

**Please Note:**

**All services requiring prior authorization under LOHP product are not listed in this table.**

**If you are unsure of the authorization requirement for a service, please request prior authorization.**

CPT	Description	PA
11400-11471	Excision benign lesion	Yes
15820-15823	Blepharoplasty	Yes
15831-15839	All excess skin removal	Yes
17000-17250	Destruction of benign/pre-malignant lesion	Yes
19140	Breast Reduction	Yes
19316-19330	Breast repair or reconstruction	Yes
19499	Unlisted breast procedures	Yes
20550-20553	Injection tendon sheath trigger pt.	Yes
20605	Arthrocentesis Joint (TMJ)	Yes
20612-20615	Aspiration/injection ganglion/bone	Yes
20930-20938	Allograft/autograft for spinal cyst	Yes
20955-20962	Bone graft other	Yes
20969-20973	Osteocutaneous flaps anastamosis	Yes
20974	Electrical Stimulation-non invasive	Yes
20975	Electrical Stimulation-operative	Yes
20979	Home intensity US stimulation	Yes
20999	Unlisted procedure, musculoskeletal	Yes
21010	Arthrotomy TMJ	Yes
21029	Removal by contouring benign tumor of facial bone	Yes
21030-21032	Excision of maxillary torus etc	Yes
21040	Excision benign tumor or cyst, mandible	Yes
21046-21070	TMJ procedures	Yes
21076-21089	Obturator prosthesis	Yes
21100-21199	Reconstruction midface etc	Yes
21206-21299	Reconstruction, facial	Yes
21555-21556	Excision tumor, benign	Yes

21600-21632	Excision of rib	Yes
21899	Unlisted, neck or thorax	Yes
21930	Excision tumor soft tissue	Yes
22100-22226	Spinal procedures	Yes
22505-22534	Spinal procedures	Yes
22548-22899	Spinal procedures	Yes
22900-22999	Abd wall tumor excision, unlisted	Yes
23075-23076	Excision soft tissue tumor - shoulder	Yes
23140-23156	Excision bone cyst	Yes
24075-24076	Excision soft tumor upper arm	Yes
24100-24130	Elbow procedures	Yes
24300-24420	Upper extremity procedures	Yes
24800-24802	Arthrodesis elbow	Yes
24999	Unlisted, humerus or elbow	Yes
25000-25025	Tendon sheath procedures	Yes
25075-25076	Excision soft tissue tumor	Yes
25100-25136	Wrist procedures	Yes
25210-25240	Hand procedures	Yes
25260-25394	Upper extremity procedures	Yes
25425-25430	Radius/ulna	Yes
25441-25492	Arthroplasty upper extremity	Yes
25800-25830	Arthrodesis wrist	Yes
26040-26116	Hand procedures	Yes
25999	Unlisted, forearm or wrist	Yes
26121-26596	Tendon muscle carpal procedures	Yes
26820-26863	Arthrodesis hand	Yes
26989	Unlisted, hands or fingers	Yes
27000-27036	Hip procedures	Yes
27047-27048	Excision tumor pelvis - hip	Yes
27050-27067	Hip procedures	Yes
27080	Coccygectomy	Yes
27090-27091	Removal of hip prosthesis	Yes
27096	Injection SI joint	Yes
27097-27170	Hip procedures	Yes

27280-27286	Arthrodesis	Yes
27299	Unlisted, pelvis or hip	Yes
27305-27320	Fasciotomy, tenotomy, neurectomy	Yes
27327-27328	Excision of tumor thigh or knee	Yes
27330-27358	Excision lower extremity	Yes
27380-27400	Procedures lower extremity	Yes
27412-27495	Arthroplasty lower extremity	Yes
27570-27580	Manipulation arthrodesis	Yes
27599	Unlisted, femur or knee	Yes
27605-27606	Tenotomy - achilles tendon	Yes
27610-27612	Arthrotomy ankle	Yes
27618-27641	Lower extremity procedures	Yes
27654-27715	Lower extremity procedures	Yes
27727-27745	Lower extremity procedures	Yes
27870-27871	Arthrodesis	Yes
28001-28360	Foot procedures	Yes
28705-28760	Arthrodesis foot	Yes
28899	Unlisted, foot or toes	Yes
29800-29804	TMJ arthroscopy	Yes
29830-29840	Arthroscopy elbow	Yes
29866-29870	Knee procedures	Yes
29891	Arthroscopy ankle	Yes
29893-29999	Arthroscopy procedures	Yes
31300-31502	Laryngotomy (excision) - ET & tracheotomy	Yes
31505-32997	Endoscopy laryngoplasty tracheostomy bronchoscopy thoracentesis thorascopy thoracoplasty	No
32851-32854	Lung Transplant	Yes
33010-33141	Pericardiocentesis, Cardiac tumor resection. Transmyocardial Revascularization	No
33203-33249	Pacemaker or Packing Cardioverter-Defibrillator	Yes
33251-33266	Ablation/reconstruction at time of other cardiac procedure	No
33930-33945	Heart Transplant, Heart and lung Transplant	Yes
35371-35390	Thromboendarterectomy	Yes
35450-35476	Percutaneous angioplasty	No
36468-36479	Sclerosing of veins	Yes
36481-36510	Portal vein catheterization and catheterization of umbilical vein	No

37700-37785	Treatment of varicose veins	Yes
37799	Unlisted procedure, vascular surgery	Yes
38204-38242	Bone marrow/stem cell transplant	Yes
38300-39561	Lymphatic system & mediastinoscopy diaphragm	Yes
40819	Excision of frenum	Yes
41805-41899	Dental procedures	Yes
43200-43272	Esophagoscopy ECRP ablation of tumor	No
43450-43460	Dilation of esophagus - esophagogastric tamponade	No
43500-43510	Gastrostomy with - esophageal dilation	No
43600-43641	Biopsy, roux-en-Y reconstruction, gastrectomy, vagotomy	Yes
43644-43645	Roux-en-Y gastric bypass	Yes
43646-43659	Lap procedures, stomach	Yes
43750-43761	Gastrostomy tube	No
43770-43774	Lap procedures, bariatric	Yes
43800-43845	Gastric procedures	Yes
43846-43848	Roux-en-Y gastric bypass	Yes
43850-43865	Revision anastomosis	Yes
43870-43999	Gastric procedures	Yes
44055	Freeing of intestinal adhesions	Yes
44180-44213	Laparoscopic procedures, intestinal	Yes
44238-44239	Unlisted lap procedures	Yes
44360-44500	Endoscopy biopsy small intestine & stomal	No
45300-45387	Proctosigmoidoscopy biopsy colonoscopy	No
45999	Unlisted procedures, rectum	Yes
46083-46500	Hemorrhoids	Yes
47135-47136	Liver Transplant	Yes
48160	Pancreatectomy with transplant or anastomosis procedure	Yes
49000-49010	Exploratory repair	Yes
49329	Unlisted lap procedures	Yes
49491-49611	Hernia repair	Yes
49650-49659	Laparoscopy	Yes
49904-49999	Omental procedures	Yes
50340-50380	Kidney Transplant	No
50590	Lithotripsy	Yes

50551-50580	Renal endoscopy	Yes
50605-50630	Ureterotomy and ureterolithotomy	Yes
50951-50980	Ureteral endoscopy, cystotomy, draining abcess.	Yes
51020-51597	Bladder incision, excision, removal	Yes
51600-51703	Bladder injection, introduction	No
51705-51710	Cystostomy tube change	No
51715-51720	Implant; installation	Yes
51725-51797	Urodynamics	No
52000-52355	Cystourethroscopy	No
53600-53665	Urethral dilation male/female	No
53850 - 53899	Transurethral resection	Yes
54100-54105	Biopsy of penis	No
54110-54135	Penile treatment w/ excision/removal	Yes
55720-55725	Prostatotomy	Yes
55700-55705	Prostate biopsy	No
54360-54417	Plastic surgery on penis insertion and repair of prosthesis	Yes
55540	Excision of hydrocele w/ hernia repair	Yes
56800-56810	Plastic repair of introitus, clitoroplasty, perineoplasty	Yes
56820-56821	Colposcopy, vulva	No
57420-57421	Colposcopy, vagina	No
57423-57426	Vaginal repair	Yes
57452-57456	Colposcopy, cervix	No
57460-57461	LEEP	Yes
57500-57522	Excision, conization of cervix	No
57800-57820	Dilation of cervical canal	No
58150-58294	Hysterectomy, abdominal and vaginal enterocele repair	Yes
58100-58120	D&C	No
58300-58301	Insertion & removal of IUD	No
58353-58354	Endometrial ablation	Yes
58550-58554	Vag hysterectomy	Yes
58578	Unlisted laproscopic procedures uterus	Yes
58660-58662	Laparoscopy/Lysis of Adhesions	Yes
58670-58671	Bilateral Tubal Ligation	No
58672-58770	Laparoscopy/Lysis of Adhesions	Yes

58940-58960	Oophorectomy/Laparotomy	Yes
59812-59820	Incomplete/missed abortion	No
59821-59851	Abortion	DMAP
59866	Multifetal pregnancy reduction	DMAP
59870	Evacuation/curettage for hydatidiform mole	No
59871 - 59898	Other pregnancy related	Yes
60200-60240	Thyroid procedures	Yes
60001	Aspiration	Yes
60500-60522	Parathyroid procedures	Yes
60650-60699	Laparoscopy and unlisted endocrine	Yes
61020-61055	Ventricular puncture	Yes
61500-61559	Craniectomy procedures	Yes
61720-61795	Steriotaxis including gamma knife	Yes
61850-61888	Neurostimulators, intracranial	Yes
62115-62117	Reduction of craniomegaly	Yes
62140-62148	Cranioplasty procedures	Yes
62280-62292	Injection/infusion of neurolytic substance- spinal aspiration	Yes
62310-62362	Spinal catheter placement/replacement	Yes
62363-62368	Pump implantation	Yes
63001-63051	Laminotomy, laminectomy procedures	Yes
63055-63199	Spinal cord procedures	Yes
63295-63308	Osteoplastic reconstruction	Yes
63600-63688	Stereotaxis, neurostimulators	Yes
64400-64530	Injection somatic nerves - sympathetic	Yes
64550-64595	Peripheral nerve neurostimulators	Yes
64600-64727	Neuroplasty destruction by neurolytic agent	Yes
64774-64792	Excision of somatic nerves	Yes
64802-64823	Unlisted, nervous system	Yes
64999	Excision of sympathetic nerves	Yes
65420-65426	Excision of pterygium	Yes
65710-65755	Corneal transplant	No
65760-65782	Corneal procedures	Yes
66830-66999	Cataract	Yes
67700-67715	Eyelid procedure	Yes

67800-67850	Eyelid excision	Yes
67900-67924	Repair of lid, brow etc	Yes
67950-67999	Canthoplasty reconstruction unlisted	Yes
68020-68200	Conjunctival procedures	Yes
68320-68899	Lacrimal system procedures	Yes
69300-69399	Otoplasty	Yes
69710-69799	Implantation of hearing device	Yes
69930-69949	Cochlear implant & unlisted inner ear	Yes
70336	MRI Temporomandibular Joint	No
70540-70559	MRI/MRA Orbit Face Neck or Brain	No
71550-71555	MRI/MRA Chest	No
72141-72159	MRI/MRA Spinal Canal	No
72240-72270	Myelography	No
72285-72295	Diskography	Yes
73195-72198	MRI/MRA Pelvis	No
73218-73225	MRI/MRA Upper Extremity	No
73718-73725	MRI/MRA Lower Extremity	No
74181-74185	MRI/MRA Abdomen	No
74240	Upper GI, w/o KUB	No
74246	Upper GI, barium swallow	No
74400-74740	X-ray, urologic	No
75552-75555	MRI Heart	No
76093-76094	MRI Breast	No
76400	MRI Bone Marrow	No
76999	MRI Unlisted	No
77080	DEXA scan	Yes
77300-77799	Medical Radiation	Yes
78451-78454	Nuclear Cardiac Testing	Yes
78459	Heart PET	Yes
78466-78468	Myocardial Imaging	Yes
78469-78499	Nuclear Testing	Yes
78491-78499	Heart PET etc, including unlisted	Yes
78608-78609	Brain PET	Yes
78700-78709	Kidney Morphology	No

78811-78816	Tumor PET	Yes
83890-83912	Genetic testing (prenatal only)	No
90875-90876	Biofeedback, Individual with psychological therapy	Yes
90901-90911	Biofeedback, including EMG/manometry	Yes
90935-90937	Hemodialysis	No
91110-91111	Capsule Endoscopy	Yes
92081-92100	Visual field exams	No
92120-92130	Tonography/dx imaging	Yes
92135-92136	Biometry	No
92225-92226	Extended/subsequent ophthalmoscopy	No
92230-92235	Fluorescein Angiography	No
92240-92287	Other specialized eye services	Yes
92506-92510	Speech/Language Services	Yes
92526	Speech/Language Services	Yes
92540-92546	Vestibular function tests	Yes
92960	Cardioversion	Yes
93015, 93018	Stress Test	No
93279-93299	Cardiovascular Device Monitoring - Implanted	No
95004-95075	Allergy Testing	No
95115-95199	Allergy Injections	Yes
95803-95811	Sleep Studies	No
95860-95865	Needle electromyography	No
95903-95905	Nerve conduction studies	No
95970-95999	Neuro Stimulator Analysis/Programming	Yes
96101-96118	Neuropsychological Testing	Yes
96901-96949	Chemotherapeutic Agent delivery	Yes
96910-96999	Photochemotherapy	Yes
97110-97799	Physical/Occupational Therapies/Rehab Medicine/Wound Care	Yes
G0108-G0109	Diabetes Self Management Training	Yes
G0260	Sacroiliac Joint Injection	Yes
G0270-G0272	Medical Nutrition Therapy and Medical Nutrition Therapy Reassessment	Yes
G0424	Pulmonary Rehab	Yes
S0012-S9999	Temporary National Codes	Yes

R120	<u>Other:</u> Inpatient Rehabilitation services	Yes
	Skilled Nursing Facility (SNF)	Yes
	ALL facet/spinal injections - see CPT codes	Yes
R551-R559	Home Health	Yes
R421 - R444	Home Health PT/ST/OT	Yes
R651-R659	Hospice	Yes
	Home Infusion, TPN	Yes
	All Out of Network provided services not available within network	Yes
	All DME items over \$100 and all disposable items	Yes

**Please Note:**

*All services requiring authorization under the LOHP product are not listed in this table.*

*If you are unsure of the authorization requirement for a service, please request prior authorization*

**Quick Check: No Prior Authorization Needed**

<ul style="list-style-type: none"> <li>•Angiogram</li> <li>•Aortogram</li> <li>•Blood transfusions</li> <li>•Bronchoscopy</li> <li>•Central venous catheter insert/removal for dialysis patients</li> <li>•Colonoscopy (not including virtual colonoscopy)</li> <li>•CT scan</li> <li>•Cystoscopy</li> <li>•D &amp; C</li> <li>•Depo Provera</li> </ul>	<ul style="list-style-type: none"> <li>•Doppler studies</li> <li>•Echo</li> <li>•EEG</li> <li>•EKG</li> <li>•Event monitor</li> <li>•Holter monitor</li> <li>•IUD</li> <li>•Mammogram</li> <li>•Mastoid cavity clean out(office)</li> <li>•MRI (with/without sedation)</li> <li>•Myelogram</li> </ul>	<ul style="list-style-type: none"> <li>•Needle breast biopsy</li> <li>•Norplant</li> <li>•PICC line insert/removal</li> <li>•Prostate biopsy</li> <li>•Sleep Studies</li> <li>•Sterilization (consent must accompany claim)</li> <li>•Tilt table evaluation</li> <li>•Treadmill/stress testing</li> <li>•Ultrasound</li> <li>•X-ray</li> </ul>
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