	All
	Drug test(s), definitive, 90 or more drugs or substances	0082U	All
	Gastric emptying, serial collection of 7 timed breath specimens	0106U	All
	Infectious disease (Aspergillus species) real-time PCR	0109U	All
	Prescription drug monitoring, one or more oral oncology drugs	0110U	All
	Gastroenterology (Barrett's esophagus) VIM & CCNA1 methylation analysis	0114U	All
	Respiratory infectious agent detection by nucleic acid (DNA/RNA), 18 viral types & subtypes, 2 bacterial targets	0115U	All
	Prescription drug monitoring, enzyme immunoassay of 25+ drugs with LC-MS/MS confirmation	0116U	All
	Pain management, analysis of 11 endogenous analytes with LC-MS/MS, urine (pain-index score)	0117U	All
	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling of 58 genes (PMBCL, DLBCL)	0120U	All
	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood	0121U	All
	Mechanical fragility, RBC, shear stress and spectral analysis profiling	0123U	All
	Infectious Disease Labs (bacteria and fungi)	0140U, 0141U, 0142U	All
	Infectious disease (bacteria, fungi, parasites, DNA viruses), DNA PCR & next-gen sequencing (>1000 potential pathogens)	0152U	All
	Oncology (breast), mRNA, next-gen sequencing profiling of 101 genes (triple negative breast cancer subtype)	0153U	All
	Oncology (colorectal) screening, ELISA of 3 plasma/serum proteins with algorithm (CRC or advanced adenomas likelihood)	0163U	All
	Gastroenterology (IBS) immunoassay for anti-CdtB and anti-vinculin antibodies	0164U	All
	Peanut allergen-specific IgE (64 epitopes) quantitative ELISA	0165U	All
	Liver disease, 10 biochemical assays (α2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) with demographic/biometric data (fibrosis, necroinflammatory activity, steatosis)	0166U	All
	Cytothelial distending toxin B (CdtB) & vinculin IgG antibodies by immunoassay (ELISA)	0176U	All
	Oncology (solid tumor), 30 protein targets by mass spectrometry (formalin-fixed paraffin-embedded tissue) with algorithm for 39 chemotherapy/therapeutic agents	0174U	All
	Cardiac MRI for morphology/function with strain imaging (quantification of segmental dysfunction)	C9762	All
	Cardiac MRI for morphology/function with strain imaging (quantification of segmental dysfunction)	C9763	All
	Peanut allergen-specific quantitative ELISA (minimum eliciting exposure for clinical reaction)	0178U	All
	Magnetic resonance spectroscopy for discogenic pain (≥3 discs, biomarkers lactid acid, carbohydrate, collagen, proteoglycan, etc.)	0609T	All
	Magnetic resonance spectroscopy for discogenic pain (cervical, thoracic, lumbar); biomarker analysis across ≥3 discs	0611T	All
	Oncology (solid tumor), BRCA1/2 mutation & homologous recombination deficiency pathways (HRD), DNA NGS panel	0172U	All

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Diagnostics continued	Infectious agent (HIV), targeted viral NGS (protease, reverse transcriptase, integrase) with algorithm for antiviral drug susceptibility	0219U	All
	Oncology (breast cancer), AI-based image analysis of 12 histologic & immunohistochemical features (recurrence score)	0220U	All
	Gallium Ga-68 Dotatoc, diagnostic (0.01 mci)	C9067	All
	Adrenal cortical tumor, biochemical assay of 25 steroid markers (24-hr urine specimen) with algorithm (risk stratification)	0015M	All
	Neurology (Alzheimer's disease); cell aggregation (C-PKcε) + ELISA biomarkers; positive/negative classification	0206U	All
	Neurology (Alzheimer's disease); quantitative imaging of phosphorylated ERK1/2 with in situ immunofluorescence (fibroblasts); probability index	0207U	All
	Imaging of retina for detection/monitoring of disease; automated point-of-care analysis/report (unilateral/bilateral)	92229	All
	Vestibular evoked myogenic potential (VEMP), cervical (cVEMP) with interpretation/report	92517	All
	Vestibular evoked myogenic potential (VEMP), ocular (oVEMP) with interpretation/report	92518	All
	Vestibular evoked myogenic potential (VEMP), cervical & ocular (cVEMP + oVEMP) with interpretation/report	92519	All
	Automated quantification & characterization of coronary atherosclerotic plaque (CTA data analysis & reporting)	0623T	All
	Automated quantification & characterization of coronary atherosclerotic plaque (CTA data preparation/transmission)	0624T	All
	Coronary plaque quantification via CTA (data analysis only)	0625T	All
	Coronary plaque quantification via CTA (data review and reconciliation of discordant data)	0626T	All
	Transcutaneous visible light hyperspectral imaging (oxy/deoxyhemoglobin, tissue oxygenation)	0631T	All
	CT Breast with 3D rendering	0633T, 0634T, 0635T, 0636T, 0637T, 0638T	All
	Drug assay, presumptive, ≥30 drugs/metabolites, urine LC-MS/MS with multiple reaction monitoring (MRM)	0227U	All
	Copper Cu-64 Dotatate, diagnostic (1 millicurie)	A9592	All
	Obstetrics (preeclampsia), biochemical assay of placental-growth factor (time-resolved fluorescence immunoassay); algorithmic risk score	0243U	All
	Quantitative magnetic resonance for tissue composition (fat, iron, water, etc.), multiparametric data acquisition, no diagnostic MRI; separate add-on	0648T, 0649T	All
	Magnetically controlled capsule endoscopy (MCCE), esophagus with interpretation/report	0651T	All
	Esophagogastroduodenoscopy (EGD), transnasal flexible, diagnostic with brushing/wash/biopsy, intraluminal tube or catheter	0652T, 0653T, 0654T	All
	Electrical impedance spectroscopy (skin lesions), automated melanoma risk score	0658T	All
	Colorectal cancer screening; blood-based biomarker	G0327	All
	Oncology (breast), semiquantitative analysis of 32 phosphoproteins/proteins, laser capture microdissection + algorithmic recurrence analysis	0249U	All
	Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum/plasma	0251U	All
	Unlisted Immunology Procedure	86849	All
	Hepatitis B surface antigen (HBsAg), quantitative	87467	All
Durable Medical Equipment (DME)	Apnea monitor – after 6 month rental	E0618, E0619	All
	Airway Clearance Devices (Chest Compression Vest, Vest Replacement, Cough Stimulator, Percussor)	E0483, A7025, E0482, E0480	All
	Artificial Cornea	L8609	All
	Argus II retinal prosthesis – misc external component/accessory (>$3,000)	L8608	All
	Augmentative Communication (AC) Devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599	All
	Electronic Tablets as AC Devices	E2510 U3*, E2511 U3*, E2512 U3*, E2599 U3*	All
	Speech volume modulation system (incl. all components)	E3000	All
	Hospital Bed – Semi Electric	E0260, E0261, E0294, E0295, E0329	All
	Hospital Bed – Electric	E0265, E0266, E0296, E0297, E0329	All
	Hospital Bed – Heavy Duty	E0301, E0302, E0303, E0304	All
	Enclosed Crib / Bed Enclosure	E0300, E0316	All
	Hospital Bed – Rocking	E0462	All
	Mattress Group 2 (low air/powered/advanced)	E0193, E0277, E0371, E0372, E0373	All
	Mattress Group 3 (air fluidized)	E0194	All
	Bililights – after 1 month rental	E0202	All
	Electronic positional OSA treatment (includes components)	E0530	All
	Oral appliances for sleep disorder	E0485, E0486	All
	Biofeedback machine	E0746	All
	Blood glucose monitor – special features	E2100, E2101	All
	Diabetic test strips	A4253	All

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Durable Medical Equipment (DME) continued	Insulin Pen	S5560, S5561	All
	Insulin Pump	E0784	All
	Infusion Pump – Implantable	E0782, E0783, E0786, E0787	All
	Implantable Glucose Sensor (procedures)	0446T, 0447T, 0448T	All
	Continuous Glucose Monitoring (adjunctive/non adjunctive) & supplies	E2102 (Adjunctive), E2103 (Non adjunctive), A4239	All
	Breast Pump – heavy duty (rental only)	E0604	All
	Catheter, pressure generating, intermittently occlusive	C1982	All
	Continuous Passive Motion (CPM) machine	E0935, E0936	All
	Incontinent products (see code list)	T4521–T4529, T4545, T4530–T4535, T4538, T4541–T4545	All
	Suction pump for external urine management system	E2001	All
	Male prosthetic – vacuum erection (tension ring replacement only)	L7900, L7902	All
	Female prosthetic (EROS)	E1399	All
	Anal irrigation / manual enema system & accessories	A4453, A4459, A9900	All
	Enteral Nutrition (oral or tube) – see code list	B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162	All
	Electrolyte containing fluids	B4102, B4103	All
	Enzyme Cartridge – Enteral Nutrition	B4105	All
	External defibrillators (AED)	E0617, K0606 (wearable)	All
	Total artificial heart – misc component/accessory	L8698	All
	Gait Trainer	E8000, E8001, E8002	All
	Lift Chair Mechanism	E0627, E0629	All
	Oral device to reduce upper airway collapsibility (custom)	K1027	All
	Patient lift – bathroom/toilet (NOC)	E0625	All
	Patient lift – hydraulic/mechanical	E0630, E0635, E0636, E0639, E1035, E1036	All
	Patient lift – fixed system	E0640	All
	Standers	E0637, E0638, E0641, E0642	All
	Ultraviolet Light Therapy	E0691, E0692, E0693, E0694	All
	Orthopedic Shoe Inserts	L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031	All
	Orthopedic Shoes	L3224, L3225, L3230, L3250, L3251, L3252, L3253	All
	Orthopedic Shoes	L3201, L3202, L3203, L3204, L3206, L3207	All
	Therapeutic shoes/modifications/inserts (diabetes)	A5500, A5501, A5503–A5507, A5510, A5512, A5513, A5514	All
	KAFO microprocessor control (custom fabricated)	L2006	All
	Hip Orthotics – limit & threshold	L1600–L1755, L2040–L2090	All
	Lower Limb Orthotics – limits & always authorization list	L1810–L2038, L2106–L2999; L5856, L5857, L5858, L5973, L5980, L5987; L4350–L4631	All
	Prosthetic addition – 4 bar linkage knee system	L5615	All
	Endoskeletal knee shin system, single axis electromechanical	L5827	All
	UE prosthetic addition – myoelectric control/pattern recognition module	L6700	All
	Foot adductus positioning device (adjustable)	L3161	All
	Upper Extremity Orthotics – limit	L3650–L3999	All
	Lumbar sacral orthosis (LSO)	L0648, L0650	All
	Scoliosis Orthosis	L1006	All
	Dynamic Splinting Devices	E1800, E1802–E1805, E1807–E1808, E1810, E1812–E1815, E1820, E1822–E1823, E1825–E1830, E1840	All
	Orthotics/Prosthetics – authorization required for allowed amounts greater than $3,000 per claim unless listed elsewhere		All
	Powered UE ROM assist device	L8701, L8702	All
	Powered bilateral HKAFO system	K1007	All
	Cranial Remodeling Orthotic – limit under age 2	S1040	Members under age 2
	Continuous oximeter devices & probes	E0445	All
	Disposable oximeter probes	A4606	All
	Durable probes	A4606 U3	All
	Piercing device, skin	E0620	All
	Pneumatic compression device	E0652, E0670, E0675	All
	IPPB – Intermittent positive pressure breathing	E0500	All
	Spirometer (home monitoring post heart/lung transplant)	A9284, E0487	All
	Nebulizer – ultrasonic	E0575	All
	Ventilators – invasive/noninvasive	E0465, E0466	All
	Home ventilator – multifunction device (includes oxygen, neb, aspiration, cough stim)	E0467, A4468	All
	Home ventilator – dual function device (adds cough stimulation)	E0468	All
	Bone growth stimulator (osteogenesis)	E0747, E0760, E0749	All
	Electrical stimulation to aid bone healing – invasive (operative)	20975	All
	Electrotherapy stimulator	E0766	All
	Scalp cooling – measurement/calibration/placement/monitoring/removal	0662T, 0663T	All
	Cranial electrotherapy stimulation (CES) system	E0732	All

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Durable Medical Equipment (DME) continued	Transcutaneous electrical joint stimulation system	E0762	All
	TENS for trigeminal nerve	E0733, A4541	All
	External upper limb tremor stimulator (wrist)	E0734, A4542	All
	Neuromuscular stimulator for scoliosis	E0744	All
	Functional & electric stimulators for muscle atrophy	E0770, E0745	All
	FNS for spinal cord injury / nerve stimulator for nausea & vomiting	E0764, E0765	All
	Pelvic floor/Urinary incontinence device	E0740	All
	Spinal—external stimulator	E0748	All
	TENS Units (E0720/E0730/E0731)	E0720, E0730, E0731	All
	Transcutaneous tibial nerve stimulator – home	E0736	All
	Uterine Monitor – home	S9001	All
	Wig / Hair Prosthesis	A9282	All (non PAR only; no authorization for PAR)
	Transport Chair – authorization timing	E1037, E1038, E1039	All
	Manual Wheelchairs – standard (K0001–K0004, E1229)	E1229, K0001**, K0002**, K0003**, K0004**	All
	Other Manual Wheelchairs	K0006, K0007	All
	Manual – Special	E1231, E1233, E1234, E1235, E1237, E1238, K0005, K0009	All
	Manual – Tilt/Recliner	E1161	All
	Adaptive Stroller	E1232, E1236	All
	POV/Scooter	E1230, K0800, K0801, K0802, K0806, K0807, K0808, K0812	All
	Power/Electric (K0898/K0014)	K0898, K0014	All
	Power Wheelchairs – Group 1	K0813, K0814, K0815, K0816	All
	Power Wheelchairs – Group 2 Standard	K0820–K0831	All
	Power Wheelchairs – Group 2 Single Power	K0835–K0840	All
	Power Wheelchairs – Group 2 Multiple Power	K0841–K0843	All
	Power Wheelchairs – Group 3 Standard	K0848–K0855	All
	Power Wheelchairs – Group 3 Single Power	K0856–K0860	All
	Power Wheelchairs – Group 3 Multiple Power	K0861–K0864	All
	Power Wheelchairs – Group 4 Standard	K0868–K0871	All
	Power Wheelchairs – Group 4 Single Power	K0877–K0880	All
	Power Wheelchairs – Group 4 Multiple Power	K0884–K0886	All
	Power Wheelchairs – Group 5 Pediatric	K0890, K0891, E1239	All
	Wheelchair accessory – seat lift mechanism & crutch tips	E0985, E0170, E0171, E0172	All
	Wheelchair accessory – power assist for manual w/c	E0986	All
	Wheelchair accessory – seating tilt/recline (manual/power)	E1002–E1008	All
	Wheelchair accessory – center mount power elevating leg rest/platform	E1012	All
	Wheelchair accessory – reclining back	E1225, E1226, E1014	All
	Wheelchair accessory – special height arms/back height	E1227, E1228	All
	Wheelchair accessory – gear reduction drive wheels	E2227	All
	Wheelchair accessory – seat elevation feature	E2298	All
	Wheelchair accessory – manual or power standing system	E2230, E2301	All
	Wheelchair accessory – dynamic positioning hardware for back	E2398	All
	Custom wheelchair cushion	E2609, E2617	All
	Powered seat cushion	E2610	All
	Wheelchairs for Members in NH/SNF (rental/purchase/repair/replacement/parts)		All
	Whirlpool – non portable (built in)	E1310	All
	Humanitarian Use Devices		All
	Repairs & Maintenance	RB modifier, K0740, K0739, K0462 (>1 month)	All
	Customized Durable Medical Equipment	K0008, K0013, K0900	All
	Miscellaneous DME codes	E1399, A9999, A4649	All
	DME Supplies & Equipment allowed >$1,500 per line (except CPAP/BiPAP)		All
	Transvaginal Mechanotherapy	E0715, E0716	All
Early Intensive Developmental and Behavioral Intervention (EIDBI)	Early Intensive Developmental and Behavioral Intervention (EIDBI) Benefit	97151 UB, H0032 UB, T1024 UB, H0046 UB	SNBC, F&C, and MnCare under age 21
	EIDBI Intervention Individual	97153 UB	SNBC, F&C and MnCare under age 21
	EIDBI Intervention Group	97154 UB	SNBC, F&C and MnCare under age 21
	EIDBI Intervention Higher Intensity	0373T UB	SNBC, F&C and MnCare under age 21
	EIDBI Observation	97155 UB	SNBC, F&C and MnCare under age 21
	EIDBI Caregiving Training and Counseling - Individual	97156 UB	SNBC, F&C and MnCare under age 21
	EIDBI Family Training Group	97157 UB	SNBC, F&C and MnCare under age 21

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Early Intensive Developmental and Behavioral Intervention (EIDBI) continued	Adaptive Behavior Assessment & Treatment (ABA) code transition	0373T; 97151, 97153, 97154, 97155, 97156, 97157	All
Experimental	Probe, image guided, robotic waterjet ablation (BPH)	C2596	All
	Transcatheter interatrial shunt IDE trial – blinded procedure including RHC & TEE/ICE	C9758	All
	Allograft add on codes for osteoarticular/hemicortical/intercalary	20932, 20933, 20934	All
	Autologous adipose derived regenerative cell therapy for scleroderma (harvest/prep)	0489T	All
	Autologous adipose derived regenerative cell therapy for scleroderma (multiple injections)	0490T	All
	Transmyocardial laser revascularization	33140, 33141	All
	Angioscopy	35400	All
	Cranial Electrotherapy Stimulation (CES) vs other e stim	E1399, G0283, E0720, E0730, 97014, 97032	All
	Penile revascularization	37788	All
	Penile venous occlusive procedure	37790	All
	Tongue ablation, radiofrequency	41530	All
	Endoscopic urethral implant	51715	All
	Insertion of testicular prosthesis	54660	All
	Transcervical introduction of catheter to fallopian tube	58345	All
	Biomechanical mapping, transvaginal (obsolete/replace)	58999	All
	Neurostimulator implants – cranial/peripheral/gastric (code set)	61850, 61860, 61863, 61864, 61867, 61868, 61885, 61886, 64553, 64568, 64555, 64561, 64566, 64575, 64580, 64581, 64590	All
	Revision/replacement cranial nerve (e.g., vagus) neurostimulator electrode array	64569	All
	Revision/removal peripheral neurostimulator electrode array	64585	All
	Revision/removal peripheral or gastric neurostimulator pulse generator/receiver	64595	All
	Neurostimulator additions (electrodes, generators, etc.)	L8679, L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, L8695	All
	Posterior intrafacet implant(s) placement	0219T, 0221T, 0222T	All
	Radiofrequency denervation/neurolysis – facet or SI joint (thoracic/SI require authorization)	64620, 64624, 64625, 64632, 64640, 64633, 64634	All
	Corneal shape altering procedures	65760, 65765, 65767, 65770	All
	Correction of surgically induced astigmatism	65772, 65775	All
	Rhinomanometry	92512	All
	Signal averaged ECG	93278	All
	External counterpulsation	G0166	All
	In utero fetal surgeries (set)	S2400, S2401, S2402, S2403, S2404, S2405, S2409	All
	Fetoscopic laser treatment	S2411	All
	Subcutaneous implantable defibrillator (set incl. monitoring)	33270, 33271, 33240, 33241, 33272, 33273, 93261, 93260	All
	Continuous intraocular pressure monitoring	0329T	All
	Tear film imaging	0330T	All
	Myocardial contrast perfusion echo	0439T	All
	Myocardial sympathetic innervation imaging	0331T, 0332T	All
	Automated visual screening	0333T	All
	Subtalar joint implant	0335T	All
	Uterine fibroid ablation, radiofrequency	58674	All
	Transcatheter renal sympathetic denervation	0338T, 0339T	All
	Therapeutic apheresis	0342T	All
	Transcatheter mitral valve repair (TMVr)	0345T, 33418, 33419	All
	OCT – Breast	0353T	All
	Drug eluting punctal implant (lacrimal canaliculus)	68841	All
	Bioelectrical impedance analysis	0358T	All
	Cystourethroscopy with transprostatic implant	C9739, C9740	All
	Bronchial valve insertion/removal	31647, 31648, 31649, 31651	All
	Wireless PA pressure sensor implantation (CardioMEMS) – complete	33289	All
	Leadless pacemaker	33274, 33275	All
	HDR electronic brachytherapy	0394T, 0395T	All
	ERCP with optical endomicroscopy	0397T	All
	Cardiac contractility modulation system (code family)	0408T–0418T	All
	Destruction neurofibroma, extensive	0419T, 0420T	All
	Transurethral RF water vapor therapy (Rezūm) – malignant tissue	53854	All
	Transurethral waterjet ablation of prostate	0421T	All
	Tactile breast imaging	0422T	All
	Synthetic implant for abdominal wall reinforcement	0437T	All
	Transperineal peri prostatic biodegradable material placement	55874	All
	Cryoablation of peripheral/truncal nerve(s)	0440T, 0441T, 0442T	All
	Real time spectral analysis of prostate tissue by fluorescence	0443T	All
	Drug eluting ocular insert placement	0444T, 0445T	All
	VEP testing for glaucoma	0464T	All

*For more information on PrimeWest Health Progams, visit **primewest.org/programs**.

Services Requiring Prior Authorization

Service Category	Benefit/Description	Codes Requiring Authorization	Member Program*
Experimental continued	Suprachoroidal injection of pharmacologic agent	67516	All
	Insertion of aqueous drainage device	0449T, 0450T	All
	Hypoglossal nerve stimulator – resp. sensor electrode procedures	64582, 64583, 64584	All
	Interspinous/interlaminar stabilization without fusion	22867, 22868, 22869, 22870	All
	OCT of the skin (obsolete transition)	96999	All
	OCT of middle ear; unilateral/bilateral	0485T, 0486T	All
	Retinal prosthesis device evaluation/programming	0472T, 0473T	All
	Insertion of anterior segment aqueous drainage device	0474T	All
	Fetal magnetic cardiac signal recording (obsolete transition)	93799	All
	Endovascular repair of iliac artery bifurcation	34717, 34718	All
	TMVI prosthetic valve – percutaneous/transapical	0483T, 0484T	All
	LINX – esophageal sphincter augmentation device	43284 (Fact 4), 43285	All
	Ablative laser treatment of wounds (obsolete transition)	17999	All
	Near infrared spectroscopy for lower extremity wounds	93998	All
	External event recorder without 24 hr attended monitoring (office connect + 30 day review)	93799	All
	Noninvasive CT FFR (new code 1/1/24)	75580	All
	Pulmonary tumor cryoablation (percutaneous) – chest wall/pleura included	32994	All
	TMJ arthroscopy – diagnostic	29800	All
	Remote monitoring – PA pressure sensor (up to 30 days)	93264	All
	Electrocorticogram from implanted brain neurostimulator – up to 30 days	95836	All
	MR elastography	76391	All
	Ross Konno procedure (aortic valve replacement with pulmonary autograft)	33440	All
	Pattern electroretinography (PERG)	0509T	All
	Removal/reinsertion of sinus tarsi implant	0510T, 0511T	All
	Wireless LV cardiac stimulator – complete system / components / programming / interrogation	0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T	All
	Endovenous chemical ablation with balloon isolation	0524T	All
	Intracardiac ischemia monitoring system – implant & programming	0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T	All
	Movement disorder continuous recording 6–10 days (obsolete to 95999 1/1/24)	95999	All
	CAR T support services (prep/transport/cryopreservation)	38225, 38226, 38227, 38228	All
	Magnetocardiography (MCG) – myocardial ischemia	0541T, 0542T	All
	Rectal control system for vaginal insertion (long term use)	A4563	All
	Bronchoscopy with microwave ablation and full image guided navigation bundle	C9751	All
	Basivertebral nerve ablation – destruction CPT	64628, 64629	All
	EoE biomarker ELISA (eotaxin 3, PRG2) with algorithm	0095U	All
	Hereditary colon cancer panel with mRNA analytics (15+ genes)	0101U	All
	Hereditary breast cancer related panel (17 genes)	0102U	All
	Hereditary ovarian cancer panel (24 genes)	0103U	All
	Ceramides LC MS/MS with risk score for MACE	0119U	All
	Intraoperative radiofrequency spectroscopy – breast margin assessment	0546T	All
	Bone material quality by tibial microindentation	0547T	All
	Periurethral balloon continence device – unilateral/bilateral	53451, 53452	All
	Low level laser therapy – dynamic photonic/thermokinetic	0552T	All
	Bone strength & fracture risk by finite element analysis – family	0554T, 0555T, 0556T, 0557T, 0558T	All
	Anatomic 3D printed model/guide – first & additional	0559T, 0560T, 0561T, 0562T	All
	Transapical mitral valve repair with artificial chordae	0543T	All
	Transcatheter mitral valve annulus reconstruction	0544T	All
	Transcatheter tricuspid valve annulus reconstruction	0545T	All
	Biofeedback (behavioral health & medical conditions)	90912, 90913	All
	Subcutaneous hormone pellets	11980, J3490, S0189	All
	Transcatheter tricuspid valve repair – initial prosthesis	0569T	All
	Transcatheter tricuspid valve repair – each additional prosthesis	0570T	All
	Autologous adipose derived cellular implant for knee OA – injection	0566T	All
	Autologous adipose derived cellular implant for knee OA – harvest/prep	0565T	All
	Meibomian gland evacuation via wearable heat device with manual expression (bilateral)	0563T	All
	CDP SOT with MCT/ADT	92549	All
	Substernal ICD system – implant/revision/removal/programming/remote	0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T	All
	Percutaneous cryoablation of malignant breast tumor	0581T	All
	Transurethral ablation of malignant prostate tissue – water vapor	0582T	All
	Tympanostomy with automated tube delivery, iontophoresis anesthesia	0583T	All
	Islet cell transplant – percutaneous	0584T	All
	Islet cell transplant – laparoscopic	0585T	All
	Islet cell transplant – open	0586T	All
	Integrated posterior tibial nerve neurostimulation – implant & revisions	0587T, 0588T, 0589T, 0590T	All
	Interatrial shunt IDE trial – non randomized/non blinded	C9760	All

Services Requiring Prior Authorization

Service Category	Benefit/Description	Codes Requiring Authorization	Member Program*
Experimental continued	Remote OCT of retina – patient initiated capture/transmission	0604T, 0605T, 0606T	All
	Supersaturated oxygen intracoronary infusion during PCI for AMI	0659T	All
	Oncology (brain) – 3D spheroid culture 12 drug response	0248U	All
	Osseointegrated skull implant – magnetic transcutaneous (implant)	69716	All
	Osseointegrated skull implant – magnetic transcutaneous (revision/replacement)	69719	All
	Osseointegrated skull implant – removal (percutaneous)	69726	All
	Osseointegrated skull implant – removal (magnetic transcutaneous)	69727	All
	Autograft suspension (incl. processing/components)	C1832	All
	Drug induced sleep endoscopy (DISE) for sleep disordered breathing	42975	All
	Pain propensity RNA expression risk score (36 genes)	0289U	All
	Oncology (thyroid) mRNA gene expression profiling	0287U	All
Gender Affirming Surgery	Gender affirming surgery – Male to Female	53430, 54125, 54520, 54690, 55866, 55970, 56800, 56805, 57291, 57292, 57295, 57296, 57335, 57426, 58999, 15772, 15773, 19325, 31599, 17380, 17999	All
	Gender affirming surgery – Female to Male	19303, 19302, 19300, 19318, 53420, 53425, 53430, 54400, 54401, 54405, 54660, 55175, 55180, 15200, 31599, 17380, 17999, 55899, 55980, 56625, 57106, 57110, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720	All
	Gender affirming codes – not covered for diagnosis of Gender Dysphoria); may be covered for other service/diagnosis	15775, 15776, 15820, 15821, 15822, 15823, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 19316, 19340, 19342, 19350, 21193, 21194, 21195, 21196, 21208, 21209, 21210, 30400, 30410, 30420, 30430, 30435, 30450, 53400, 53405, 53410, 53415, 58661, 58700, 58953, 58956, 15772, 15773, S9128, G0153	All
	Gender affirming codes – not covered for diagnosis of Gender Dysphoria); may be covered for other service/diagnosis	11950, 11951, 11952, 11954, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15824, 15826, 15828, 15829, 15876, 15877, 15878, 15879, 21087, 21120, 21121, 21122, 21123, 21125, 21127, 21270, 21899, 31899, 40799, 67900	All
Genetic Testing	Genetic Testing – General (all tests)	All genetic testing (incl. but not limited to CPT 81161+; categories below)	All
	Gene Analysis & Molecular Pathology	81161–81479 (except 81370–81383)	All
	Chimerism testing (post transplant follow up)	81265, 81267, 81268, 81403, 81450, 88271, 88272, 88273, 88274, 88275, 88364, 88365, 88367, 88368	All
	Acetylcholinesterase	82013	All
	Chromosome analysis	88245, 88248, 88249, 88267, 88269, 88280, 88283, 88285, 88289	All
	Cytogenetics / In situ hybridization	88271–88275, 88364–88369, 88373–88374, 88377, 88299	All
	Genomic Sequencing (GSP)	81410–81471 (incl. 81410, 81411, 81412, 81415–81417, 81425–81427, 81430–81431, 81432, 81434–81437, 81440–81442, 81445, 81448–81451, 81455–81456, 81459–81460, 81463, 81465, 81470–81471)	All
	Multianalyte Assays (MAAA)	81490–81599	All
	Thiopurine S methyltransferase (enzyme)	84433	All
	Cologuard / FIT DNA	81528	All
	Proprietary tests (U codes/M codes) – General	Selected examples: 0001U–0179U; 0203U–0258U; 0286U–0300U; 0012M, 0013M, 0016M	All
	Platelet antigen genotyping (HPA)	81105–81112	All
	Selected pharmacogenetic/hematology genes (condensed)	81120, 81121, 81175–81176, 81230–81232, 81238, 81247–81249, 81258–81259, 81269, 81283, 81328, 81334–81335, 81346, 81361–81364	All
	Oncology panels & prognostic assays (mRNA/DNA)	81520, 81521, 81523, 81541, 81546, 81554, 81529, 81551	All
	Oncology mutation/translocation analyses	81168, 81191–81194, 81278, 81279, 81338–81339, 81347–81348, 81351–81353, 81357, 81360	All
	Epilepsy genomic sequence analysis panel	81419	All
	Infectious disease panels – BV/BV+vaginitis	81513, 81514	All
	Urinary tract FISH (cytopathology)	88120, 88121	All
Hearing	Hearing Aids - Personal	V5030, V5040, V5050, V5060, V5120, V5130, V5140, V5171, V5181, V5211, V5213, V5221, V5246, V5247, V5252, V5253, V5256, V5257, V5260, V5261, V5298	All
	Hearing Aid in glasses - Air conductive	V5070	All
	Hearing Aid in glasses - Bone conductive	V5080	All
	Hearing Aid in glasses - Binaural	V5150	All
	CROS in glasses	V5190	All
	BICROS in glasses	V5230	All
	Assistive Listening Device, NOS (includes vibrotactile & pocket talkers)	V5274 (dispensing fee: V5090)	All
	Assistive Listening Device for cochlear implant	V5273	All
	Pocket Talker	V5100	All
	Pocket Talker Dispensing Fee	V5110	All
	Cochlear Device and BAHA	L8614, L8619, L8627, L8628, L8629, L8690, L8691, L8692, L8693	All
	Hearing Device Implant/Removal	69710, 69711	All
	Temporal Bone Implant	69714, 69717	All
	Removal of Hearing Device Implant with ≥100 sq mm bone removal	69728	All
	Implantation of Hearing Device Implant with ≥100 sq mm bone removal	69729	All
	Cochlear Implant	69930	All
Home Care	Adult Day Care Services	S5100	All who do not have EW
	Telemonitoring	99091, 99453, 99454, 99457, 99458	All
Hospice	Continuous Home Care Day (≥8 hours)	R0652	Non-dual
	Inpatient Respite Day	R0655	Non-dual

Services Requiring Prior Authorization

Service Category	Benefit/Description	Codes Requiring Authorization	Member Program*
Hospice continued	General Inpatient Day	R0656	Non-dual
	Routine Home Care Day (<8 hours)	R0651	Non-dual
Inpatient Hospital	General Inpatient Stays, out of state non-bordering states to MN require authorization		All
	Acute Inpatient Rehabilitation Admission, out of state non-bordering states to MN require authorization	Admitting dx, revenue codes	All
	Long Term Acute Care Admission, out of state non-bordering states to MN require authorization	Admitting dx, revenue codes	All
	Mental Health Admission, out of state non-bordering states to MN require authorization	Admitting dx, revenue codes	All
	Medicare Primary Inpatient Stay, out of state non-bordering states to MN require authorization	Admitting dx, revenue codes	All
Mental Health	Targeted Case Management	T2023	All
	Psychiatric Residential Treatment Facility (PRTF)	0101	SNBC, F&C, MnCare under age 21
	Transcranial Magnetic Stimulation (TMS)	90867, 90868, 90869	All
	CMHRTS (Children's MH Residential Treatment)	H0019	All
	Adult Crisis Services	H2011, H0018, S9484, 90882	All
	Behavioral Health Counseling	H0004	All
	CTSS (Children's Therapeutic Services and Supports)	Multiple (H0031 UA, H0032 UA, etc.)	Children and young adults
	CTSS Mental Health Assessment (UA modifier)	H0031 UA	Children under age 18 with ED/SED; Young adults ages 18–20 with mental illness/SPMI
	CTSS Mental Health Service Plan (UA modifier)	H0032 UA	Children under age 18 with ED/SED; Young adults ages 18–20 with mental illness/SPMI
Other Health Services	Acupuncture	97810, 97811, 97813, 97814	All
	Community Paramedic Services	T1016 U3	All
	Medicare Diabetes Prevention Program (MDPP)	G9873, G9874, G9875, G9876, G9877, G9878, G9879, G9880, G9881, G9882, G9883, G9884, G9885, G9890, G9891	Medicare members only
	Home Infusion Codes	A4221, A4222, A4223, G0068, G0069, G0070	All
	Doula Services	99199, S9445	All
Out of Network	All OON/Out of Plan Services	All codes unless otherwise noted	All
Rehab	Cochlear Implant Analysis	92601 GN, 92602 GN, 92603 GN, 92604 GN	All
	Functional Evaluation / Physical Performance Test	97750	All except PWSHC and PHC
	Work Hardening	97546, 97545	All
	Work-related or Medical Disability Exam	99456	All
Substance Use Disorder	Urine Drug Screens – Over the limits for screening/presumptive/definitive require authorization or if provider is out of network	80305-80307, G0480-G0483, G0659	-
	Prescription drug monitoring – evaluation of 65 common drugs by LC-MS/MS, urine (detected or not detected)	0093U	All
Surgery-Procedure	Staged Surgery	Several codes	All
	Circumcision	54150, 54160, 54161, 54163	All
	Cholecystectomy w/ transduodenal sphincterotomy/sphincteroplasty	47620	All
	Disc Replacement – Artificial	0095T, 0098T, 0163T (obsolete 1/1/23), 22856, 22857, 22858, 22860, 22861, 22862, 22864, 22865	All
	Bone Growth Stimulator (implant)	20975	All
	Hyperbaric Oxygen Therapy	99183, G0277	All
	Keratoprosthesis	65770	All
	Laminectomy/Hemilaminectomy	63001–63053	All
	LVAD/VAD (implants/devices) – part 1	33975, 33976, 33979; Q0478–Q0484, Q0488–Q0491, Q0495–Q0496, Q0502–Q0504, Q0506	All
	LVAD/VAD – part 2	33981, 33982, 33983	All
	Neurostimulator implant, subcortical	61863, 61864, 61867, 61868	All
	Refractive Surgery (LASIK/RK/LRI/CLR)	S0800, 65770, 65771, 65772, 65775	All
	SCS (Spinal Cord Stimulator) Insertion	63650, 63655, 63685	All
	Spinal Neurostimulator PG revision/removal	63688	All
	Endoscopic decompression of spinal nerve roots	62380	All
	Spinal Fusions	22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595; 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812	All
	Blue light cystoscopy imaging agent	C9738	All
	Sleep Apnea – Pillar Palatal Implant	C9727	All
	Sleep Apnea – Tongue Base Suspension	41512	All
	Sleep Apnea – UPPP	42145	All
	Sleep Apnea – Hyoid Myotomy	21685	All
	Sleep Apnea – Uvulectomy	42140	All
	Bariatrics – Gastric Bypass/Bariatric Surgery	43644, 43645, 43770–43775, 43842, 43843, 43846, 43847, 43659, 43999	All
	Bariatrics – Gastric restriction w/limited absorption	43845	All
	Bariatrics – Gastric restriction with port	43886, 43887, 43888	All
	Bariatrics – Gastric Bypass Revision	43848, 43860, 43865	All
	Gastric Neurostimulator Electrodes	43647, 43648, 43881, 43882, 64590	All
	Gastric/Peripheral Neurostimulator PG revision/removal	64595	All

Services Requiring Prior Authorization

Service Category	Benefit/Description	Codes Requiring Authorization	Member Program*
Surgery-Procedure continued	Panniculectomy	15830	All
	Blepharoplasty	15820, 15821, 15822, 15823	All
	Prophylactic Mastectomy (Total/Simple)	19303	All
	Breast Implant Removal	19328, 19330	All
	Breast Reconstruction (post-cancer)	19325, 19340, 19342, 19357, 19361, 19364, 19367, 19368, 19369	All
	Gynecomastia Surgery (male mastectomy)	19300	All
	Lesion Destruction	17000, 17003, 17004, 17106, 17107, 17108	All
	Lipectomy (non-cosmetic)	15876, 15877, 15878, 15879	All
	Lung Volume Reduction Surgery	32491	All
	Mandible – Coronoidectomy	21070	All
	Maxilla – Osteotomy	21206, 21299	All
	Midface Reconstruction (other)	21188	All
	Lefort I	21141, 21142, 21143, 21145, 21146, 21147	All
	Lefort II	21150, 21151	All
	Orthognathic Surgery / Mandible Reconstruction	21193, 21194, 21195, 21196	All
	With Osteotomy Segmental	21198	All
	With Transosteal Bone Plate	21244	All
	Subperiosteal Implant	21245, 21246	All
	With Autografts	21247	All
	Endosteal Implant	21248, 21249	All
	Penile Implant Insertion	54400, 54401, 54405	All
	Ptosis Repair	67901, 67902, 67903, 67904, 67906, 67908	All
	Brow Ptosis	67900	All
	Reduction of Overcorrection	67909	All
	Reduction Mammaplasty / Breast Reduction	19318	All
	Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450	All
	Sclerotherapy – Varicose Veins	36465, 36466, 36470, 36471	All
	Sclerotherapy – Spider Veins	36468	All
	Endovenous Radiofrequency Ablation	36475, 36476, 36478, 36479	All
	Endovenous Ablation Therapy of Incompetent Vein	36473, 36474	All
	Scar Revisions (incl. keloids)	13100, 13101, 13102, 13120, 13121, 13122, 13131, 13132, 13151, 13152	All
	Hypothermia in Neonate	99184	All newborns
	Endoprosthesis for Aorta Repair	34841–34848	All
	TAVR/TAVI	33361–33369	All
	TMVR	33418, 33419	All
	Sacroiliac Joint Stabilization (Fusion)	27279, 27280	All
	Wireless GI transit/pressure measurement	91112	All
	Posterior Pelvic Ring Fx – Closed treatment with manipulation	27198	All
	Laryngoplasty, medialization, unilateral	31591	All
	Cricotracheal resection	31592	All
	Left atrial appendage closure	33340	All
	Valvuloplasty	33390	All
	Valvuloplasty, aortic valve, complex	33391	All
	Partial exchange transfusion, newborn	36456	All
	Transluminal Balloon Angioplasty (non-dialysis)	37246, 37247, 37248, 37249	All
	Laparoscopic Ablation of Uterine Fibroid	58674	All
	Fluorescein/ICG Angiography	92242	All
	On-body Injector Application (example Neulasta on-body)	96377	All
	Fractional ablative laser fenestration of scars (infants/children)	0479T, 0480T	All (infants/children)
	Cystourethroscopy w/drug delivery for urethral stricture	52284	All
	Midface flap (zygomaticofacial flap)	15730	All
	Head/Neck named pedicle flap	15733	All
	Endovenous ablation with chemical adhesive	36482, 36483	All
	IORT applicator placement (add-on)	19294	All
	Photodynamic Therapy – external light (per day)	96573	All
	Debridement + Photodynamic Therapy (per day)	96574	All
	Generator, neurostimulator (transvenous)	C1823	All
	Transapical Mitral Repair (artificial chordae)	0543T	All
	Transcatheter Mitral Annulus Reconstruction	0544T	All
	Transcatheter Tricuspid Annulus Reconstruction	0545T	All
	Platelet Rich Plasma (PRP)	0232T	All
	Laminotomy + annular closure device	C9757	All
	MR spectroscopy for discogenic pain	0609T	All
	Interatrial Septal Shunt Device	0613T	All

Services Requiring Prior Authorization

Service Category	Benefit/Description	Codes Requiring Authorization	Member Program*
Surgery-Procedure continued	Eye-movement analysis (no spatial calibration)	0615T	All
	Prostate commissurotomy + drug delivery (endoscopic)	0619T	All
	Sinuva sinus implant	J7402	All
	Transcatheter microinfusion therapy	C9759	All
	Endovascular lithotripsy revascularization	C9764, C9765, C9766, C9767	All
	Humerus osteotomy with lengthening device	0594T	All
	Female intraurethral valve-pump (initial & replacement)	0596T, 0597T	All
	Irreversible Electroporation Ablation	0600T, 0601T	All
	Nasal valve collapse repair with implant	30468	All
	Transcatheter atrial septostomy (congenital)	33741	All
	Transcatheter intracardiac shunt (congenital)	33745, 33746	All
	Percutaneous VAD (right heart – venous only) insertion	33995	All
	Removal of percutaneous right heart VAD cannula	33997	All
	Trabeculostomy ab interno (laser / with endoscope)	0621T, 0622T	All
	Allogeneic product injection to intervertebral disc	0627T, 0628T, 0629T, 0630T	All
	Intravertebral body fracture augmentation with implant	C1062	All
	Nasal/sinus endoscopy, cryoablation nasal tissues/nerves	31243	All
	Non-invasive vagus nerve stimulator	E0735	All
	Transcatheter removal/debulking of intracardiac mass	0644T	All
	Transcatheter tricuspid valve implantation/replacement	0646T	All
	Percutaneous G-tube with magnetic gastropexy	0647T	All
	Transperineal focal laser ablation of prostate (MR-fused)	0655T	All
	Uterine allograft backbench prep/reconstruction	0668T, 0669T, 0670T	All
	Corneal Collagen Cross-Linking	0402T	All
	CARTICEL (autologous cultured chondrocytes)	J7330	All
	Neurostimulator generator (closed-loop leads)	C1826, C1827	All
	Endoscopic sleeve gastroplasty	C9784	All
Transplants	Bone Marrow/Stem Cell	38240, 38241	All
	Bone Marrow/Stem Cell	38242	All
	Heart	33945	All
	Artificial Heart Procedures	33927, 33928, 33929	All
	Heart-Lung	33935	All
	Intestine	44135, 44136	All
	Intestine-Liver	S2053	All
	Kidney	50360, 50365	All
	Kidney Autotransplantation	50380	All
	Liver	47135, 47399	All
	Lung	32851, 32852, 32853, 32854	All
	Pancreas	48160, 48554	All
	Pancreatic Islet Cells	48160	All
	Autologous White Blood Cell Injection	0481T	All
Transportation	Air Ambulance	A0430, A0431, A0435, A0436	All
	Ground Ambulance	A0426, A0427, A0428, A0429	All
Vision	Contact Lenses	V2500-V2599, S0500, 92310, 92314, 92325, 92326	All
	Glasses	V2020 + all replacement codes	All (except children under age 21)
	Tints & Polarized Lenses	V2744, V2745, V2762	All
	Industrial/Sport/Computer Glasses	S0504, S0506, S0508, S0581	All
Wound Care	Skin substitutes	Q4100-Q4226	All
	Electric stimulator for wound treatment	E0769	All
	Pump or Wound Vac	E2402 K0743	All
	Low frequency ultrasound wound therapy	97610	All
	Extracorporeal shock wave wound healing	0512T 0513T	All
	Plasma Rich Protein Injection/Application	0232T	All
	Amniocore	Q4227	All
	Dermacyte amniotic membrane allograft	Q4248	All
	Corplex	Q4232	All
	Xcellerate	Q4234	All
	Amniorepair/altiply	Q4235	All
	Derm-maxx	Q4238	All
	Amnio-maxx/lite	Q4239	All
	Amniply (topical)	Q4249	All
	Amnioamp-mp	Q4250	All
	Zenith Amniotic membrane	Q4253	All

*For more information on PrimeWest Health Progams, visit **primewest.org/programs**.

Services Requiring Prior Authorization

Service Category	Benefit/Description	Codes Requiring Authorization	Member Program*
Wound Care continued	Novafix dl	Q4254	All
	Near-infrared spectroscopy wound studies	0640T, 0859T	All
	Celera dual layer/membrane	Q4259	All

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