

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
00100	ANESTH SALIVARY GLAND	N		
00104	ANESTH ELECTROSHOCK	N		
00120	ANESTH EAR SURGERY	N		
00124	ANESTH EAR EXAM	N		
00126	ANESTH TYMPANOTOMY	N		
00140	ANESTH PROCEDURES ON EYE	N		
00142	ANESTH LENS SURGERY	N		
00145	ANESTH VITREORETINAL SURG	N		
00148	ANESTH VITREORETINAL SURG	N		
00160	ANESTH NOSE/SINUS SURGERY	N		
00162	ANESTH NOSE/SINUS SURGERY	N		
00164	ANESTH BIOPSY OF NOSE	N		
00170	ANESTH PROCEDURE ON MOUTH	N		
00172	ANESTH CLEFT PALATE REPAIR	N		
00174	ANESTH PHARYNGEAL SURGERY	N		
00176	ANESTH PHARYNGEAL SURGERY	N		
00190	ANESTH FACE/SKULL BONE SURG	N		
00192	ANESTH FACIAL BONE SURGERY	N		
00210	ANESTH CRANIAL SURG NOS	N		
00211	ANESTH CRAN SURG HEMOTOMA	N		
00212	ANESTH SKULL DRAINAGE	N		
00216	ANESTH HEAD VESSEL SURGERY	N		
00218	ANESTH SPECIAL HEAD SURGERY	N		
00220	ANESTH INTRCRN NERVE	N		
00222	ANESTH HEAD NERVE SURGERY	N		
00300	ANESTH HEAD/NECK/PTRUNK	N		
00320	ANESTH NECK ORGAN 1YR/>	N		
00322	ANESTH BIOPSY OF THYROID	N		
00326	ANESTH LARYNX/TRACH < 1 YR	N		
00350	ANESTH NECK VESSEL SURGERY	N		
00352	ANESTH NECK VESSEL SURGERY	N		
00400	ANESTH SKIN EXT/PER/ATRUNK	N		
00402	ANESTH SURGERY OF BREAST	N		
00404	ANESTH SURGERY OF BREAST	N		
00406	ANESTH SURGERY OF BREAST	N		
00410	ANESTH CORRECT HEART RHYTHM	N		
00450	ANESTH SURGERY OF SHOULDER	N		
00452	ANESTH SURGERY OF SHOULDER	N		
00454	ANESTH COLLAR BONE BIOPSY	N		
00470	ANESTH REMOVAL OF RIB	N		
00472	ANESTH CHEST WALL REPAIR	N		
00474	ANESTH SURGERY OF RIB	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
00500	ANESTH ESOPHAGEAL SURGERY	N		
00520	ANESTH CHEST PROCEDURE	N		
00522	ANESTH CHEST LINING BIOPSY	N		
00524	ANESTH CHEST DRAINAGE	N		
00528	ANES MEDIASCPY & DX THORSCPY	N		
00529	ANES MEDSCPYP&THORSCPYP 1 LUNG	N		
00530	ANESTH PACEMAKER INSERTION	N		
00532	ANESTH VASCULAR ACCESS	N		
00534	ANESTH CARDIOVERTER/DEFIB	N		
00537	ANESTH CARDIAC ELECTROPHYS	N		
00542	ANESTHESIA REMOVAL PLEURA	N		
00546	ANESTH LUNG CHEST WALL SURG	N		
00548	ANESTH TRACHEA BRONCHI SURG	N		
00550	ANESTH STERNAL DEBRIDEMENT	N		
00560	ANESTH HEART SURG W/O PUMP	N		
00561	ANESTH HEART SURG <1 YR	N		
00563	ANESTH HEART SURG W/ARREST	N		
00566	ANESTH CABG W/O PUMP	N		
00567	ANESTH CABG W/PUMP	N		
00580	ANESTH HEART/LUNG TRANSPLNT	N		
00600	ANESTH SPINE CORD SURGERY	N		
00604	ANESTH SITTING PROCEDURE	N		
00620	ANESTH SPINE CORD SURGERY	N		
00622	ANESTH REMOVAL OF NERVES	N		
00626	ANES SPINE TRANSTHOR W/VENT	N		
00630	ANESTH SPINE CORD SURGERY	N		
00632	ANESTH REMOVAL OF NERVES	N		
00635	ANESTH LUMBAR PUNCTURE	N		
00640	ANESTH SPINE MANIPULATION	N		
00670	ANESTH SPINE CORD SURGERY	N		
00700	ANESTH ABDOMINAL WALL SURG	N		
00702	ANESTH FOR LIVER BIOPSY	N		
00730	ANESTH ABDOMINAL WALL SURG	N		
00740	ANESTH UPPER GI VISUALIZE	N		
00750	ANESTH REPAIR OF HERNIA	N		
00752	ANESTH REPAIR OF HERNIA	N		
00754	ANESTH REPAIR OF HERNIA	N		
00756	ANESTH REPAIR OF HERNIA	N		
00770	ANESTH BLOOD VESSEL REPAIR	N		
00790	ANESTH SURG UPPER ABDOMEN	N		
00792	ANESTH HEMORR/EXCISE LIVER	N		
00794	ANESTH PANCREAS REMOVAL	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
00797	ANESTH SURGERY FOR OBESITY	N		
00800	ANESTH ABDOMINAL WALL SURG	N		
00802	ANESTH FAT LAYER REMOVAL	N		
00810	ANESTH LOW INTESTINE SCOPE	N		
00820	ANESTH ABDOMINAL WALL SURG	N		
00830	ANESTH REPAIR OF HERNIA	N		
00832	ANESTH REPAIR OF HERNIA	N		
00834	ANESTH HERNIA REPAIR < 1 YR	N		
00836	ANESTH HERNIA REPAIR PREEMIE	N		
00840	ANESTH SURG LOWER ABDOMEN	N		
00842	ANESTH AMNIOCENTESIS	N		
00844	ANESTH PELVIS SURGERY	N		
00846	ANESTH HYSTERECTOMY	N		
00848	ANESTH PELVIC ORGAN SURG	N		
00851	ANESTH TUBAL LIGATION	N		
00860	ANESTH SURGERY OF ABDOMEN	N		
00862	ANESTH KIDNEY/URETER SURG	N		
00866	ANESTH REMOVAL OF ADRENAL	N		
00868	ANESTH KIDNEY TRANSPLANT	N		
00870	ANESTH BLADDER STONE SURG	N		
00873	ANESTH KIDNEY STONE DESTRUCT	N		
00880	ANESTH ABDOMEN VESSEL SURG	N		
00882	ANESTH MAJOR VEIN LIGATION	N		
00902	ANESTH ANORECTAL SURGERY	N		
00904	ANESTH PERINEAL SURGERY	N		
00906	ANESTH REMOVAL OF VULVA	N		
00908	ANESTH REMOVAL OF PROSTATE	N		
00910	ANESTH BLADDER SURGERY	N		
00912	ANESTH BLADDER TUMOR SURG	N		
00914	ANESTH REMOVAL OF PROSTATE	N		
00916	ANESTH BLEEDING CONTROL	N		
00918	ANESTH STONE REMOVAL	N		
00922	ANESTH SPERM DUCT SURGERY	N		
00924	ANESTH TESTIS EXPLORATION	N		
00926	ANESTH REMOVAL OF TESTIS	N		
00928	ANESTH REMOVAL OF TESTIS	N		
00930	ANESTH TESTIS SUSPENSION	N		
00932	ANESTH AMPUTATION OF PENIS	N		
00934	ANESTH PENIS NODES REMOVAL	N		
00936	ANESTH PENIS NODES REMOVAL	N		
00938	ANESTH INSERT PENIS DEVICE	N		
00940	ANESTH VAGINAL PROCEDURES	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
00942	ANESTH SURG ON VAG/URETHRAL	N		
00944	ANESTH VAGINAL HYSTERECTOMY	N		
00948	ANESTH REPAIR OF CERVIX	N		
00950	ANESTH VAGINAL ENDOSCOPY	N		
00952	ANESTH HYSTEROSCOPE/GRAPH	N		
01112	ANESTH BONE ASPIRATE/BX	N		
01120	ANESTH PELVIS SURGERY	N		
01130	ANESTH BODY CAST PROCEDURE	N		
01140	ANESTH AMPUTATION AT PELVIS	N		
01150	ANESTH PELVIC TUMOR SURGERY	N		
01160	ANESTH PELVIS PROCEDURE	N		
01170	ANESTH PELVIS SURGERY	N		
01173	ANESTH FX REPAIR PELVIS	N		
01180	ANESTH PELVIS NERVE REMOVAL	N		
01190	ANESTH PELVIS NERVE REMOVAL	N		
01200	ANESTH HIP JOINT PROCEDURE	N		
01202	ANESTH ARTHROSCOPY OF HIP	N		
01210	ANESTH HIP JOINT SURGERY	N		
01212	ANESTH HIP DISARTICULATION	N		
01215	ANESTH REVISE HIP REPAIR	N		
01220	ANESTH PROCEDURE ON FEMUR	N		
01230	ANESTH SURGERY OF FEMUR	N		
01232	ANESTH AMPUTATION OF FEMUR	N		
01234	ANESTH RADICAL FEMUR SURG	N		
01250	ANESTH UPPER LEG SURGERY	N		
01260	ANESTH UPPER LEG VEINS SURG	N		
01270	ANESTH THIGH ARTERIES SURG	N		
01272	ANESTH FEMORAL ARTERY SURG	N		
01274	ANESTH FEMORAL EMBOLECTOMY	N		
01320	ANESTH KNEE AREA SURGERY	N		
01340	ANESTH KNEE AREA PROCEDURE	N		
01360	ANESTH KNEE AREA SURGERY	N		
01380	ANESTH KNEE JOINT PROCEDURE	N		
01382	ANESTH DX KNEE ARTHROSCOPY	N		
01390	ANESTH KNEE AREA PROCEDURE	N		
01392	ANESTH KNEE AREA SURGERY	N		
01400	ANESTH KNEE JOINT SURGERY	N		
01402	ANESTH KNEE ARTHROPLASTY	N		
01404	ANESTH AMPUTATION AT KNEE	N		
01420	ANESTH KNEE JOINT CASTING	N		
01430	ANESTH KNEE VEINS SURGERY	N		
01432	ANESTH KNEE VESSEL SURG	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
01440	ANESTH KNEE ARTERIES SURG	N		
01442	ANESTH KNEE ARTERY SURG	N		
01444	ANESTH KNEE ARTERY REPAIR	N		
01462	ANESTH LOWER LEG PROCEDURE	N		
01464	ANESTH ANKLE/FT ARTHROSCOPY	N		
01470	ANESTH LOWER LEG SURGERY	N		
01472	ANESTH ACHILLES TENDON SURG	N		
01474	ANESTH LOWER LEG SURGERY	N		
01480	ANESTH LOWER LEG BONE SURG	N	Prior auth required for Podiatry services only	4/1/2019
01482	ANESTH RADICAL LEG SURGERY	N		
01484	ANESTH LOWER LEG REVISION	N		
01486	ANESTH ANKLE REPLACEMENT	N		
01490	ANESTH LOWER LEG CASTING	N		
01500	ANESTH LEG ARTERIES SURG	N		
01502	ANESTH LWR LEG EMBOLECTOMY	N		
01520	ANESTH LOWER LEG VEIN SURG	N		
01522	ANESTH LOWER LEG VEIN SURG	N		
01610	ANESTH SURGERY OF SHOULDER	N		
01620	ANESTH SHOULDER PROCEDURE	N		
01622	ANES DX SHOULDER ARTHROSCOPY	N		
01630	ANESTH SURGERY OF SHOULDER	N		
01632	ANESTH, SURGERY OF SHOULDER	N		
01634	ANESTH SHOULDER JOINT AMPUT	N		
01636	ANESTH FOREQUARTER AMPUT	N		
01638	ANESTH SHOULDER REPLACEMENT	N		
01650	ANESTH SHOULDER ARTERY SURG	N		
01652	ANESTH SHOULDER VESSEL SURG	N		
01654	ANESTH SHOULDER VESSEL SURG	N		
01656	ANESTH ARM-LEG VESSEL SURG	N		
01670	ANESTH SHOULDER VEIN SURG	N		
01680	ANESTH SHOULDER CASTING	N		
01682	ANESTH AIRPLANE CAST	N		
01710	ANESTH ELBOW AREA SURGERY	N		
01712	ANESTH UPPR ARM TENDON SURG	N		
01714	ANESTH UPPR ARM TENDON SURG	N		
01716	ANESTH BICEPS TENDON REPAIR	N		
01730	ANESTH UPPR ARM PROCEDURE	N		
01732	ANESTH DX ELBOW ARTHROSCOPY	N		
01740	ANESTH UPPER ARM SURGERY	N		
01742	ANESTH HUMERUS SURGERY	N		
01744	ANESTH HUMERUS REPAIR	N		
01756	ANESTH RADICAL HUMERUS SURG	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
01758	ANESTH HUMERAL LESION SURG	N		
01760	ANESTH ELBOW REPLACEMENT	N		
01770	ANESTH UPPR ARM ARTERY SURG	N		
01772	ANESTH UPPR ARM EMBOLECTOMY	N		
01780	ANESTH UPPER ARM VEIN SURG	N		
01782	ANESTH UPPR ARM VEIN REPAIR	N		
01810	ANESTH LOWER ARM SURGERY	N		
01820	ANESTH LOWER ARM PROCEDURE	N		
01830	ANESTH LOWER ARM SURGERY	N		
01832	ANESTH WRIST REPLACEMENT	N		
01840	ANESTH LWR ARM ARTERY SURG	N		
01842	ANESTH LWR ARM EMBOLECTOMY	N		
01844	ANESTH VASCULAR SHUNT SURG	N		
01850	ANESTH LOWER ARM VEIN SURG	N		
01852	ANESTH LWR ARM VEIN REPAIR	N		
01860	ANESTH LOWER ARM CASTING	N		
01905	ANES, SPINE INJECT, X-RAY/RE	N		
01916	ANESTH DX ARTERIOGRAPHY	N		
01920	ANESTH CATHETERIZE HEART	N		
01922	ANESTH CAT OR MRI SCAN	N		
01926	ANES TX INTERV RAD HRT/CRAN	N		
01933	ANES TX INTERV RAD CRAN VEIN	N		
01936	ANESTH PERC IMG TX SP PROC	N		
01953	ANESTH BURN EACH 9 PERCENT	N		
01958	ANESTH ANTEPARTUM MANIPUL	N		
01963	ANESTH CS HYSTERECTOMY	N		
01964	ANESTH, ABORTION PROCEDURES	N		
01966	ANESTH INDUCED AB PROCEDURE	N		
01969	ANESTH/ANALG CS HYST ADD-ON	N		
01992	ANESTH N BLOCK/INJ PRONE	N		
01995	REGIONAL ANESTHESIA LIMB	N		
01996	HOSP MANAGE CONT DRUG ADMIN	N		
01999	UNLISTED ANESTH PROCEDURE	Y		
01999	UNLISTED ANESTH PROCEDURE	Y		
0275T	Perq lamot/lam lumbar	Y		
10004-10012		Y		4/1/2019
10021	Fna w/o image	N		
10030	Guide cathet fluid drainage	N		
10040	Acne surgery	N		
10060	Drainage of skin abscess	N		
10061	Drainage of skin abscess	N		
10080	Drainage of pilonidal cyst	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
10081	Drainage of pilonidal cyst	N		
10120	Remove foreign body	N		
10121	Remove foreign body	N		
10140	Drainage of hematoma/fluid	N		
10160	Puncture drainage of lesion	N		
10180	Complex drainage wound	N		
11000	Debride infected skin	N		
11004	Debride genitalia & perineum	N		
11005	Debride abdom wall	N		
11006	Debride genit/per/abdom wall	N		
11008	Remove mesh from abd wall	N		
11010	Debride skin at fx site	N		
11011	Debride skin musc at fx site	N		
11012	Deb skin bone at fx site	N		
11041	DEBRIDE SKIN, FULL	N		
11042	Deb subq tissue 20 sq cm/<	N		4/1/2019
11043	Deb musc/fascia 20 sq cm/<	N		4/1/2019
11044	Deb bone 20 sq cm/<	N		4/1/2019
11045	Deb subq tissue add-on	CONDITIONAL	Prior auth required for Podiatry services only	
11046	Deb musc/fascia add-on	N		
11047	Deb bone add-on	N		
11055	Trim skin lesion	Y	When performed in a SNF / LTC facility during an authorized stay, a single authorization request may cover up to a 12 month period	Comments added 9/1/2018
11056	Trim skin lesions 2 to 4	Y	When performed in a SNF / LTC facility during an authorized stay, a single authorization request may cover up to a 12 month period	Comments added 9/1/2018
11057	Trim skin lesions over 4	Y	When performed in a SNF / LTC facility during an authorized stay, a single authorization request may cover up to a 12 month period	Comments added 9/1/2018
11102-11107		Y		4/1/2019
11200	Removal of skin tags <w/15	Y		
11201	Remove skin tags add-on	Y		
11300	Shave skin lesion 0.5 cm/<	Y		
11301	Shave skin lesion 0.6-1.0 cm	Y		
11302	Shave skin lesion 1.1-2.0 cm	Y		
11303	Shave skin lesion >2.0 cm	Y		
11305	Shave skin lesion 0.5 cm/<	Y		
11306	Shave skin lesion 0.6-1.0 cm	Y		
11307	Shave skin lesion 1.1-2.0 cm	Y		
11308	Shave skin lesion >2.0 cm	Y		
11310	Shave skin lesion 0.5 cm/<	Y		
11311	Shave skin lesion 0.6-1.0 cm	Y		
11312	Shave skin lesion 1.1-2.0 cm	Y		
11400	Exc tr-ext b9+marg 0.5 cm<	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
11401	Exc tr-ext b9+marg 0.6-1 cm	N		
11402	Exc tr-ext b9+marg 1.1-2 cm	N		
11403	Exc tr-ext b9+marg 2.1-3cm/<	N		
11404	Exc tr-ext b9+marg 3.1-4 cm	N		
11406	Exc tr-ext b9+marg >4.0 cm	N		
11420	Exc h-f-nk-sp b9+marg 0.5/<	N		
11421	Exc h-f-nk-sp b9+marg 0.6-1	N		
11422	Exc h-f-nk-sp b9+marg 1.1-2	N		
11423	Exc h-f-nk-sp b9+marg 2.1-3	N		
11424	Exc h-f-nk-sp b9+marg 3.1-4	N		
11426	Exc h-f-nk-sp b9+marg >4 cm	N		
11440	Exc face-mm b9+marg 0.5 cm/<	N		
11441	Exc face-mm b9+marg 0.6-1 cm	N		
11442	Exc face-mm b9+marg 1.1-2 cm	N		
11443	Exc face-mm b9+marg 2.1-3 cm	N		
11444	Exc face-mm b9+marg 3.1-4 cm	N		
11446	Exc face-mm b9+marg >4 cm	N		
11450	Removal sweat gland lesion	N		
11462	Removal sweat gland lesion	N		
11470	Removal sweat gland lesion	N		
11602	Exc tr-ext mal+marg 1.1-2 cm	N		
11603	Exc tr-ext mal+marg 2.1-3 cm	N		
11604	Exc tr-ext mal+marg 3.1-4 cm	N		
11606	Exc tr-ext mal+marg >4 cm	N		
11620	Exc h-f-nk-sp mal+marg 0.5/<	N		
11621	Exc s/n/h/f/g mal+mrg 0.6-1	N		
11622	Exc s/n/h/f/g mal+mrg 1.1-2	N		
11623	Exc s/n/h/f/g mal+mrg 2.1-3	N		
11624	Exc s/n/h/f/g mal+mrg 3.1-4	N		
11626	Exc s/n/h/f/g mal+mrg >4 cm	N		
11640	Exc f/e/e/n/l mal+mrg 0.5cm<	N		
11641	Exc f/e/e/n/l mal+mrg 0.6-1	N		
11642	Exc f/e/e/n/l mal+mrg 1.1-2	N		
11643	Exc f/e/e/n/l mal+mrg 2.1-3	N		
11644	Exc f/e/e/n/l mal+mrg 3.1-4	N		
11646	Exc f/e/e/n/l mal+mrg >4 cm	N		
11719	Trim nail(s) any number	Y	Only covered under CA benefit	
11720	Debride nail 1-5	N		
11721	Debride nail 6 or more	N		
11730	Removal of nail plate	N		
11732	Remove nail plate add-on	N		
11740	Drain blood from under nail	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
11750	Removal of nail bed	N		
11752	Remove nail bed/tip	N		
11755	Biopsy nail unit	N		
11760	Repair of nail bed	N		
11762	RECONSTRUCTION OF NAIL BED	N		
11765	Excision of nail fold toe	N		
11770	Remove pilonidal cyst simple	N		
11771	Remove pilonidal cyst exten	N		
11772	Remove pilonidal cyst compl	N		
11900	Inject skin lesions </w 7	N		
11901	Inject skin lesions >7	N		
11920	Correct skin color 6.0 cm/<	Y	Only covered under CA benefit	
11921	Correct skn color 6.1-20.0cm	Y	Only covered under CA benefit	
11922	Correct skin color ea 20.0cm	Y	Only covered under CA benefit	
11950	Tx contour defects 1 cc/<	Y	Only covered under CA benefit	
11951	Tx contour defects 1.1-5.0cc	Y	Only covered under CA benefit	
11952	Tx contour defects 5.1-10cc	Y	Only covered under CA benefit	
11954	Tx contour defects >10.0 cc	Y	Only covered under CA benefit	
11960	INSERT TISSUE EXPANDER(S)	N		
11970	Replace tissue expander	N		
11971	Remove tissue expander(s)	N		
11976	Remove contraceptive capsule	N		
11981	Insert drug implant device	N		
11982	Remove drug implant device	N		
11983	Remove/insert drug implant	N		
12001	Rpr s/n/ax/gen/trnk 2.5cm/<	N		
12002	Rpr s/n/ax/gen/trnk2.6-7.5cm	N		
12004	Rpr s/n/ax/gen/trk7.6-12.5cm	N		
12005	Rpr s/n/a/gen/trk12.6-20.0cm	N		
12006	Rpr s/n/a/gen/trk20.1-30.0cm	N		
12007	Rpr s/n/ax/gen/trnk >30.0 cm	N		
12011	Rpr f/e/e/n/l/m 2.5 cm/<	N		
12013	Rpr f/e/e/n/l/m 2.6-5.0 cm	N		
12014	Rpr f/e/e/n/l/m 5.1-7.5 cm	N		
12015	Rpr f/e/e/n/l/m 7.6-12.5 cm	N		
12016	Rpr fe/e/en/l/m 12.6-20.0 cm	N		
12017	Rpr fe/e/en/l/m 20.1-30.0 cm	N		
12018	RPR F/E/E/N/L/M >30.0 CM	N		
12020	Closure of split wound	N		
12021	Closure of split wound	N		
12031	Intmd rpr s/a/t/ext 2.5 cm/<	N		
12032	Intmd rpr s/a/t/ext 2.6-7.5	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
12034	Intmd rpr s/tr/ext 7.6-12.5	N		
12035	Intmd rpr s/a/t/ext 12.6-20	N		
12036	Intmd rpr s/a/t/ext 20.1-30	N		
12037	INTMD RPR S/TR/EXT >30.0 CM	N		
12041	Intmd rpr n-hf/genit 2.5cm/<	N		
12042	Intmd rpr n-hf/genit2.6-7.5	N		
12044	Intmd rpr n-hf/genit7.6-12.5	N		
12045	Intmd rpr n-hf/genit12.6-20	N		
12046	Intmd rpr n-hf/genit20.1-30	N		
12047	Intmd rpr n-hf/genit >30.0cm	N		
12051	Intmd rpr face/mm 2.5 cm/<	N		
12052	Intmd rpr face/mm 2.6-5.0 cm	N		
12053	Intmd rpr face/mm 5.1-7.5 cm	N		
12054	Intmd rpr face/mm 7.6-12.5cm	N		
12055	Intmd rpr face/mm 12.6-20 cm	N		
12057	INTMD RPR FACE/MM >30.0 CM	N		
13100	Cmplx rpr trunk 1.1-2.5 cm	N		
13101	Cmplx rpr trunk 2.6-7.5 cm	N		
13102	Cmplx rpr trunk addl 5cm/<	N		
13120	Cmplx rpr s/a/l 1.1-2.5 cm	N		
13121	Cmplx rpr s/a/l 2.6-7.5 cm	N		
13122	Cmplx rpr s/a/l addl 5 cm/>	N		
13131	Cmplx rpr f/c/c/m/n/ax/g/h/f	N		
13132	Cmplx rpr f/c/c/m/n/ax/g/h/f	N		
13133	Cmplx rpr f/c/c/m/n/ax/g/h/f	N		
13151	Cmplx rpr e/n/e/l 1.1-2.5 cm	N		
13152	Cmplx rpr e/n/e/l 2.6-7.5 cm	N		
13153	Cmplx rpr e/n/e/l addl 5cm/<	N		
13160	Late closure of wound	N		
14000	Tis trnfr trunk 10 sq cm/<	N		
14001	Tis trnfr trunk 10.1-30sqcm	N		
14020	Tis trnfr s/a/l 10 sq cm/<	N		
14021	Tis trnfr s/a/l 10.1-30 sqcm	N		
14040	Tis trnfr f/c/c/m/n/a/g/h/f	N		4/1/2019
14041	Tis trnfr f/c/c/m/n/a/g/h/f	N		
14060	Tis trnfr e/n/e/l 10 sq cm/<	N		
14061	Tis trnfr e/n/e/l10.1-30sqcm	N		
14300	SKIN TISSUE REARRANGEMENT	N		
14301	Tis trnfr any 30.1-60 sq cm	N		
14302	Tis trnfr addl 30 sq cm/<	N		
14350	FILLETED FINGER/TOE FLAP	N		
15002	Wound prep trk/arm/leg	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
15003	Wound prep addl 100 cm	N		
15004	Wound prep f/n/hf/g	N		
15005	Wnd prep f/n/hf/g addl cm	N		
15050	SKIN PINCH GRAFT	N		
15100	Skin splt grft trnk/arm/leg	N		
15101	Skin splt grft t/a/l add-on	N		
15110	Epidrm autogrft trnk/arm/leg	N		
15116	EPIDRM A-GRFT F/N/HF/G ADDL	N		
15120	Skn splt a-grft fac/nck/hf/g	N		
15121	SKN SPLT A-GRFT F/N/HF/G ADD	N		
15136	DERM AUTOGRAFT F/N/HF/G ADD	N		
15157	CULT EPIDERM GRFT F/N/HFG +%	N		
15175	ACELLULAR GRAFT F/N/HF/G	N		
15176	ACELL GRAFT F/N/HF/G ADD-ON	N		
15200	Skin full graft trunk	N		
15201	Skin full graft trunk add-on	N		
15220	Skin full graft sclp/arm/leg	N		
15240	Skin full graft face/genit/hf	N		
15241	Skin full graft add-on	N		
15260	Skin full graft een & lips	N		
15261	Skin full graft add-on	N		
15271	Skin sub graft trnk/arm/leg	N		
15272	Skin sub graft t/a/l add-on	N		
15273	Skin sub grft t/arm/lg child	N		
15274	Skn sub grft t/a/l child add	N		
15275	Skin sub graft face/nk/hf/g	N		
15276	Skin sub graft f/n/hf/g addl	N		
15277	Skn sub grft f/n/hf/g child	N		
15278	Skn sub grft f/n/hf/g ch add	N		
15320	APPLY SKIN ALLOGRFT F/N/HF/G	N		
15321	APLY SKNALLOGRFT F/N/HFG ADD	N		
15335	APPLY ACELL GRAFT F/N/HF/G	N		
15336	APLY ACELL GRFT F/N/HF/G ADD	N		
15340	APPLY CULT SKIN SUBSTITUTE	N		
15341	APPLY CULT SKIN SUB ADD-ON	N		
15365	APPLY CULT DERM SUB F/N/HF/G	N		
15366	APPLY CULT DERM F/HF/G ADD	N		
15420	APPLY SKIN XGRAFT F/N/HF/G	N		
15421	APPLY SKN XGRFT F/N/HF/G ADD	N		
15574	Pedcle fh/ch/ch/m/n/ax/g/h/f	N		
15576	Pedicle e/n/e/l/ntroral	N		
15620	Delay flap f/c/c/n/ax/g/h/f	N		

RELEASED 4/1/2019**IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>**

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
15630	Delay flap eye/nos/ear/lip	N		
15650	Transfer skin pedicle flap	N		
15731	Forehead flap w/vasc pedicle	N		
15732	Muscle-skin graft head/neck	N		
15734	Muscle-skin graft trunk	N		
15736	Muscle-skin graft arm	N		
15738	Muscle-skin graft leg	N		
15740	Island pedicle flap graft	N		
15756	Free myo/skin flap microvasc	N		
15757	Free skin flap microvasc	N		
15760	Composite skin graft	N		
15775	Hair trnspl 1-15 punch grfts	Y	Only covered under CA benefit	
15776	Hair trnspl >15 punch grafts	Y	Only covered under CA benefit	
15777	Acellular derm matrix implt	N		
15780	Dermabrasion total face	N		
15786	Abrasion lesion single	N		
15788	Chemical peel face epiderm	Y		
15789	Chemical peel face dermal	Y		
15792	Chemical peel nonfacial	Y		
15822	Revision of upper eyelid	Y		
15823	Revision of upper eyelid	Y		
15824	Removal of forehead wrinkles	Y	Only covered under CA benefit	
15825	Removal of neck wrinkles	Y	Only covered under CA benefit	
15826	Removal of brow wrinkles	Y	Only covered under CA benefit	
15828	Removal of face wrinkles	Y	Only covered under CA benefit	
15829	Removal of skin wrinkles	Y	Only covered under CA benefit	
15830	Exc skin abd	Y	Only covered under CA benefit	
15832	Excise excessive skin thigh	Y	Only covered under CA benefit	
15834	Excise excessive skin hip	Y	Only covered under CA benefit	
15835	Excise excessive skin buttck	Y	Only covered under CA benefit	
15836	Excise excessive skin arm	Y	Only covered under CA benefit	
15840	Nerve palsy fascial graft	N		
15842	Nerve palsy microsurg graft	N		
15847	Exc skin abd add-on	Y	Only covered under CA benefit	
15850	REMOVE SUTURES SAME SURGEON	N		
15851	Remove sutures diff surgeon	N		
15852	Dressing change not for burn	N		
15860	Test for blood flow in graft	N		
15876	Suction lipectomy head&neck	Y	Only covered under CA benefit	
15877	Suction lipectomy trunk	Y	Only covered under CA benefit	
15878	Suction lipectomy upr extrem	Y	Only covered under CA benefit	
15879	Suction lipectomy lwr extrem	Y	Only covered under CA benefit	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
15936	Remove sacrum pressure sore	N		
15937	Remove sacrum pressure sore	N		
15940	Remove hip pressure sore	N		
15946	Remove hip pressure sore	N		
15952	Remove thigh pressure sore	N		
15956	Remove thigh pressure sore	N		
15958	Remove thigh pressure sore	N		
15999	Removal of pressure sore	N		
16000	Initial treatment of burn(s)	N		
16020	Dress/debrid p-thick burn s	N		
16025	Dress/debrid p-thick burn m	N		
16030	Dress/debrid p-thick burn l	N		
16035	Incision of burn scab initi	N		
16036	Escharotomy addl incision	N		
17000	Destruct premalg lesion	N		
17003	Destruct premalg les 2-14	N		
17004	Destroy premal lesions 15/>	N		
17106	Destruction of skin lesions	N		
17107	Destruction of skin lesions	N		
17108	Destruction of skin lesions	N		
17110	Destruct b9 lesion 1-14	N		4/1/2019
17111	Destruct lesion 15 or more	N		4/1/2019
17250	Chemical cautery tissue	N		
17260	Destruction of skin lesions	N		
17261	Destruction of skin lesions	N		
17262	Destruction of skin lesions	N		
17263	Destruction of skin lesions	N		
17264	Destruction of skin lesions	N		
17270	Destruction of skin lesions	N		
17271	Destruction of skin lesions	N		
17272	Destruction of skin lesions	N		
17273	Destruction of skin lesions	N		
17274	Destruction of skin lesions	N		
17276	DESTRUCTION OF SKIN LESIONS	N		
17280	Destruction of skin lesions	N		
17281	Destruction of skin lesions	N		
17282	Destruction of skin lesions	N		
17283	Destruction of skin lesions	N		
17311	Mohs 1 stage h/n/hf/g	Y		
17312	Mohs addl stage	Y		
17313	Mohs 1 stage t/a/l	Y		
17314	Mohs addl stage t/a/l	Y		

RELEASED 4/1/2019**IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>**

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
17315	Mohs surg addl block	Y		
17340	Cryotherapy of skin	N		
17380	Hair removal by electrolysis	Y	Only covered under CA benefit	
17999	Skin, mucus membrane and beneath the skin procedure	Y		
19000	Drainage of breast lesion	N		
19001	Drain breast lesion add-on	N		
19020	Incision of breast lesion	N		
19030	Injection for breast x-ray	N		
19081	Bx breast 1st lesion strtctc	N		
19082	Bx breast add lesion strtctc	N		
19083	Bx breast 1st lesion us imag	N		
19084	Bx breast add lesion us imag	N		
19085	Bx breast 1st lesion mr imag	N		
19100	Bx breast percut w/o image	N		
19101	Biopsy of breast open	N		
19120	Removal of breast lesion	N		
19125	Excision breast lesion	N		
19271	Revision of chest wall	N		
19281	Perq device breast 1st imag	N		
19282	Perq device breast ea imag	N		
19283	Perq dev breast 1st strtctc	N		
19285	Perq dev breast 1st us imag	N		
19286	Perq dev breast add us imag	N		
19287	Perq dev breast 1st mr guide	N		
19288	Perq dev breast add mr guide	N		
19296	Place po breast cath for rad	N		
19300	Removal of breast tissue	Y		
19301	Partial mastectomy	Y		
19302	P-mastectomy w/lN removal	Y		
19303	Mast simple complete	Y		
19304	Mast subq	Y		
19307	Mast mod rad	Y		
19316	Suspension of breast	N		
19318	Reduction of large breast	Y		
19325	Enlarge breast with implant	Y		
19328	Removal of breast implant	Y		
19340	Immediate breast prosthesis	Y		
19342	Delayed breast prosthesis	N		
19350	Breast reconstruction	N		
19355	Correct inverted nipple(s)	N		
19357	Breast reconstruction	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
19361	Breast reconstr w/lat flap	N		
19364	Breast reconstruction	N		
19366	Breast reconstruction	N		
19370	Surgery of breast capsule	Y		
19371	Removal of breast capsule	Y		
19380	Revise breast reconstruction	Y		
19499	Breast surgery procedure	N		
20000	INCISION OF ABSCESS	N		
20100	Explore wound neck	N		
20102	Explore wound abdomen	N		
20103	Explore wound extremity	N		
20200	Muscle biopsy	N		
20205	Deep muscle biopsy	N		
20206	Needle biopsy muscle	N		
20220	Bone biopsy trocar/needle	N		
20225	Bone biopsy trocar/needle	N		
20240	Bone biopsy excisional	N		
20245	Bone biopsy excisional	N		
20500	Injection of sinus tract	N		
20501	Inject sinus tract for x-ray	N		
20520	Removal of foreign body	N		
20525	Removal of foreign body	N		
20526	Ther injection carp tunnel	N		
20527	Inj dupuytren cord w/enzyme	N		
20550	Inj tendon sheath/ligament	N		
20551	Inj tendon origin/insertion	N		
20552	Inj trigger point 1/2 muscl	N		
20553	Inject trigger points 3/>	N		
20600	Drain/inj joint/bursa w/o us	N		
20604	Drain/inj joint/bursa w/us	N		
20605	Drain/inj joint/bursa w/o us	N		4/1/2019
20606	Drain/inj joint/bursa w/us	N		
20610	Drain/inj joint/bursa w/o us	N		
20611	Drain/inj joint/bursa w/us	N		
20612	Aspirate/inj ganglion cyst	N		
20615	Treatment of bone cyst	N		
20650	Insert and remove bone pin	N		
20661	Application of head brace	N		
20665	Removal of fixation device	N		
20670	Removal of support implant	N		
20680	Removal of support implant	N		
20690	Apply bone fixation device	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
20692	Apply bone fixation device	N		
20693	Adjust bone fixation device	N		
20694	Remove bone fixation device	N		
20696	Comp multiplane ext fixation	N		
20838	REPLANTATION FOOT COMPLETE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
20900	Removal of bone for graft	N		
20902	Removal of bone for graft	N		
20910	Remove cartilage for graft	N		
20912	Remove cartilage for graft	N		
20926	Removal of tissue for graft	N		
20931	Sp bone algrft struct add-on	N		
20937	Sp bone agrft morsel add-on	N		
20938	Sp bone agrft struct add-on	N		
20950	Fluid pressure muscle	N		
20969	Bone/skin graft microvasc	N		
20974	Electrical bone stimulation	N		
20979	Us bone stimulation	N		
20985	Cptr-asst dir ms px	N		
20999	Muscle and bone procedure	Y		
21011	Exc face les sc <2 cm	N		
21012	Exc face les sbq 2 cm/>	N		
21013	Exc face tum deep < 2 cm	N		
21014	Exc face tum deep 2 cm/>	N		
21015	Resect face/scalp tum < 2 cm	N		
21016	Resect face/scalp tum 2 cm/>	N		
21025	Excision of bone lower jaw	N		
21026	Excision of facial bone(s)	N		
21029	Contour of face bone lesion	N		
21040	Excise mandible lesion	N		
21044	Removal of jaw bone lesion	N		
21046	Remove mandible cyst complex	N		
21047	Excise lwr jaw cyst w/repair	N		
21076	Prepare face/oral prosthesis	N		
21085	Prepare face/oral prosthesis	N		
21110	Interdental fixation	Y		
21137	Reduction of forehead	Y		
21141	Lefort i-1 piece w/o graft	N		
21142	Lefort i-2 piece w/o graft	N		
21181	Contour cranial bone lesion	N		
21193	Reconst lwr jaw w/o graft	Y		
21196	Reconst lwr jaw w/fixation	Y		
21198	Reconstr lwr jaw segment	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
21199	Reconstr lwr jaw w/advance	N		
21209	Reduction of facial bones	Y		
21215	Lower jaw bone graft	N		
21230	Rib cartilage graft	N		
21235	Ear cartilage graft	N		
21244	Reconstruction of lower jaw	N		
21256	RECONSTRUCTION OF ORBIT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
21261	REVISE EYE SOCKETS	N		
21263	REVISE EYE SOCKETS	N		
21267	Revise eye sockets	N		
21268	REVISE EYE SOCKETS	N		
21280	Revision of eyelid	N		
21282	Revision of eyelid	N		
21299	Skull and face bone procedure	Y		
21300	TREATMENT OF SKULL FRACTURE	N		
21310	Closed tx nose fx w/o manj	N		
21315	Closed tx nose fx w/o stablj	N		
21320	Closed tx nose fx w/ stablj	N		
21337	Closed tx septal&nose fx	N		
21347	Opn tx nasomax fx multiple	N		
21356	Opn tx dprsd zygomatic arch	N		
21365	Opn tx complx malar fx	N		
21386	Opn tx orbit fx periorbital	N		
21390	Opn tx orbit periorbtl implt	N		
21406	Opn tx orbit fx w/o implant	N		
21453	Treat lower jaw fracture	N		
21461	Treat lower jaw fracture	N		
21462	Treat lower jaw fracture	N		
21470	Treat lower jaw fracture	N		
21480	Reset dislocated jaw	N		
21497	Interdental wiring	N		
21499	Unlisted musculoskeletal procedure, head	Y		
21501	Drain neck/chest lesion	N		
21550	Biopsy of neck/chest	N		
21552	Exc neck les sc 3 cm/>	N		
21554	Exc neck tum deep 5 cm/>	N		
21555	Exc neck les sc < 3 cm	N		
21556	Exc neck tum deep < 5 cm	N		
21557	Resect neck thorax tumor<5cm	N		
21558	Resect neck tumor 5 cm/>	N		
21615	Removal of rib	N		
21620	Partial removal of sternum	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
21627	Sternal debridement	N		
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	Y		
21750	Repair of sternum separation	N		
21800	TREATMENT OF RIB FRACTURE	N		
21820	TREAT STERNUM FRACTURE	N		
21825	Treat sternum fracture	N		
21920	Biopsy soft tissue of back	N		
21930	Exc back les sc < 3 cm	N		
21931	Exc back les sc 3 cm/>	N		
21932	Exc back tum deep < 5 cm	N		
21933	Exc back tum deep 5 cm/>	N		
22015	I&d abscess p-spine l/s/l	N		
22110	Remove part of neck vertebra	N		
22116	Remove extra spine segment	N		
22207	Incis spine 3 column lumbar	N		
22210	Incis 1 vertebral seg cerv	N		
22212	Incis 1 vertebral seg thorac	N		
22214	Incis 1 vertebral seg lumbar	N		
22216	Incis addl spine segment	N		
22310	Closed tx vert fx w/o manj	N		
22315	Closed tx vert fx w/manj	N		
22325	Treat spine fracture	N		
22326	Treat neck spine fracture	N		
22327	Treat thorax spine fracture	N		
22511	Perq lumbosacral injection	N		
22512	Vertebroplasty addl inject	N		
22513	Perq vertebral augmentation	N		
22514	Perq vertebral augmentation	N		
22515	Perq vertebral augmentation	N		
22551	Neck spine fuse&remov bel c2	N		
22552	Addl neck spine fusion	N		
22554	Neck spine fusion	N		
22556	Thorax spine fusion	N		
22558	Lumbar spine fusion	N		
22585	Additional spinal fusion	N		
22590	Spine & skull spinal fusion	N		
22595	Neck spinal fusion	N		
22600	Neck spine fusion	N		
22610	Thorax spine fusion	N		
22612	Lumbar spine fusion	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
22614	Spine fusion extra segment	N		
22630	Lumbar spine fusion	N		
22632	Spine fusion extra segment	N		
22633	Lumbar spine fusion combined	Y		
22634	Spine fusion extra segment	Y		
22802	Post fusion 7-12 vert seg	N		
22804	Post fusion 13/> vert seg	N		
22808	Ant fusion 2-3 vert seg	N		
22812	Ant fusion 8/> vert seg	N		
22830	Exploration of spinal fusion	N		
22840	Insert spine fixation device	N		
22842	Insert spine fixation device	N		
22843	Insert spine fixation device	N		
22844	Insert spine fixation device	N		
22845	Insert spine fixation device	N		
22846	Insert spine fixation device	N		
22848	Insert pelv fixation device	N		
22849	Reinsert spinal fixation	N		
22850	Remove spine fixation device	N		
22851	Apply spine prosth device	N		
22852	Remove spine fixation device	N		
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (list separately in addition to code for primary procedure)	Y		
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (list separately in addition to code for primary procedure)	Y		
22855	Remove spine fixation device	N		
22856	Cerv artific diskectomy	Y		
22857	Lumbar artif diskectomy	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (list separately in addition to code for primary procedure)	Y		
22862	Revise lumbar artif disc	Y		
22865	Remove lumb artif disc	Y		
22867	INSJ STABLJ DEV W/DCMPRN	Y		
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (list separately in addition to code for primary procedure)	Y		
22869	INSJ STABLJ DEV W/O DCMPRN	Y		
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (list separately in addition to code for primary procedure)	Y		
22900	Exc abdl tum deep < 5 cm	N		
22901	Exc abdl tum deep 5 cm/>	N		
22902	Exc abd les sc < 3 cm	N		
22903	Exc abd les sc 3 cm/>	N		
22999	Abdomen surgery procedure	N		
23030	Drain shoulder lesion	N		
23040	Exploratory shoulder surgery	N		
23065	Biopsy shoulder tissues	N		
23071	Exc shoulder les sc 3 cm/>	N		
23073	Exc shoulder tum deep 5 cm/>	N		
23075	Exc shoulder les sc < 3 cm	N		
23076	Exc shoulder tum deep < 5 cm	N		
23078	Resect shoulder tumor 5 cm/>	N		
23120	Partial removal collar bone	N		
23130	Remove shoulder bone part	N		
23140	Removal of bone lesion	N		
23156	Removal of humerus lesion	N		
23210	Resect scapula tumor	N		
23333	Remove shoulder fb deep	N		
23350	Injection for shoulder x-ray	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
23405	Incision of tendon & muscle	N		
23410	Repair rotator cuff acute	N		
23412	Repair rotator cuff chronic	N		
23420	Repair of shoulder	N		
23430	Repair biceps tendon	N		
23440	Remove/transplant tendon	N		
23462	Repair shoulder capsule	N		
23465	Repair shoulder capsule	N		
23466	Repair shoulder capsule	N		
23470	Reconstruct shoulder joint	N		
23472	Reconstruct shoulder joint	N		
23473	Revis reconst shoulder joint	Y		
23474	Revis reconst shoulder joint	Y		
23500	Treat clavicle fracture	N		
23505	TREAT CLAVICLE FRACTURE	N		
23515	Treat clavicle fracture	N		
23520	TREAT CLAVICLE DISLOCATION	N		
23525	TREAT CLAVICLE DISLOCATION	N		
23530	Treat clavicle dislocation	N		
23532	TREAT CLAVICLE DISLOCATION	N		
23540	Treat clavicle dislocation	N		
23545	Treat clavicle dislocation	N		
23550	Treat clavicle dislocation	N		
23552	Treat clavicle dislocation	N		
23570	Treat shoulder blade fx	N		
23575	TREAT SHOULDER BLADE FX	N		
23585	TREAT SCAPULA FRACTURE	N		
23600	Treat humerus fracture	N		
23605	Treat humerus fracture	N		
23615	Treat humerus fracture	N		
23616	Treat humerus fracture	N		
23620	TREAT HUMERUS FRACTURE	N		
23625	TREAT HUMERUS FRACTURE	N		
23630	Treat humerus fracture	N		
23650	Treat shoulder dislocation	N		
23655	Treat shoulder dislocation	N		
23660	TREAT SHOULDER DISLOCATION	N		
23665	Treat dislocation/fracture	N		
23670	TREAT DISLOCATION/FRACTURE	N		
23675	TREAT DISLOCATION/FRACTURE	N		
23680	TREAT DISLOCATION/FRACTURE	N		
23700	Fixation of shoulder	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
23800	FUSION OF SHOULDER JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
23802	FUSION OF SHOULDER JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
23900	AMPUTATION OF ARM & GIRDLE	Y		
23921	AMPUTATION FOLLOW-UP SURGERY	Y		
23929	SHOULDER SURGERY PROCEDURE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
23930	Drainage of arm lesion	N		
23931	Drainage of arm bursa	N		
23935	Drain arm/elbow bone lesion	N		
24000	EXPLORATORY ELBOW SURGERY	N		
24006	Release elbow joint	N		
24066	BIOPSY ARM/ELBOW SOFT TISSUE	N		
24071	Exc arm/elbow les sc 3 cm/>	N		
24073	Ex arm/elbow tum deep 5 cm/>	N		
24075	Exc arm/elbow les sc < 3 cm	N		
24076	Ex arm/elbow tum deep < 5 cm	N		
24077	RESECT ARM/ELBOW TUM < 5 CM	N		
24079	RESECT ARM/ELBOW TUM 5 CM/>	N		
24101	Explore/treat elbow joint	N		
24102	REMOVE ELBOW JOINT LINING	N		
24105	Removal of elbow bursa	N		
24110	REMOVE HUMERUS LESION	N		
24116	REMOVE/GRAFT BONE LESION	N		
24120	REMOVE ELBOW LESION	N		
24126	REMOVE/GRAFT BONE LESION	N		
24130	REMOVAL OF HEAD OF RADIUS	N		
24134	REMOVAL OF ARM BONE LESION	N		
24136	REMOVE RADIUS BONE LESION	N		
24138	REMOVE ELBOW BONE LESION	N		
24140	Partial removal of arm bone	N		
24145	PARTIAL REMOVAL OF RADIUS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24147	PARTIAL REMOVAL OF ELBOW	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24149	Radical resection of elbow	N		
24150	RESECT DISTAL HUMERUS TUMOR	N		
24151	EXTENSIVE HUMERUS SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24152	RESECT RADIUS TUMOR	N		
24153	EXTENSIVE RADIUS SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24155	REMOVAL OF ELBOW JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24160	REMOVE ELBOW JOINT IMPLANT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24164	REMOVE RADIUS HEAD IMPLANT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24201	Removal of arm foreign body	N		
24220	INJECTION FOR ELBOW X-RAY	N		
24301	MUSCLE/TENDON TRANSFER	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
24305	Arm tendon lengthening	N		
24310	Revision of arm tendon	N		
24320	REPAIR OF ARM TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24332	TENOLYSIS TRICEPS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24340	Repair of biceps tendon	N		
24341	Repair arm tendon/muscle	N		
24342	Repair of ruptured tendon	N		
24343	Repr elbow lat ligmnt w/tiss	N		
24345	Repr elbw med ligmnt w/tissu	N		
24346	RECONSTRUCT ELBOW MED LIGMNT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24352	REPAIR OF TENNIS ELBOW	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24354	REPAIR OF TENNIS ELBOW	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24356	REVISION OF TENNIS ELBOW	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24357	Repair elbow perc	N		
24358	Repair elbow w/deb open	N		
24359	Repair elbow deb/attch open	N		
24363	Replace elbow joint	N		
24366	Reconstruct head of radius	N		
24400	REVISION OF HUMERUS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24410	REVISION OF HUMERUS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24420	REVISION OF HUMERUS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24430	Repair of humerus	N		
24435	Repair humerus with graft	N		
24470	Revision of elbow joint	N		
24495	DECOMPRESSION OF FOREARM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24498	REINFORCE HUMERUS	N		
24500	Treat humerus fracture	N		
24505	Treat humerus fracture	N		
24515	Treat humerus fracture	N		
24516	TREAT HUMERUS FRACTURE	N		
24530	Treat humerus fracture	N		
24535	Treat humerus fracture	N		
24538	Treat humerus fracture	N		
24545	Treat humerus fracture	N		
24546	Treat humerus fracture	N		
24560	Treat humerus fracture	N		
24566	TREAT HUMERUS FRACTURE	N		
24575	Treat humerus fracture	N		
24576	Treat humerus fracture	N		
24577	Treat humerus fracture	N		
24579	Treat humerus fracture	N		
24582	Treat humerus fracture	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
24586	Treat elbow fracture	N		
24587	Treat elbow fracture	N		
24600	Treat elbow dislocation	N		
24605	Treat elbow dislocation	N		
24615	Treat elbow dislocation	N		
24620	Treat elbow fracture	N		
24635	TREAT ELBOW FRACTURE	N		
24640	Treat elbow dislocation	N		
24650	Treat radius fracture	N		
24655	Treat radius fracture	N		
24665	Treat radius fracture	N		
24666	TREAT RADIUS FRACTURE	N		
24670	Treat ulnar fracture	N		
24675	TREAT ULNAR FRACTURE	N		
24685	Treat ulnar fracture	N		
24800	FUSION OF ELBOW JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24802	FUSION/GRAFT OF ELBOW JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24900	AMPUTATION OF UPPER ARM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24920	AMPUTATION OF UPPER ARM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24925	AMPUTATION FOLLOW-UP SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24931	AMPUTATE UPPER ARM & IMPLANT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24935	REVISION OF AMPUTATION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24940	REVISION OF UPPER ARM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24999	Upper arm/elbow surgery	Y		
25000	Incision of tendon sheath	N		
25001	INCISE FLEXOR CARPI RADIALIS	N		
25020	Decompress forearm 1 space	N		
25024	Decompress forearm 2 spaces	N		
25025	DECOMPRESS FOREARM 2 SPACES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25028	Drainage of forearm lesion	N		
25031	DRAINAGE OF FOREARM BURSA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25035	TREAT FOREARM BONE LESION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25040	Explore/treat wrist joint	N		
25066	Biopsy forearm soft tissues	N		
25071	Exc forearm les sc 3 cm/>	N		
25073	Exc forearm tum deep 3 cm/>	N		
25075	Exc forearm les sc < 3 cm	N		
25077	RESECT FOREARM/WRIST TUM<3CM	N		
25078	RESECT FORARM/WRIST TUM 3CM>	N		
25085	INCISION OF WRIST CAPSULE	N		
25101	Explore/treat wrist joint	N		
25105	Remove wrist joint lining	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
25107	Remove wrist joint cartilage	N		
25109	Excise tendon forearm/wrist	N		
25110	Remove wrist tendon lesion	N		
25111	Remove wrist tendon lesion	N		
25112	Reremove wrist tendon lesion	N		
25116	Remove wrist/forearm lesion	N		
25120	Removal of forearm lesion	N		
25126	REMOVE/GRAFT FOREARM LESION	N		
25130	Removal of wrist lesion	N		
25136	REMOVE & GRAFT WRIST LESION	N		
25145	Remove forearm bone lesion	N		
25151	PARTIAL REMOVAL OF RADIUS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25170	RESECT RADIUS/ULNAR TUMOR	N		
25210	Removal of wrist bone	N		
25215	Removal of wrist bones	N		
25230	Partial removal of radius	N		
25240	Partial removal of ulna	N		
25246	Injection for wrist x-ray	N		
25248	Remove forearm foreign body	N		
25251	REMOVAL OF WRIST PROSTHESIS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25260	Repair forearm tendon/muscle	N		
25263	REPAIR FOREARM TENDON/MUSCLE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25265	Repair forearm tendon/muscle	N		
25270	Repair forearm tendon/muscle	N		
25272	REPAIR FOREARM TENDON/MUSCLE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25275	REPAIR FOREARM TENDON SHEATH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25280	Revise wrist/forearm tendon	N		
25290	Incise wrist/forearm tendon	N		
25295	Release wrist/forearm tendon	N		
25301	FUSION OF TENDONS AT WRIST	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25310	Transplant forearm tendon	N		
25312	TRANSPLANT FOREARM TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25316	Revise palsy hand tendon(s)	N		
25320	Repair/revise wrist joint	N		
25332	REVISE WRIST JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25335	Realignment of hand	N		
25337	Reconstruct ulna/radioulnar	N		
25350	Revision of radius	N		
25355	REVISION OF RADIUS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25360	REVISION OF ULNA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25365	REVISE RADIUS & ULNA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25370	REVISE RADIUS OR ULNA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
25375	REVISE RADIUS & ULNA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25390	Shorten radius or ulna	N		
25394	Repair carpal bone shorten	N		
25400	Repair radius or ulna	N		
25405	Repair/graft radius or ulna	N		
25415	Repair radius & ulna	N		
25420	Repair/graft radius & ulna	N		
25426	REPAIR/GRAFT RADIUS & ULNA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25430	Vasc graft into carpal bone	N		
25431	REPAIR NONUNION CARPAL BONE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25440	Repair/graft wrist bone	N		
25447	Repair wrist joints	N		
25450	REVISION OF WRIST JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25455	REVISION OF WRIST JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25492	REINFORCE RADIUS AND ULNA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25500	Treat fracture of radius	N		
25505	Treat fracture of radius	N		
25515	Treat fracture of radius	N		
25520	Treat fracture of radius	N		
25525	Treat fracture of radius	N		
25526	Treat fracture of radius	N		
25530	Treat fracture of ulna	N		
25535	Treat fracture of ulna	N		
25545	Treat fracture of ulna	N		
25560	Treat fracture radius & ulna	N		
25565	Treat fracture radius & ulna	N		
25574	Treat fracture radius & ulna	N		
25575	Treat fracture radius/ulna	N		
25600	Treat fracture radius/ulna	N		
25605	Treat fracture radius/ulna	N		
25606	Treat fx distal radial	N		
25607	Treat fx rad extra-articul	N		
25608	Treat fx rad intra-articul	N		
25609	Treat fx radial 3+ frag	N		
25611	TREAT FRACTURE RADIUS/ULNA	N		
25620	TREAT FRACTURE RADIUS/ULNA	N		
25622	Treat wrist bone fracture	N		
25624	TREAT WRIST BONE FRACTURE	N		
25628	Treat wrist bone fracture	N		
25630	Treat wrist bone fracture	N		
25635	TREAT WRIST BONE FRACTURE	N		
25645	Treat wrist bone fracture	N		

RELEASED	4/1/2019			
IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on https://www.hpsm.org/authorizations				
Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
25650	Treat wrist bone fracture	N		
25651	Pin ulnar styloid fracture	N		
25652	Treat fracture ulnar styloid	N		
25660	Treat wrist dislocation	N		
25671	PIN RADIOULNAR DISLOCATION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25676	TREAT WRIST DISLOCATION	N		
25680	TREAT WRIST FRACTURE	N		
25685	TREAT WRIST FRACTURE	N		
25690	TREAT WRIST DISLOCATION	N		
25695	TREAT WRIST DISLOCATION	N		
25800	FUSION OF WRIST JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25805	FUSION/GRAFT OF WRIST JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25810	FUSION/GRAFT OF WRIST JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25820	FUSION OF HAND BONES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25825	Fuse hand bones with graft	N		
25830	Fusion radioulnar jnt/ulna	N		
25900	AMPUTATION OF FOREARM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25905	AMPUTATION OF FOREARM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25907	AMPUTATION FOLLOW-UP SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25909	AMPUTATION FOLLOW-UP SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25915	AMPUTATION OF FOREARM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25920	AMPUTATE HAND AT WRIST	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25922	AMPUTATE HAND AT WRIST	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25924	AMPUTATION FOLLOW-UP SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25927	AMPUTATION OF HAND	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25929	AMPUTATION FOLLOW-UP SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25931	AMPUTATION FOLLOW-UP SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25999	Forearm or write surgery	Y		
26010	Drainage of finger abscess	N		
26011	Drainage of finger abscess	N		
26020	Drain hand tendon sheath	N		
26025	DRAINAGE OF PALM BURSA	N		
26030	DRAINAGE OF PALM BURSAS	N		
26035	DECOMPRESS FINGERS/HAND	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26037	DECOMPRESS FINGERS/HAND	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26040	RELEASE PALM CONTRACTURE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26045	Release palm contracture	N		
26055	Incise finger tendon sheath	N		
26060	INCISION OF FINGER TENDON	N		
26070	Explore/treat hand joint	N		
26075	Explore/treat finger joint	N		
26080	EXPLORE/TREAT FINGER JOINT	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
26100	BIOPSY HAND JOINT LINING	N		
26105	BIOPSY FINGER JOINT LINING	N		
26110	BIOPSY FINGER JOINT LINING	N		
26111	Exc hand les sc 1.5 cm/>	N		
26113	Exc hand tum deep 1.5 cm/>	N		
26115	Exc hand les sc < 1.5 cm	N		
26116	Exc hand tum deep < 1.5 cm	N		
26117	RAD RESECT HAND TUMOR < 3 CM	N		
26118	RAD RESECT HAND TUMOR 3 CM/>	N		
26121	Release palm contracture	N		
26123	Release palm contracture	N		
26125	Release palm contracture	N		
26130	REMOVE WRIST JOINT LINING	N		
26135	REVISE FINGER JOINT EACH	N		
26140	Revise finger joint each	N		
26145	Tendon excision palm/finger	N		
26160	Remove tendon sheath lesion	N		
26170	Removal of palm tendon each	N		
26180	REMOVAL OF FINGER TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26185	REMOVE FINGER BONE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26200	REMOVE HAND BONE LESION	N		
26205	REMOVE/GRAFT BONE LESION	N		
26210	Removal of finger lesion	N		
26215	REMOVE/GRAFT FINGER LESION	N		
26230	PARTIAL REMOVAL OF HAND BONE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26236	Partial removal finger bone	N		
26250	EXTENSIVE HAND SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26255	EXTENSIVE HAND SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26260	RESECT PROX FINGER TUMOR	N		
26261	EXTENSIVE FINGER SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26262	RESECT DISTAL FINGER TUMOR	N		
26320	Removal of implant from hand	N		
26340	Manipulate finger w/anesth	N		
26341	Manipulat palm cord post inj	N		
26350	Repair finger/hand tendon	N		
26352	REPAIR/GRAFT HAND TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26356	Repair finger/hand tendon	N		
26357	Repair finger/hand tendon	N		
26358	REPAIR/GRAFT HAND TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26370	REPAIR FINGER/HAND TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26373	REPAIR FINGER/HAND TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26390	REVISE HAND/FINGER TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
26392	REPAIR/GRAFT HAND TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26410	Repair hand tendon	N		
26412	REPAIR/GRAFT HAND TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26416	GRAFT HAND OR FINGER TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26418	Repair finger tendon	N		
26420	REPAIR/GRAFT FINGER TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26426	REPAIR FINGER/HAND TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26428	REPAIR/GRAFT FINGER TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26433	Repair finger tendon	N		
26434	REPAIR/GRAFT FINGER TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26437	Realignment of tendons	N		
26440	Release palm/finger tendon	N		
26442	Release palm & finger tendon	N		
26445	Release hand/finger tendon	N		
26450	Incision of palm tendon	N		
26455	INCISION OF FINGER TENDON	N		
26460	INCISE HAND/FINGER TENDON	N		
26471	Fusion of finger tendons	N		
26474	FUSION OF FINGER TENDONS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26476	Tendon lengthening	N		
26478	Lengthening of hand tendon	N		
26480	Transplant hand tendon	N		
26483	TRANSPLANT/GRAFT HAND TENDON	Y		
26485	Transplant palm tendon	N		
26490	REVISE THUMB TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26492	TENDON TRANSFER WITH GRAFT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26494	HAND TENDON/MUSCLE TRANSFER	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26500	HAND TENDON RECONSTRUCTION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26502	HAND TENDON RECONSTRUCTION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26504	HAND TENDON RECONSTRUCTION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26508	RELEASE THUMB CONTRACTURE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26510	THUMB TENDON TRANSFER	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26518	FUSION OF KNUCKLE JOINTS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26520	Release knuckle contracture	N		
26525	Release finger contracture	N		
26531	REVISE KNUCKLE WITH IMPLANT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26535	Revise finger joint	N		
26536	Revise/implant finger joint	N		
26540	Repair hand joint	N		
26541	Repair hand joint with graft	N		
26542	Repair hand joint with graft	N		
26545	Reconstruct finger joint	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
26546	Repair nonunion hand	N		
26548	RECONSTRUCT FINGER JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26551	GREAT TOE-HAND TRANSFER	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26556	TOE JOINT TRANSFER	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26560	Repair of web finger	N		
26561	Repair of web finger	N		
26562	REPAIR OF WEB FINGER	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26565	CORRECT METACARPAL FLAW	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26567	Correct finger deformity	N		
26568	LENGTHEN METACARPAL/FINGER	Y		
26580	REPAIR HAND DEFORMITY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26587	Reconstruct extra finger	N		
26591	REPAIR MUSCLES OF HAND	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26593	Release muscles of hand	N		
26596	EXCISION CONSTRICTING TISSUE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26600	Treat metacarpal fracture	N		
26605	Treat metacarpal fracture	N		
26608	Treat metacarpal fracture	N		
26615	Treat metacarpal fracture	N		
26641	Treat thumb dislocation	N		
26645	TREAT THUMB FRACTURE	N		
26650	Treat thumb fracture	N		
26665	Treat thumb fracture	N		
26670	Treat hand dislocation	N		
26675	Treat hand dislocation	N		
26676	PIN HAND DISLOCATION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26685	Treat hand dislocation	N		
26686	Treat hand dislocation	N		
26700	Treat knuckle dislocation	N		
26706	Pin knuckle dislocation	N		
26715	TREAT KNUCKLE DISLOCATION	N		
26720	Treat finger fracture each	N		
26725	Treat finger fracture each	N		
26727	Treat finger fracture each	N		
26735	Treat finger fracture each	N		
26740	Treat finger fracture each	N		
26742	Treat finger fracture each	N		
26746	Treat finger fracture each	N		
26750	Treat finger fracture each	N		
26755	Treat finger fracture each	N		
26756	Pin finger fracture each	N		
26765	Treat finger fracture each	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
26770	Treat finger dislocation	N		
26775	Treat finger dislocation	N		
26776	Pin finger dislocation	N		
26785	TREAT FINGER DISLOCATION	N		
26820	THUMB FUSION WITH GRAFT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26842	Thumb fusion with graft	N		
26844	FUSION/GRAFT OF HAND JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26850	Fusion of knuckle	N		
26852	Fusion of knuckle with graft	N		
26860	Fusion of finger joint	N		
26861	Fusion of finger jnt add-on	N		
26862	Fusion/graft of finger joint	N		
26863	Fuse/graft added joint	N		
26910	Amputate metacarpal bone	N		
26951	Amputation of finger/thumb	N		
26952	Amputation of finger/thumb	N		
26989	Hand/finger surgery	Y		
26990	Drainage of pelvis lesion	N		
26992	Drainage of bone lesion	N		
27000	Incision of hip tendon	N		
27001	Incision of hip tendon	N		
27003	INCISION OF HIP TENDON	N		
27005	Incision of hip tendon	N		
27006	INCISION OF HIP TENDONS	N		
27025	Incision of hip/thigh fascia	N		
27027	BUTTOCK FASCIOTOMY	N		
27030	DRAINAGE OF HIP JOINT	N		
27033	Exploration of hip joint	N		
27036	Excision of hip joint/muscle	N		
27041	Biopsy of soft tissues	N		
27043	EXC HIP PELVIS LES SC 3 CM/>	N		
27045	Exc hip/pelv tum deep 5 cm/>	N		
27050	BIOPSY OF SACROILIAC JOINT	N		
27052	BIOPSY OF HIP JOINT	N		
27054	REMOVAL OF HIP JOINT LINING	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27057	BUTTOCK FASCIOTOMY W/DBRDMT	N		
27059	RESECT HIP/PELV TUM 5 CM/>	N		
27060	REMOVAL OF ISCHIAL BURSA	N		
27062	Remove femur lesion/bursa	N		
27066	Remove hip bone les deep	N		
27067	REMOVE/GRAFT HIP BONE LESION	N		
27071	PART REMOVAL HIP BONE DEEP	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

RELEASED	4/1/2019			
IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on https://www.hpsm.org/authorizations				
Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
27075	Resect hip tumor	N		
27078	RSECT HIP TUM INCL FEMUR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27079	EXTENSIVE HIP SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27080	REMOVAL OF TAIL BONE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27087	REMOVE HIP FOREIGN BODY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27090	Removal of hip prosthesis (separate procedure)	Y		6/1/18
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	Y		6/1/18
27093	Injection for hip x-ray	N		
27095	Injection for hip x-ray	N		
27096	Inject sacroiliac joint	N		
27098	TRANSFER TENDON TO PELVIS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27100	TRANSFER OF ABDOMINAL MUSCLE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27105	TRANSFER OF SPINAL MUSCLE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27111	TRANSFER OF ILIOPSOAS MUSCLE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27120	Reconstruction of hip socket	N		
27122	Reconstruction of hip socket	N		
27125	Hemiarthroplasty, hip, partial (e.g., femoral stern prosthesis, bipolar arthroplasty)	Y		6/1/18
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Y		6/1/18
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Y		6/1/18
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Y		6/1/18
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	Y		6/1/18
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Y		6/1/18
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	Y		6/1/18
27140	TRANSPLANT FEMUR RIDGE	Y		
27146	Incision of hip bone	N		
27147	REVISION OF HIP BONE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27151	Incision of hip bones	N		
27156	Revision of hip bones	N		
27158	REVISION OF PELVIS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27161	Incision of neck of femur	N		
27165	INCISION/FIXATION OF FEMUR	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
27170	REPAIR/GRAFT FEMUR HEAD/NECK	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27176	Treat slipped epiphysis	N		
27179	REVISE HEAD/NECK OF FEMUR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27181	Treat slipped epiphysis	N		
27185	REVISION OF FEMUR EPIPHYSIS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27187	Reinforce hip bones	N		
27193	Treat pelvic ring fracture	N		
27194	TREAT PELVIC RING FRACTURE	N		
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	Y		
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	Y		
27200	TREAT TAIL BONE FRACTURE	N		
27202	TREAT TAIL BONE FRACTURE	N		
27218	TREAT PELVIC RING FRACTURE	N		
27220	Treat hip socket fracture	N		
27222	TREAT HIP SOCKET FRACTURE	N		
27226	Treat hip wall fracture	N		
27228	Treat hip fracture(s)	N		
27230	Treat thigh fracture	N		
27232	TREAT THIGH FRACTURE	N		
27235	Treat thigh fracture	N		
27238	TREAT THIGH FRACTURE	N		
27240	Treat thigh fracture	N		
27244	Treat thigh fracture	N		
27245	Treat thigh fracture	N		
27246	TREAT THIGH FRACTURE	N		
27248	TREAT THIGH FRACTURE	N		
27250	Treat hip dislocation	N		
27254	Treat hip dislocation	N		

RELEASED 4/1/2019**IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>**

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
27259	TREAT HIP DISLOCATION	N		
27265	Treat hip dislocation	N		
27266	Treat hip dislocation	N		
27269	Optx thigh fx	N		
27275	MANIPULATION OF HIP JOINT	N		
27280	FUSION OF SACROILIAC JOINT	Y		
27282	FUSION OF PUBIC BONES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27284	FUSION OF HIP JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27286	FUSION OF HIP JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27290	AMPUTATION OF LEG AT HIP	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27295	AMPUTATION OF LEG AT HIP	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27299	Unlisted Pelvis/hip joint surgery	Y		
27301	Drain thigh/knee lesion	N		
27303	Drainage of bone lesion	N		
27306	Incision of thigh tendon	N		
27307	Incision of thigh tendons	N		
27310	Exploration of knee joint	N		
27315	PARTIAL REMOVAL, THIGH NERVE	N		
27320	PARTIAL REMOVAL, THIGH NERVE	N		
27324	Biopsy thigh soft tissues	N		
27326	NEURECTOMY POPLITEAL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27327	Exc thigh/knee les sc < 3 cm	N		
27328	Exc thigh/knee tum deep <5cm	N		
27331	Explore/treat knee joint	N		
27333	Removal of knee cartilage	N		
27334	Remove knee joint lining	N		
27335	Remove knee joint lining	N		
27337	Exc thigh/knee les sc 3 cm/>	N		
27339	Exc thigh/knee tum dep 5cm/>	N		
27340	Removal of kneecap bursa	N		
27345	Removal of knee cyst	N		
27347	Remove knee cyst	N		
27350	Removal of kneecap	N		
27355	Remove femur lesion	N		
27358	REMOVE FEMUR LESION/FIXATION	N		
27360	Partial removal leg bone(s)	N		
27364	Resect thigh/knee tum 5 cm/>	N		
27365	RESECT FEMUR/KNEE TUMOR	Y		
27372	Removal of foreign body	N		
27380	Repair of kneecap tendon	N		
27381	REPAIR/GRAFT KNEECAP TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27385	Repair of thigh muscle	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
27386	Repair/graft of thigh muscle	N		
27395	Lengthening of thigh tendons	N		
27397	TRANSPLANTS OF THIGH TENDONS	Y		
27400	REVISE THIGH MUSCLES/TENDONS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27403	Repair of knee cartilage	N		
27405	Repair of knee ligament	N		
27407	REPAIR OF KNEE LIGAMENT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27409	REPAIR OF KNEE LIGAMENTS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27412	AUTOCHONDROCYTE IMPLANT KNEE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	Y		
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27418	Repair degenerated kneecap	N		
27420	Revision of unstable kneecap	N		
27422	Revision of unstable kneecap	N		
27425	Lat retinacular release open	N		
27427	Reconstruction knee	N		
27428	Reconstruction knee	N		
27429	Reconstruction knee	N		
27430	Revision of thigh muscles	N		
27435	Incision of knee joint	N		
27438	Arthroplasty, patella; with prosthesis	Y		6/1/18
27442	Revision of knee joint	N		
27443	REVISION OF KNEE JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27445	Revision of knee joint	Y		
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Y		6/1/18
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Y		6/1/18
27448	Incision of thigh	N		
27450	INCISION OF THIGH	N		
27455	Realignment of knee	N		
27457	Realignment of knee	N		
27466	LENGTHENING OF THIGH BONE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27468	SHORTEN/LENGTHEN THIGHS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27470	Repair of thigh	N		
27472	Repair/graft of thigh	N		
27475	Surgery to stop leg growth	N		
27477	SURGERY TO STOP LEG GROWTH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27479	Surgery to stop leg growth	N		
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	Y		6/1/18

RELEASED 4/1/2019**IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>**

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Y		6/1/18
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Y		6/1/18
27495	Reinforce thigh	N		
27502	Treatment of thigh fracture	N		
27503	TREATMENT OF THIGH FRACTURE	N		
27506	Treatment of thigh fracture	N		
27508	Treatment of thigh fracture	N		
27511	Treatment of thigh fracture	N		
27514	Treatment of thigh fracture	N		
27517	TREAT THIGH FX GROWTH PLATE	N		
27520	Treat kneecap fracture	N		
27524	Treat kneecap fracture	N		
27530	Treat knee fracture	N		
27532	TREAT KNEE FRACTURE	N		
27535	Treat knee fracture	N		
27536	Treat knee fracture	N		
27538	Treat knee fracture(s)	N		
27540	Treat knee fracture	N		
27550	Treat knee dislocation	N		
27552	TREAT KNEE DISLOCATION	N		
27558	TREAT KNEE DISLOCATION	N		
27560	Treat kneecap dislocation	N		
27562	TREAT KNEECAP DISLOCATION	N		
27566	Treat kneecap dislocation	N		
27570	Fixation of knee joint	N		
27580	FUSION OF KNEE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27590	Amputate leg at thigh	N		
27592	Amputate leg at thigh	N		
27594	Amputation follow-up surgery	N		
27596	Amputation follow-up surgery	N		
27599	Leg surgery procedure	Y		
27600	Decompression of lower leg	N		
27602	Decompression of lower leg	N		
27603	Drain lower leg lesion	N		
27604	DRAIN LOWER LEG BURSA	N		
27605	Incision of achilles tendon	N		
27606	Incision of achilles tendon	N		
27607	Treat lower leg bone lesion	N		
27610	Explore/treat ankle joint	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
27613	BIOPSY LOWER LEG SOFT TISSUE	N		
27615	Resect leg/ankle tum < 5 cm	N		
27616	Resect leg/ankle tum 5 cm/>	N		
27618	Exc leg/ankle tum < 3 cm	N		
27619	Exc leg/ankle tum deep <5 cm	N		
27620	Explore/treat ankle joint	N		
27625	Remove ankle joint lining	N		
27626	REMOVE ANKLE JOINT LINING	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27630	Removal of tendon lesion	N		
27632	Exc leg/ankle les sc 3 cm/>	N		
27634	Exc leg/ankle tum dep 5 cm/>	N		
27635	Remove lower leg bone lesion	N		
27637	Remove/graft leg bone lesion	N		
27638	Remove/graft leg bone lesion	N		
27640	Partial removal of tibia	N		
27641	Partial removal of fibula	N		
27645	Resect tibia tumor	N		
27646	RESECT FIBULA TUMOR	N		
27648	INJECTION FOR ANKLE X-RAY	N		
27650	Repair achilles tendon	N	Prior auth required for Podiatry services only	4/1/2019
27652	REPAIR/GRAFT ACHILLES TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27654	Repair of achilles tendon	N		
27656	REPAIR LEG FASCIA DEFECT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27658	Repair of leg tendon each	CONDITIONAL	Prior auth required for Podiatry services only	
27659	REPAIR OF LEG TENDON EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27664	Repair of leg tendon each	N		
27665	Repair of leg tendon each	N		
27675	Repair lower leg tendons	N		
27676	REPAIR LOWER LEG TENDONS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27680	Release of lower leg tendon	N		
27681	RELEASE OF LOWER LEG TENDONS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27685	Revision of lower leg tendon	N		
27687	Revision of calf tendon	N		
27690	Revise lower leg tendon	N		
27691	Revise lower leg tendon	N		
27692	REVISE ADDITIONAL LEG TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27695	Repair of ankle ligament	N		
27696	REPAIR OF ANKLE LIGAMENTS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27698	Repair of ankle ligament	N		
27700	REVISION OF ANKLE JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27702	Reconstruct ankle joint	N		
27703	Reconstruction ankle joint	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
27704	REMOVAL OF ANKLE IMPLANT	Y	Prior auth required for Podiatry services only	
27705	INCISION OF TIBIA	N		
27707	Incision of fibula	N		
27709	INCISION OF TIBIA & FIBULA	Y		
27712	Realignment of lower leg	N		
27715	Revision of lower leg	N		
27720	Repair of tibia	N		
27722	REPAIR/GRAFT OF TIBIA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27724	Repair/graft of tibia	N		
27725	REPAIR OF LOWER LEG	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27726	Repair fibula nonunion	N		
27727	Repair of lower leg	N		
27730	REPAIR OF TIBIA EPIPHYSIS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27732	REPAIR OF FIBULA EPIPHYSIS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27734	REPAIR LOWER LEG EPIPHYSES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27740	REPAIR OF LEG EPIPHYSES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27742	REPAIR OF LEG EPIPHYSES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27745	Reinforce tibia	N		
27750	Treatment of tibia fracture	N		
27752	Treatment of tibia fracture	N		
27756	TREATMENT OF TIBIA FRACTURE	N		
27758	Treatment of tibia fracture	N		
27759	Treatment of tibia fracture	N		
27760	Cltx medial ankle fx	CONDITIONAL	Prior auth required for Podiatry services only	
27762	Cltx med ankle fx w/mnpj	N		
27766	Optx medial ankle fx	N		
27767	Cltx post ankle fx	N		
27769	OPTX POST ANKLE FX	N		
27780	Treatment of fibula fracture	N		
27781	Treatment of fibula fracture	N		
27784	Treatment of fibula fracture	N		
27786	Treatment of ankle fracture	CONDITIONAL	Prior auth required for Podiatry services only	
27788	Treatment of ankle fracture	N		
27792	Treatment of ankle fracture	N		
27808	Treatment of ankle fracture	N		
27810	Treatment of ankle fracture	N		
27814	Treatment of ankle fracture	N		
27816	Treatment of ankle fracture	N		
27818	Treatment of ankle fracture	N		
27822	Treatment of ankle fracture	N		
27823	Treatment of ankle fracture	N		
27824	Treat lower leg fracture	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
27825	Treat lower leg fracture	N		
27826	Treat lower leg fracture	N		
27827	Treat lower leg fracture	N		
27828	Treat lower leg fracture	N		
27829	Treat lower leg joint	N		
27832	TREAT LOWER LEG DISLOCATION	N		
27840	Treat ankle dislocation	CONDITIONAL	Prior auth required for Podiatry services only	
27842	TREAT ANKLE DISLOCATION	N		
27846	Treat ankle dislocation	N		
27848	TREAT ANKLE DISLOCATION	N		
27860	FIXATION OF ANKLE JOINT	N		
27870	Fusion of ankle joint open	N		
27871	FUSION OF TIBIOFIBULAR JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27880	Amputation of lower leg	Y		
27881	Amputation of lower leg	Y		
27882	Amputation of lower leg	Y		
27884	Amputation follow-up surgery	Y		
27886	Amputation follow-up surgery	Y		
27889	AMPUTATION OF FOOT AT ANKLE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27894	DECOMPRESSION OF LEG	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27899	Leg/ankle surgery procedure	Y		
28002	Treatment of foot infection	N		
28003	Treatment of foot infection	N		
28005	Treat foot bone lesion	N		
28008	Incision of foot fascia	N		
28010	Incision of toe tendon	N		
28011	INCISION OF TOE TENDONS	N		
28020	EXPLORATION OF FOOT JOINT	N		
28022	Exploration of foot joint	N		
28024	EXPLORATION OF TOE JOINT	N		
28030	REMOVAL OF FOOT NERVE	N		
28035	DECOMPRESSION OF TIBIA NERVE	Y		
28039	Exc foot/toe tum sc 1.5 cm/>	N		
28041	Exc foot/toe tum dep 1.5cm/>	N		
28043	Exc foot/toe tum sc < 1.5 cm	N		
28045	Exc foot/toe tum deep <1.5cm	N		
28046	RESECT FOOT/TOE TUMOR < 3 CM	N		
28047	Resect foot/toe tumor 3 cm/>	N		
28050	Biopsy of foot joint lining	N		
28052	BIOPSY OF FOOT JOINT LINING	N		
28054	Biopsy of toe joint lining	N		
28055	NEURECTOMY FOOT	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
28060	Partial removal foot fascia	N		
28062	REMOVAL OF FOOT FASCIA	N		
28070	Removal of foot joint lining	N		
28072	REMOVAL OF FOOT JOINT LINING	N		
28080	Removal of foot lesion	N		
28086	Excise foot tendon sheath	N		
28088	EXCISE FOOT TENDON SHEATH	N		
28090	Removal of foot lesion	N		
28092	Removal of toe lesions	N		
28100	Removal of ankle/heel lesion	N		
28102	Remove/graft foot lesion	N		
28103	REMOVE/GRAFT FOOT LESION	N		
28104	Removal of foot lesion	N		
28106	Remove/graft foot lesion	N		
28107	REMOVE/GRAFT FOOT LESION	N		
28108	Removal of toe lesions	N		
28110	Part removal of metatarsal	N		
28111	Part removal of metatarsal	N		
28112	Part removal of metatarsal	N		
28113	Part removal of metatarsal	N		
28114	REMOVAL OF METATARSAL HEADS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28116	Revision of foot	N		
28118	Removal of heel bone	N		
28119	Removal of heel spur	N		
28120	Part removal of ankle/heel	N		
28122	Partial removal of foot bone	N		
28124	Partial removal of toe	N		4/1/2019
28126	Partial removal of toe	N		
28130	Removal of ankle bone	N		
28140	Removal of metatarsal	N		
28150	Removal of toe	N		
28153	PARTIAL REMOVAL OF TOE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28160	PARTIAL REMOVAL OF TOE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28171	RESECT TARSAL TUMOR	N		
28173	RESECT METATARSAL TUMOR	N		
28175	RESECT PHALANX OF TOE TUMOR	N		
28190	Removal of foot foreign body	N		
28192	Removal of foot foreign body	N		
28193	Removal of foot foreign body	N		4/1/2019
28200	Repair of foot tendon	N		
28202	REPAIR/GRAFT OF FOOT TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28208	Repair of foot tendon	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
28210	REPAIR/GRAFT OF FOOT TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28220	RELEASE OF FOOT TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28222	RELEASE OF FOOT TENDONS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28225	Release of foot tendon	N		
28226	RELEASE OF FOOT TENDONS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28230	Incision of foot tendon(s)	N		
28232	INCISION OF TOE TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28234	INCISION OF FOOT TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28238	Revision of foot tendon	N		
28240	RELEASE OF BIG TOE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28250	Revision of foot fascia	N		
28262	REVISION OF FOOT AND ANKLE	Y		
28264	RELEASE OF MIDFOOT JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28270	Release of foot contracture	N		
28272	Release of toe joint each	N		
28280	FUSION OF TOES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28285	Repair of hammertoe	N		
28286	Repair of hammertoe	N		
28288	Partial removal of foot bone	N		
28289	Repair hallux rigidus	N		
28290	Correction of bunion	N		
28291	CORRJ HALUX RIGDUS W/IMPLT	Y		
28292	Correction of bunion	N		
28294	CORRECTION OF BUNION	N		
28295	CORRECTION HALLUX VALGUS	Y		
28296	Correction of bunion	N		
28297	Correction of bunion	N		
28298	Correction of bunion	N		
28299	Correction of bunion	N		
28300	Incision of heel bone	N		
28302	Incision of ankle bone	N		
28304	INCISION OF MIDFOOT BONES	N		
28305	INCISE/GRAFT MIDFOOT BONES	N		
28306	Incision of metatarsal	N		
28308	Incision of metatarsal	N		
28310	Revision of big toe	N		
28313	Repair deformity of toe	N		
28315	Removal of sesamoid bone	N		
28320	Repair of foot bones	N		
28322	Repair of metatarsals	N		
28341	RESECT ENLARGED TOE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28344	Repair extra toe(s)	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
28345	Repair webbed toe(s)	N		
28360	RECONSTRUCT CLEFT FOOT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28400	Treatment of heel fracture	N		
28406	Treatment of heel fracture	N		
28415	Treat heel fracture	N		4/1/2019
28420	TREAT/GRAFT HEEL FRACTURE	N		
28430	Treatment of ankle fracture	CONDITIONAL	Prior auth required for Podiatry services only	
28436	Treatment of ankle fracture	N		
28445	Treat ankle fracture	N		
28446	OSTEOCHONDRAL TALUS AUTOGRFT	N		
28450	TREAT MIDFOOT FRACTURE EACH	N		
28456	TREAT MIDFOOT FRACTURE	N		
28465	Treat midfoot fracture each	N		
28470	Treat metatarsal fracture	N		
28475	Treat metatarsal fracture	N		
28476	Treat metatarsal fracture	N		
28485	Treat metatarsal fracture	N		
28490	Treat big toe fracture	N		
28495	Treat big toe fracture	N		
28496	TREAT BIG TOE FRACTURE	N		
28505	Treat big toe fracture	N		
28510	Treatment of toe fracture	N		
28515	Treatment of toe fracture	N		
28525	TREAT TOE FRACTURE	N		
28530	TREAT SESAMOID BONE FRACTURE	N		
28531	TREAT SESAMOID BONE FRACTURE	N		
28540	TREAT FOOT DISLOCATION	N		
28546	TREAT FOOT DISLOCATION	N		
28555	REPAIR FOOT DISLOCATION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28570	TREAT FOOT DISLOCATION	N		
28575	TREAT FOOT DISLOCATION	N		
28576	Treat foot dislocation	N		
28585	Repair foot dislocation	N		
28600	TREAT FOOT DISLOCATION	N		
28606	TREAT FOOT DISLOCATION	N		
28615	Repair foot dislocation	N		
28630	Treat toe dislocation	N		
28635	Treat toe dislocation	N		
28636	TREAT TOE DISLOCATION	N		
28645	REPAIR TOE DISLOCATION	N		
28660	Treat toe dislocation	N		
28665	TREAT TOE DISLOCATION	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
28666	TREAT TOE DISLOCATION	N		
28675	Repair of toe dislocation	N		
28705	Fusion of foot bones	N		
28715	Fusion of foot bones	N		
28725	Fusion of foot bones	N		
28730	Fusion of foot bones	N		
28735	Fusion of foot bones	N		
28737	REVISION OF FOOT BONES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28740	Fusion of foot bones	N		
28750	Fusion of big toe joint	N		
28755	Fusion of big toe joint	N		
28760	Fusion of big toe joint	N		
28800	Amputation of midfoot	N		
28805	Amputation thru metatarsal	N		
28810	Amputation toe & metatarsal	N		
28820	Amputation of toe	N		
28825	Partial amputation of toe	N		
28890	Hi enrgy eswt plantar fascia	N		
28899	Foot or toe procedure	Y		
29000	APPLICATION OF BODY CAST	N		
29010	APPLICATION OF BODY CAST	N		
29015	APPLICATION OF BODY CAST	N		
29020	APPLICATION OF BODY CAST	N		
29025	APPLICATION OF BODY CAST	N		
29035	APPLICATION OF BODY CAST	N		
29040	APPLICATION OF BODY CAST	N		
29044	APPLICATION OF BODY CAST	N		
29046	APPLICATION OF BODY CAST	N		
29049	APPLICATION OF FIGURE EIGHT	N		
29055	Application of shoulder cast	N		
29058	APPLICATION OF SHOULDER CAST	N		
29065	Application of long arm cast	N		
29075	Application of forearm cast	N		
29085	Apply hand/wrist cast	N		
29086	Apply finger cast	N		
29105	Apply long arm splint	N		
29125	Apply forearm splint	N		
29126	Apply forearm splint	N		
29130	Application of finger splint	N		
29131	Application of finger splint	N		
29200	Strapping of chest	N		
29220	STRAPPING OF LOW BACK	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
29240	Strapping of shoulder	N		
29260	Strapping of elbow or wrist	N		
29280	Strapping of hand or finger	N		
29305	Application of hip cast	N		
29325	Application of hip casts	N		
29345	Application of long leg cast	N		
29355	Application of long leg cast	N		
29358	Apply long leg cast brace	N		
29365	Application of long leg cast	N		
29405	Apply short leg cast	N		
29425	Apply short leg cast	N		
29435	APPLY SHORT LEG CAST	N		
29440	ADDITION OF WALKER TO CAST	N		
29445	Apply rigid leg cast	N		
29450	Application of leg cast	N		
29505	Application long leg splint	N		
29515	Application lower leg splint	N		
29520	Strapping of hip	N		
29530	Strapping of knee	N		
29540	Strapping of ankle and/or ft	N		
29550	Strapping of toes	N		
29580	Application of paste boot	N		
29581	Apply multlay comprs lwr leg	N		
29590	APPLICATION OF FOOT SPLINT	N		
29700	Removal/revision of cast	N		
29705	Removal/revision of cast	N		
29710	REMOVAL/REVISION OF CAST	N		
29715	REMOVAL/REVISION OF CAST	N		
29720	Repair of body cast	N		
29730	Windowing of cast	N		
29740	Wedging of cast	N		
29750	WEDGING OF CLUBFOOT CAST	N		
29799	Casting/strapping procedure	Y		
29800	JAW ARTHROSCOPY/SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
29804	JAW ARTHROSCOPY/SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
29805	Shoulder arthroscopy dx	N		
29806	Shoulder arthroscopy/surgery	N		
29807	Shoulder arthroscopy/surgery	N		
29819	Shoulder arthroscopy/surgery	N		
29820	Shoulder arthroscopy/surgery	N		
29821	Shoulder arthroscopy/surgery	N		
29822	Shoulder arthroscopy/surgery	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
29823	Shoulder arthroscopy/surgery	N		
29824	Shoulder arthroscopy/surgery	N		
29825	Shoulder arthroscopy/surgery	N		
29826	Shoulder arthroscopy/surgery	N		
29827	Arthroscop rotator cuff repr	N		
29828	Arthroscopy biceps tenodesis	N		
29834	Elbow arthroscopy/surgery	N		
29838	Elbow arthroscopy/surgery	N		
29840	Wrist arthroscopy	N		
29844	Wrist arthroscopy/surgery	N		
29846	Wrist arthroscopy/surgery	N		
29848	Wrist endoscopy/surgery	N		
29851	Knee arthroscopy/surgery	N		
29855	Tibial arthroscopy/surgery	N		
29862	Hip arthr0 w/debridement	N		
29866	Autgrft implnt knee w/scope	N		
29867	Allgrft implnt knee w/scope	N		
29870	Knee arthroscopy dx	N		
29871	Knee arthroscopy/drainage	N		
29873	Knee arthroscopy/surgery	N		
29874	Knee arthroscopy/surgery	N		
29875	Knee arthroscopy/surgery	N		
29876	Knee arthroscopy/surgery	N		
29877	Knee arthroscopy/surgery	N		
29879	Knee arthroscopy/surgery	N		
29880	Knee arthroscopy/surgery	N		
29881	Knee arthroscopy/surgery	N		
29882	Knee arthroscopy/surgery	N		
29883	Knee arthroscopy/surgery	N		
29884	Knee arthroscopy/surgery	N		
29885	Knee arthroscopy/surgery	N		
29888	Knee arthroscopy/surgery	N		
29889	Knee arthroscopy/surgery	N		
29891	Ankle arthroscopy/surgery	N		
29892	Ankle arthroscopy/surgery	N		
29893	Scope plantar fasciotomy	N		
29894	ANKLE ARTHROSCOPY/SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
29895	Ankle arthroscopy/surgery	N		
29897	Ankle arthroscopy/surgery	N		
29898	Ankle arthroscopy/surgery	N		
29899	Ankle arthroscopy/surgery	N		
29900	MCP JOINT ARTHROSCOPY DX	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
29905	Subtalar arthro w/exc	N		
29907	SUBTALAR ARTHRO W/FUSION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
29914	Hip arthro w/femoroplasty	N		
29915	Hip arthro acetabuloplasty	N		
29916	Hip arthro w/labral repair	N		
29999	Arthroscopy of joing	Y		
30000	Drainage of nose lesion	N		
30020	Drainage of nose lesion	N		
30100	Intranasal biopsy	N		
30115	Removal of nose polyp(s)	N		
30117	Removal of intranasal lesion	N		
30130	Excise inferior turbinate	Y		
30140	Resect inferior turbinate	Y		
30200	Injection treatment of nose	N		
30300	Remove nasal foreign body	N		
30310	Remove nasal foreign body	N		
30400	Reconstruction of nose	Y		
30410	Reconstruction of nose	Y		
30420	Reconstruction of nose	Y		
30430	Revision of nose	Y		
30435	Revision of nose	Y		
30450	Revision of nose	Y		
30460	Revision of nose	Y		
30465	Repair nasal stenosis	Y		
30520	Repair of nasal septum	Y		
30540	Repair nasal defect	Y		
30560	Release of nasal adhesions	Y		
30580	Repair upper jaw fistula	Y		
30801	Ablate inf turbinate superf	N		
30802	Ablate inf turbinate submuc	N		
30901	Control of nosebleed	N		
30903	Control of nosebleed	N		
30905	Control of nosebleed	N		
30906	Repeat control of nosebleed	N		
30915	Ligation nasal sinus artery	Y		
30930	Ther fx nasal inf turbinate	Y		
30999	Nasal Surgery Procedure	Y		
31000	Irrigation maxillary sinus	N		
31002	IRRIGATION SPHENOID SINUS	N		
31030	Exploration maxillary sinus	Y		
31040	Exploration behind upper jaw	Y		
31070	Exploration of frontal sinus	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
31080	Removal of frontal sinus	Y		
31081	Removal of frontal sinus	Y		
31085	Removal of frontal sinus	Y		
31086	Removal of frontal sinus	Y		
31090	Exploration of sinuses	Y		
31205	Removal of ethmoid sinus	Y		
31225	Removal of upper jaw	Y		
31231	Nasal endoscopy dx	N		
31233	Nasal/sinus endoscopy dx	Y		
31237	Nasal/sinus endoscopy surgery	N		6/1/18
31238	Nasal/sinus endoscopy surgery	N		6/1/18
31239	Nasal/sinus endoscopy surgery	N		6/1/18
31240	Nasal/sinus endoscopy surgery	N		6/1/18
31254	Revision of ethmoid sinus	Y		
31255	Removal of ethmoid sinus	Y		
31256	Exploration maxillary sinus	Y		
31267	Endoscopy maxillary sinus	N		
31276	Sinus endoscopy surgical	Y		
31287	Nasal/sinus endoscopy surg	Y		
31288	Nasal/sinus endoscopy surg	Y		
31290	Nasal/sinus endoscopy surg	Y		
31292	Nasal/sinus endoscopy surg	Y		
31294	Nasal/sinus endoscopy surg	Y		
31295	Sinus endo w/balloon dil	Y		
31296	Sinus endo w/balloon dil	Y		
31297	Sinus endo w/balloon dil	Y		
31299	Sinus Surgery Procedure	Y		
31300	Removal of larynx lesion	N		
31360	Removal of larynx	N		
31390	Removal of larynx & pharynx	N		
31400	Revision of larynx	N		
31420	Removal of epiglottis	N		
31500	Insert emergency airway	N		
31502	Change of windpipe airway	N		
31505	Diagnostic laryngoscopy	N		
31512	Removal of larynx lesion	N		
31513	INJECTION INTO VOCAL CORD	N		
31515	Laryngoscopy for aspiration	N		
31520	Dx laryngoscopy newborn	N		
31525	Dx laryngoscopy excl nb	N		
31526	Dx laryngoscopy w/oper scope	N		
31528	Laryngoscopy and dilation	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
31529	Laryngoscopy and dilation	N		
31530	Laryngoscopy w/fb removal	N		
31531	Laryngoscopy w/fb & op scope	N		
31535	Laryngoscopy w/biopsy	N		
31536	Laryngoscopy w/bx & op scope	N		
31540	Laryngoscopy w/exc of tumor	N		
31541	Larynsco w/tumr exc + scope	N		
31545	Remove vc lesion w/scope	N		
31546	REMOVE VC LESION SCOPE/GRAFT	N		
31551	LARYNGOPLASTY LARYNGEAL STEN	Y		
31552	LARYNGOPLASTY LARYNGEAL STEN	Y		
31553	LARYNGOPLASTY LARYNGEAL STEN	Y		
31554	LARYNGOPLASTY LARYNGEAL STEN	Y		
31561	Larynsco remve cart + scop	N		
31570	Laryngoscope w/vc inj	N		
31571	Laryngosco w/vc inj + scope	N		
31572	LARGSC W/LASER DSTRJ LES	Y		
31573	LARGSC W/THER INJECTION	Y		
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	Y		
31575	Diagnostic laryngoscopy	N		
31576	Laryngoscopy with biopsy	N		
31577	Remove foreign body larynx	N		
31578	Removal of larynx lesion	N		
31579	Diagnostic laryngoscopy	N		
31582	Revision of larynx	N		
31588	Revision of larynx	N		
31590	Reinnervate larynx	N		
31591	LARYNGOPLASTY MEDIALIZATION	Y		
31592	CRICOTRACHEAL RESECTION	Y		
31599	Larynx surgery procedure	Y		
31600	Incision of windpipe	N		
31601	Incision of windpipe	N		
31603	Incision of windpipe	N		
31605	INCISION OF WINDPIPE	N		
31610	Incision of windpipe	N		
31611	Surgery/speech prosthesis	N		
31613	Repair windpipe opening	N		
31615	Visualization of windpipe	N		
31620	Endobronchial us add-on	N		
31622	Dx bronchoscope/wash	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
31623	Dx bronchoscope/brush	N		
31624	Dx bronchoscope/lavage	N		
31625	Bronchoscopy w/biopsy(s)	N		
31626	Bronchoscopy w/markers	N		
31627	Navigational bronchoscopy	N		
31628	Bronchoscopy/lung bx each	N		
31629	Bronchoscopy/needle bx each	N		
31630	Bronchoscopy dilate/fx repr	N		
31631	Bronchoscopy dilate w/stent	N		
31633	Bronchoscopy/needle bx addl	N		
31634	BRONCH W/BALLOON OCCLUSION	N		
31635	Bronchoscopy w/fb removal	N		
31636	BRONCHOSCOPY BRONCH STENTS	N		
31637	BRONCHOSCOPY STENT ADD-ON	N		
31638	BRONCHOSCOPY REVISE STENT	N		
31640	Bronchoscopy w/tumor excise	N		
31641	Bronchoscopy treat blockage	N		
31643	DIAG BRONCHOSCOPE/CATHETER	N		
31645	Bronchoscopy clear airways	N		
31646	Bronchoscopy reclear airway	N		
31647	Bronchial valve init insert	N		
31648	Bronchial valve remov init	N		
31649	Bronchial valve remov addl	N		
31651	Bronchial valve addl insert	N		
31656	BRONCHOSCOPY INJ FOR X-RAY	N		
31700	INSERTION OF AIRWAY CATHETER	N		
31708	INSTILL AIRWAY CONTRAST DYE	N		
31710	INSERTION OF AIRWAY CATHETER	N		
31715	INJECTION FOR BRONCHUS X-RAY	N		
31717	BRONCHIAL BRUSH BIOPSY	N		
31720	Clearance of airways	N		
31725	CLEARANCE OF AIRWAYS	N		
31730	Intro windpipe wire/tube	N		
31825	Repair of windpipe defect	N		
32000	DRAINAGE OF CHEST	N		
32002	TREATMENT OF COLLAPSED LUNG	N		
32005	TREAT LUNG LINING CHEMICALLY	N		
32019	INSERT PLEURAL CATHETER	N		
32020	INSERTION OF CHEST TUBE	N		
32098	Open biopsy of lung pleura	N		
32110	Explore/repair chest	N		
32120	Re-exploration of chest	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
32140	Removal of lung lesion(s)	N		
32141	Remove/treat lung lesions	N		
32150	Removal of lung lesion(s)	N		
32160	Open chest heart massage	N		
32320	Free/remove chest lining	N		
32400	Needle biopsy chest lining	N		
32405	Percut bx lung/mediastinum	N		
32420	PUNCTURE/CLEAR LUNG	N		
32422	THORACENTESIS W/TUBE INSERT	N		
32480	Partial removal of lung	N		
32482	Bilobectomy	N		
32484	Segmentectomy	N		
32491	Lung volume reduction	Y	Only covered under CA benefit	
32505	Wedge resect of lung initial	N		
32550	Insert pleural cath	N		
32551	Insertion of chest tube	N		
32552	Remove lung catheter	N		
32553	INS MARK THOR FOR RT PERQ	N		
32554	Aspirate pleura w/o imaging	N		
32555	Aspirate pleura w/ imaging	N		
32556	Insert cath pleura w/o image	N		
32557	Insert cath pleura w/ image	N		
32560	Treat pleurodesis w/agent	N		
32561	Lyse chest fibrin init day	N		
32562	LYSE CHEST FIBRIN SUBQ DAY	N		
32601	Thoracoscopy diagnostic	N		
32606	Thoracoscopy w/bx med space	N		
32607	Thoracoscopy w/bx infiltrate	N		
32608	Thoracoscopy w/bx nodule	N		
32609	Thoracoscopy w/bx pleura	N		
32650	Thoracoscopy w/pleurodesis	N		
32651	Thoracoscopy remove cortex	N		
32652	Thoracoscopy rem totl cortex	N		
32655	Thoracoscopy resect bullae	N		
32656	Thoracoscopy w/pleurectomy	N		
32663	Thoracoscopy w/lobectomy	N		
32666	Thoracoscopy w/wedge resect	N		
32668	Thoracoscopy w/w resect diag	N		
32669	Thoracoscopy remove segment	N		
32670	Thoracoscopy bilobectomy	N		
32672	Thoracoscopy for lvrs	N		
32674	Thoracoscopy lymph node exc	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
33010	Drainage of heart sac	N		
33011	REPEAT DRAINAGE OF HEART SAC	N		
33025	Incision of heart sac	N		
33030	Partial removal of heart sac	N		
33141	Heart tmr w/other procedure	N		
33202	Insert epicard eltrd open	N		
33203	INSERT EPICARD ELTRD ENDO	N		
33207	Insert heart pm ventricular	N		
33208	Insrt heart pm atrial & vent	N		
33210	Insert electrd/pm cath sngl	N		
33211	Insert card electrodes dual	N		
33213	Insert pulse gen dual leads	N		
33214	Upgrade of pacemaker system	N		
33215	Reposition pacing-defib lead	N		
33216	Insert 1 electrode pm-defib	N		
33217	Insert 2 electrode pm-defib	N		
33218	Repair lead pace-defib one	N		
33220	REPAIR LEAD PACE-DEFIB DUAL	N		
33222	Relocation pocket pacemaker	N		
33223	Relocate pocket for defib	N		
33224	Insert pacing lead & connect	N		
33225	L ventric pacing lead add-on	N		
33226	REPOSITION L VENTRIC LEAD	N		
33227	Remove&replace pm gen singl	N		
33228	Remv&replc pm gen dual lead	N		
33229	Remv&replc pm gen mult leads	N		
33233	Removal of pm generator	N		
33234	Removal of pacemaker system	N		
33235	Removal pacemaker electrode	N		
33238	REMOVE ELECTRODE/THORACOTOMY	N		
33240	Insrt pulse gen w/singl lead	N		
33241	Remove pulse generator	N		
33244	Remove elctrd transvenously	N		
33246	INSERT EPIC ELTRD/GENERATOR	N		
33249	Insj/rplcmt defib w/lead(s)	N		
33257	Ablate atria lmted add-on	N		
33259	Ablate atria w/bypass add-on	N		
33262	Rmvl& replc pulse gen 1 lead	N		
33263	Rmvl & rplcmt dfb gen 2 lead	N		
33264	Rmvl & rplcmt dfb gen mlt ld	N		
33266	Ablate atria x10sv endo	N		
33270	Ins/rep subq defibrillator	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
33300	Repair of heart wound	N		
33320	Aortic suture repair	N		6/1/18
33340	PERQ CLSR TCAT L ATR APNDGE	Y		
33361	Replace aortic valve perq	N		
33362	Replace aortic valve open	N		
33363	Replace aortic valve open	N		
33365	Replace aortic valve open	N		
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)	Y		
33390	VALVULOPLASTY AORTIC VALVE	Y		
33400	Repair of aortic valve	N		
33405	Replacement of aortic valve	N		
33411	Replacement of aortic valve	N		
33415	Revision subvalvular tissue	N		
33416	Revise ventricle muscle	N		
33417	Repair of aortic valve	N		
33418	Repair tcat mitral valve	N		
33426	Repair of mitral valve	N		
33427	Repair of mitral valve	N		
33430	Replacement of mitral valve	N		
33463	Valvuloplasty tricuspid	N		
33464	Valvuloplasty tricuspid	N		
33465	Replace tricuspid valve	N		
33468	Revision of tricuspid valve	N		
33476	Revision of heart chamber	N		
33507	Repair art intramural	N		
33508	Endoscopic vein harvest	N		
33510	Cabg vein single	N		
33511	Cabg vein two	N		
33517	Cabg artery-vein single	N		
33518	Cabg artery-vein two	N		
33519	Cabg artery-vein three	N		
33521	Cabg artery-vein four	N		
33530	Coronary artery bypass/reop	N		
33533	Cabg arterial single	N		
33534	Cabg arterial two	N		
33535	Cabg arterial three	N		
33545	Repair of heart damage	N		
33572	Open coronary endarterectomy	N		
33600	Closure of valve	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
33617	Repair single ventricle	N		
33641	Repair heart septum defect	N		
33647	Repair heart septum defects	N		
33665	Repair of heart defects	N		
33681	Repair heart septum defect	N		
33684	Repair heart septum defect	N		
33690	Reinforce pulmonary artery	N		
33694	Repair of heart defects	N		
33697	Repair of heart defects	N		
33724	Repair venous anomaly	N		
33736	Revision of heart chamber	N		
33750	Major vessel shunt	N		
33764	Major vessel shunt & graft	N		
33767	Major vessel shunt	N		
33774	Repair great vessels defect	N		
33778	Repair great vessels defect	N		
33779	Repair great vessels defect	N		
33802	Repair vessel defect	N		
33814	Repair septal defect	N		
33820	Revise major vessel	N		
33822	Revise major vessel	N		
33860	Ascending aortic graft	N		
33863	Ascending aortic graft	N		
33864	Ascending aortic graft	N		
33870	Transverse aortic arch graft	N		
33880	Endovasc taa repr incl subcl	N		
33881	Endovasc taa repr w/o subcl	N		
33883	Insert endovasc prosth taa	N		
33910	Remove lung artery emboli	N		
33917	Repair pulmonary artery	N		
33920	Repair pulmonary atresia	N		
33922	Transect pulmonary artery	N		
33924	Remove pulmonary shunt	N		
33926	Repr pul art unifocal w/cpb	N		
33935	Transplantation heart/lung	Y		
33944	Prepare donor heart	N		
33945	Transplantation of heart	Y		
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Y		
33967	Insert i-aort percut device	N		
33968	Remove aortic assist device	N		
33970	Aortic circulation assist	N		
33975	Implant ventricular device	N		
33977	Remove ventricular device	N		
33979	Insert intracorporeal device	N		
33980	Remove intracorporeal device	N		
33983	Replace vad intra w/bp	N		
33990	Insert vad artery access	Y		
33999	Cardiac surgery procedure	Y		
34101	Removal of artery clot	N		
34201	Removal of artery clot	N		
34203	Removal of leg artery clot	N		
34802	Endovas aaa repr w/2-p part	N		
34803	Endovas aaa repr w/3-p part	N		
34804	Endovas aaa repr w/1-p part	N		
34812	Xpose for endoprosth femorl	N		
34825	Endovasc extend prosth init	N		
35011	Repair defect of artery	N		
35013	Repair artery rupture arm	N		
35045	Repair defect of arm artery	N		
35091	Repair defect of artery	N		
35111	Repair defect of artery	N		
35141	Repair defect of artery	N		
35184	Repair blood vessel lesion	N		
35190	Repair blood vessel lesion	N		
35201	Repair blood vessel lesion	N		
35206	Repair blood vessel lesion	N		
35221	Repair blood vessel lesion	N		
35226	Repair blood vessel lesion	N		
35236	Repair blood vessel lesion	N		
35281	Repair blood vessel lesion	N		
35286	Repair blood vessel lesion	N		
35301	Rechanneling of artery	N		
35302	Rechanneling of artery	N		
35331	Rechanneling of artery	N		
35351	Rechanneling of artery	N		
35355	Rechanneling of artery	N		
35371	Rechanneling of artery	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
35372	Rechanneling of artery	N		
35400	Angioscopy	N		
35458	Repair arterial blockage	N		
35460	Repair venous blockage	N		
35471	Repair arterial blockage	N		
35472	Repair arterial blockage	N		
35475	Repair arterial blockage	Y		
35476	Repair venous blockage	N		
35508	Art byp grft carotid-vertbrl	N		
35525	Art byp grft brachial-brchl	N		
35556	Art byp grft fem-popliteal	N		
35566	Art byp fem-ant-post tib/prl	N		
35571	Art byp pop-tibl-prl-other	N		
35572	Harvest femoropopliteal vein	N		
35585	Vein byp fem-tibial peroneal	N		
35600	Harvest art for cabg add-on	N		
35631	Art byp aor-celiac-msn-renal	N		
35646	Art byp aortobifemoral	N		
35650	Art byp axillary-axillary	N		
35656	Art byp femoral-popliteal	N		
35661	Art byp femoral-femoral	N		
35665	Art byp iliofemoral	N		
35666	Art byp fem-ant-post tib/prl	N		
35700	Reoperation bypass graft	N		
35701	Exploration carotid artery	N		
35721	Exploration femoral artery	N		
35761	Exploration of artery/vein	N		
35800	Explore neck vessels	N		
35820	Explore chest vessels	N		
35860	Explore limb vessels	N		
35875	Removal of clot in graft	N		
35876	Removal of clot in graft	N		
35903	Excision graft extremity	N		
36000	PLACE NEEDLE IN VEIN	N		
36002	Pseudoaneurysm injection trt	N		
36005	Injection ext venography	N		
36010	Place catheter in vein	N		
36011	Place catheter in vein	N		
36012	Place catheter in vein	N		
36014	Place catheter in artery	N		
36015	Place catheter in artery	N		
36100	ESTABLISH ACCESS TO ARTERY	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
36120	Establish access to artery	N		
36140	Establish access to artery	N		
36145	ARTERY TO VEIN SHUNT	N		
36147	Access av dial grft for eval	N		
36148	Access av dial grft for proc	N		
36160	ESTABLISH ACCESS TO AORTA	N		
36200	Place catheter in aorta	N		
36215	Place catheter in artery	N		
36216	Place catheter in artery	N		
36217	Place catheter in artery	N		
36218	Place catheter in artery	N		
36221	Place cath thoracic aorta	N		
36222	Place cath carotid/inom art	N		
36223	Place cath carotid/inom art	N		
36224	Place cath carotd art	N		
36225	Place cath subclavian art	N		
36226	Place cath vertebral art	N		
36227	Place cath xtrnl carotid	N		
36228	Place cath intracranial art	N		
36245	Ins cath abd/l-ext art 1st	N		
36246	Ins cath abd/l-ext art 2nd	N		
36247	Ins cath abd/l-ext art 3rd	N		
36248	Ins cath abd/l-ext art addl	N		
36251	Ins cath ren art 1st unilat	N		
36252	Ins cath ren art 1st bilat	N		
36253	Ins cath ren art 2nd+ unilat	N		
36262	REMOVAL OF INFUSION PUMP	N		
36299	Vessel injection procedure	N		
36400	BL DRAW < 3 YRS FEM/JUGULAR	N		
36406	BL DRAW <3 YRS OTHER VEIN	N		
36410	Non-routine bl draw 3/> yrs	N		
36420	VEIN ACCESS CUTDOWN < 1 YR	N		
36425	VEIN ACCESS CUTDOWN > 1 YR	N		
36430	Blood transfusion service	N		
36440	BL PUSH TRANSFUSE 2 YR/<	N		
36450	Bl exchange/transfuse nb	N		
36455	Bl exchange/transfuse non-nb	N		
36456	PRTL EXCHANGE TRANSFUSE NB	Y		
36460	TRANSFUSION SERVICE FETAL	N		
36468	Injection(s) spider veins	Y	Only covered under CA benefit	
36471	Injection therapy of veins	N		
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
36474	ENDOVENOUS MCHNCHEM ADD-ON	Y		
36475	Endovenous rf 1st vein	N		
36476	Endovenous rf vein add-on	N		
36478	Endovenous laser 1st vein	N		
36479	Endovenous laser vein addon	N		
36481	Insertion of catheter vein	N		
36491	INSERTION OF CATHETER, VEIN	N		
36493	COMPLE SURG PLACE OF INTRA DEVICE O	N		
36500	Insertion of catheter vein	N		
36510	INSERTION OF CATHETER VEIN	N		
36512	Apheresis rbc	N		
36514	Apheresis plasma	N		
36516	APHERESIS SELECTIVE	N		
36522	Photopheresis	Y		
36533	INSERTION OF ACCESS DEVICE	N		
36540	COLLECT BLOOD VENOUS DEVICE	N		
36550	DECLOT VASCULAR DEVICE	N		
36555	Insert non-tunnel cv cath	N		
36556	Insert non-tunnel cv cath	N		
36557	Insert tunneled cv cath	N		
36558	Insert tunneled cv cath	N		
36560	Insert tunneled cv cath	N		
36561	Insert tunneled cv cath	N		
36563	INSERT TUNNELED CV CATH	N		
36566	INSERT TUNNELED CV CATH	N		
36568	Insert picc cath	N		
36569	Insert picc cath	N		
36571	Insert picvad cath	N		
36575	Repair tunneled cv cath	N		
36576	REPAIR TUNNELED CV CATH	N		
36578	Replace tunneled cv cath	N		
36580	Replace cvad cath	N		
36581	Replace tunneled cv cath	N		
36582	Replace tunneled cv cath	N		
36584	Replace picc cath	N		
36585	Replace picvad cath	N		
36589	Removal tunneled cv cath	N		
36590	Removal tunneled cv cath	N		
36591	Venous lab draw	N		
36593	Declot vascular device	N		
36595	Mech remov tunneled cv cath	N		
36597	Reposition venous catheter	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
36598	INJ W/FLUOR EVAL CV DEVICE	N		
36600	Withdrawal of arterial blood	N		
36620	Insertion catheter artery	N		
36625	Insertion catheter artery	N		
36640	INSERTION CATHETER ARTERY	N		
36660	INSERTION CATHETER ARTERY	N		
36680	Insert needle bone cavity	N		
36800	Insertion of cannula	N		
36810	INSERTION OF CANNULA	N		
36815	INSERTION OF CANNULA	N		
36818	Av fuse uppr arm cephalic	N		
36819	Av fuse uppr arm basalic	N		
36820	Av fusion/forearm vein	N		
36821	Av fusion direct any site	N		
36825	Artery-vein autograft	N		
36830	Artery-vein nonautograft	N		
36831	Open thrombect av fistula	N		
36832	Av fistula revision open	N		
36833	Av fistula revision	N		
36838	Dist revas ligation hemo	N		
36861	Cannula declotting	N		
36870	Percut thrombect av fistula	N		
36901	INTRO CATH DIALYSIS CIRCUIT	Y		
36902	INTRO CATH DIALYSIS CIRCUIT	Y		
36903	INTRO CATH DIALYSIS CIRCUIT	Y		
36904	THRMBC/NFS DIALYSIS CIRCUIT	Y		
36905	THRMBC/NFS DIALYSIS CIRCUIT	Y		
36906	THRMBC/NFS DIALYSIS CIRCUIT	Y		
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (list separately in addition to code for primary procedure)	Y		
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (list separately in addition to code for primary procedure)	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (list separately in addition to code for primary procedure)	Y		
37182	Insert hepatic shunt (tips)	N		
37183	Remove hepatic shunt (tips)	N		
37184	Prim art mech thrombectomy	N		
37185	Prim art m-thrombect add-on	N		
37186	Sec art m-thrombect add-on	N		
37187	Venous mech thrombectomy	N		
37188	Venous m-thrombectomy add-on	N		
37191	Ins endovas vena cava filtr	N		
37193	Rem endovas vena cava filter	N		
37195	Thrombolytic therapy stroke	N		
37197	Remove intrvas foreign body	N		
37200	Transcatheter biopsy	N		
37202	Transcatheter therapy infuse	N		
37211	Thrombolytic art therapy	N		
37212	Thrombolytic venous therapy	N		
37213	Thrombolytic art/ven therapy	N		
37214	Cessj therapy cath removal	N		
37215	Transcath stent cca w/eps	Y		
37217	Stent placemt retro carotid	Y		
37220	Iliac revasc	N		
37221	Iliac revasc w/stent	N		
37222	Iliac revasc add-on	N		
37223	Iliac revasc w/stent add-on	N		
37224	Fem/popl revas w/tla	N		
37225	Fem/popl revas w/ather	N		
37226	Fem/popl revasc w/stent	N		
37227	Fem/popl revasc stnt & ather	N		
37228	Tib/per revasc w/tla	N		
37229	Tib/per revasc w/ather	N		
37230	Tib/per revasc w/stent	N		
37232	Tib/per revasc add-on	N		
37233	Tibper revasc w/ather add-on	N		
37236	Open/perq place stent 1st	Y		
37237	Open/perq place stent ea add	Y		
37238	Open/perq place stent same	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
37239	Open/perq place stent ea add	Y		
37241	Vasc embolize/occlude venous	Y		
37242	Vasc embolize/occlude artery	Y		
37243	Vasc embolize/occlude organ	Y		
37244	Vasc embolize/occlude bleed	Y		
37246	TRLUML BALO ANGIOP 1ST ART	Y		
37248	TRLUML BALO ANGIOP 1ST VEIN	Y		
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (list separately in addition to code for primary procedure)	Y		
37250	Iv us first vessel add-on	N		
37251	Iv us each add vessel add-on	N		
37500	Endoscopy ligate perf veins	N		
37607	Ligation of a-v fistula	N		
37609	Temporal artery procedure	N		
37617	Ligation of abdomen artery	N		
37700	Revise leg vein	N		
37722	Ligate/strip long leg vein	N		
37735	Removal of leg veins/lesion	N		
37760	Ligate leg veins radical	N		
37761	Ligate leg veins open	N		
37765	Stab phleb veins xtr 10-20	N		
37766	Phleb veins - extrem 20+	N		
37785	Ligate/divide/excise vein	N		
37799	Vascular surgery procedure	Y		
38100	Removal of spleen total	N		
38101	Removal of spleen partial	N		
38102	Removal of spleen total	N		
38115	Repair of ruptured spleen	N		
38120	Laparoscopy splenectomy	N		
38205	Harvest allogeneic stem cell	Y		
38206	Harvest auto stem cells	Y		
38220	Bone marrow aspiration	N		
38221	Bone marrow biopsy	N		
38222	Bone marrow bx w/aspiration	N		6/1/18
38230	Bone marrow harvest allogeneic	Y		
38232	BONE MARROW HARVEST AUTOLOG	N		
38240	Transplt allo hct/donor	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
38241	Transplt autol hct/donor	Y		
38242	Transplt allo lymphocytes	Y		
38300	DRAINAGE LYMPH NODE LESION	N		
38305	Drainage lymph node lesion	N		
38381	Thoracic duct procedure	N		
38500	Biopsy/removal lymph nodes	N		
38505	Needle biopsy lymph nodes	N		
38510	Biopsy/removal lymph nodes	N		
38520	Biopsy/removal lymph nodes	N		
38525	Biopsy/removal lymph nodes	N		
38530	Biopsy/removal lymph nodes	N		
38562	Removal pelvic lymph nodes	N		
38564	Removal abdomen lymph nodes	N		
38570	Laparoscopy lymph node biop	N		
38571	Laparoscopy lymphadenectomy	N		
38572	Laparoscopy lymphadenectomy	N		
38700	Removal of lymph nodes neck	N		
38720	Removal of lymph nodes neck	N		
38724	Removal of lymph nodes neck	N		
38740	Remove armpit lymph nodes	N		
38745	Remove armpit lymph nodes	N		
38746	Remove thoracic lymph nodes	N		
38747	Remove abdominal lymph nodes	N		
38760	Remove groin lymph nodes	N		
38770	Remove pelvis lymph nodes	N		
38780	Remove abdomen lymph nodes	N		
38790	Inject for lymphatic x-ray	N		
38792	Ra tracer id of sentinl node	N		
38794	Access thoracic lymph duct	N		
38900	lo map of sent lymph node	N		
38999	Blood/lymph system procedure	Y		
39010	Exploration of chest	N		
39220	Resect mediastinal tumor	N		
39400	Mediastinoscopy incl biopsy	N		
39501	Repair diaphragm laceration	N		
39503	Repair of diaphragm hernia	N		
39540	Repair of diaphragm hernia	N		
39541	Repair of diaphragm hernia	N		
39545	Revision of diaphragm	N		
39560	Resect diaphragm simple	N		
40490	Biopsy of lip	N		
40500	Partial excision of lip	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
40510	Partial excision of lip	N		
40650	Repair lip	N		
40652	Repair lip	N		
40700	Repair cleft lip/nasal	N		
40720	Repair cleft lip/nasal	N		
40799	Lip surgery procedure	Y		
40800	Drainage of mouth lesion	N		
40801	Drainage of mouth lesion	N		
40804	Removal foreign body mouth	N		
40808	Biopsy of mouth lesion	N		
40810	Excision of mouth lesion	N		
40812	Excise/repair mouth lesion	N		
40816	Excision of mouth lesion	N		
40819	Excise lip or cheek fold	N		
40820	TREATMENT OF MOUTH LESION	N		
40830	Repair mouth laceration	N		
40831	Repair mouth laceration	N		
40840	Reconstruction of mouth	Y		
40842	Reconstruction of mouth	Y		
40843	Reconstruction of mouth	Y		
40844	Reconstruction of mouth	Y		
40845	Reconstruction of mouth	Y		
41000	DRAINAGE OF MOUTH LESION	N		
41005	DRAINAGE OF MOUTH LESION	N		
41007	Drainage of mouth lesion	N		
41008	Drainage of mouth lesion	N		
41009	DRAINAGE OF MOUTH LESION	N		
41010	Incision of tongue fold	N		
41018	DRAINAGE OF MOUTH LESION	N		
41019	PLACE NEEDLES H&N FOR RT	N		
41100	Biopsy of tongue	N		
41105	Biopsy of tongue	N		
41108	Biopsy of floor of mouth	N		
41110	Excision of tongue lesion	N		
41112	Excision of tongue lesion	N		
41113	Excision of tongue lesion	N		
41114	Excision of tongue lesion	N		
41115	Excision of tongue fold	N		
41116	Excision of mouth lesion	N		
41120	Partial removal of tongue	N		
41150	Tongue mouth jaw surgery	N		
41155	Tongue jaw & neck surgery	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
41250	Repair tongue laceration	N		
41252	Repair tongue laceration	N		
41520	Reconstruction tongue fold	N		
41530	Tongue base vol reduction	N		
41599	Tongue and mouth surgery	Y		
41800	Drainage of gum lesion	N		
41805	REMOVAL FOREIGN BODY GUM	N		
41806	Removal foreign body jawbone	Y		
41820	Excision gum each quadrant	Y		
41821	Excision of gum flap	Y		
41822	Excision of gum lesion	Y		
41823	Excision of gum lesion	Y		
41825	Excision of gum lesion	Y		
41826	Excision of gum lesion	Y		
41827	Excision of gum lesion	Y		
41828	Excision of gum lesion	Y		
41830	Removal of gum tissue	Y		
41850	Treatment of gum lesion	Y		
41870	Gum graft	Y		
41872	Repair gum	Y		
41874	Repair tooth socket	Y		
41899	Procedure, Dentoalveolar Structures	Y		
42000	Drainage mouth roof lesion	N		
42100	Biopsy roof of mouth	N		
42104	Excision lesion mouth roof	N		
42120	Remove palate/lesion	N		
42140	Excision of uvula	Y		
42145	Repair palate pharynx/uvula	Y		
42200	Reconstruct cleft palate	Y		
42205	Reconstruct cleft palate	Y		
42210	Reconstruct cleft palate	Y		
42215	Reconstruct cleft palate	Y		
42220	Reconstruct cleft palate	Y		
42225	Reconstruct cleft palate	Y		
42235	Repair palate	Y		
42281	Insertion palate prosthesis	Y		
42300	Drainage of salivary gland	N		
42305	Drainage of salivary gland	N		
42310	Drainage of salivary gland	N		
42320	Drainage of salivary gland	N		
42330	Removal of salivary stone	N		
42335	Removal of salivary stone	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
42400	Biopsy of salivary gland	N		
42405	Biopsy of salivary gland	N		
42408	Excision of salivary cyst	N		
42410	Excise parotid gland/lesion	N		
42415	Excise parotid gland/lesion	N		
42420	Excise parotid gland/lesion	N		
42425	Excise parotid gland/lesion	N		
42440	Excise submaxillary gland	N		
42450	Excise sublingual gland	N		
42500	Repair salivary duct	N		
42550	INJECTION FOR SALIVARY X-RAY	N		
42600	CLOSURE OF SALIVARY FISTULA	N		
42650	Dilation of salivary duct	N		
42660	Dilation of salivary duct	N		
42665	Ligation of salivary duct	N		
42699	Salivary surgery procedure	Y		
42700	Drainage of tonsil abscess	N		
42720	Drainage of throat abscess	N		
42725	DRAINAGE OF THROAT ABSCESS	N		
42800	Biopsy of throat	N		
42802	BIOPSY OF THROAT	N		
42804	Biopsy of upper nose/throat	N		
42808	Excise pharynx lesion	N		
42809	Remove pharynx foreign body	N		
42810	Excision of neck cyst	N		
42815	Excision of neck cyst	N		
42820	Remove tonsils and adenoids	N		
42821	Remove tonsils and adenoids	N		
42825	Removal of tonsils	N		
42826	Removal of tonsils	N		
42830	Removal of adenoids	N		
42831	Removal of adenoids	N		
42835	Removal of adenoids	N		
42836	Removal of adenoids	N		
42842	Extensive surgery of throat	N		
42844	Extensive surgery of throat	N		
42870	Excision of lingual tonsil	N		
42890	Partial removal of pharynx	N		
42892	Revision of pharyngeal walls	N		
42894	Revision of pharyngeal walls	N		
42950	Reconstruction of throat	N		
42955	SURGICAL OPENING OF THROAT	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
42960	Control throat bleeding	N		
42962	Control throat bleeding	N		
42972	Control nose/throat bleeding	N		
42999	Throat surgery procedure	Y		
43030	Throat muscle surgery	N		
43107	Removal of esophagus	N		
43116	Partial removal of esophagus	N		
43191	Esophagoscopy rigid trnso dx	Y		
43194	Esophagosc rig trnso rem fb	Y		
43195	Esophagoscopy rigid balloon	Y		
43197	Esophagoscopy flex dx brush	Y		
43198	Esophagosc flex trnsn biopsy	Y		
43200	Esophagoscopy flexible brush	N		
43201	Esoph scope w/submucous inj	N		
43202	Esophagoscopy flex biopsy	N		
43205	Esophagus endoscopy/ligation	N		
43213	Esophagoscopy retro balloon	Y		
43215	Esophagoscopy flex remove fb	N		
43217	ESOPHAGOSCOPY SNARE LES REMV	N		
43220	Esophagoscopy balloon <30mm	N		
43226	Esoph endoscopy dilation	N		
43228	ESOPH ENDOSCOPY ABLATION	N		
43231	Esophagoscop ultrasound exam	N		
43232	ESOPHAGOSCOPY W/US NEEDLE BX	N		
43233	Egd balloon dil esoph30 mm/>	Y		
43235	Egd diagnostic brush wash	N		
43236	Uppr gi scope w/submuc inj	N		
43237	Endoscopic us exam esoph	N		
43238	Egd us fine needle bx/aspir	N		
43239	Egd biopsy single/multiple	N		
43241	Egd tube/cath insertion	N		
43242	Egd us fine needle bx/aspir	N		
43243	Egd injection varices	N		
43244	Egd varices ligation	N		
43245	Egd dilate stricture	N		
43246	Egd place gastrostomy tube	N		
43247	Egd remove foreign body	N		
43248	Egd guide wire insertion	N		
43249	Esoph egd dilation <30 mm	N		
43250	Egd cautery tumor polyp	N		
43251	Egd remove lesion snare	N		
43253	Egd us transmural injxn/mark	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
43254	Egd endo mucosal resection	Y		
43255	Egd control bleeding any	N		
43256	UPPR GI ENDOSCOPY W/STENT	N		
43259	EGD US exam duodenum/jejunum	N		6/1/18
43260	Ercp w/specimen collection	N		
43261	Endo cholangiopancreatograph	N		
43262	Endo cholangiopancreatograph	N		
43264	Ercp remove duct calculi	N		
43265	Ercp lithotripsy calculi	N		
43266	Egd endoscopic stent place	Y		
43269	ENDO CHOLANGIOPANCREATOGRAPH	N		
43270	Egd lesion ablation	Y		
43272	ENDO CHOLANGIOPANCREATOGRAPH	N		
43273	Endoscopic pancreatoscopy	N		
43274	Ercp duct stent placement	Y		
43275	Ercp remove forgn body duct	Y		
43276	Ercp stent exchange w/dilate	Y		
43277	Ercp ea duct/ampulla dilate	Y		
43278	Ercp lesion ablate w/dilate	Y		
43279	Lap myotomy heller	Y		
43280	Laparoscopy fundoplasty	N		
43281	Lap paraesophag hern repair	Y		
43282	Lap paraesoph her rpr w/mesh	Y		
43283	Lap esoph lengthening	N		
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	Y		
43285	RMVL ESOPHGL SPHNCTR DEV	Y		
43314	Tracheo-esophagoplasty cong	N		
43320	Fuse esophagus & stomach	N		
43330	Esophagomyotomy abdominal	N		
43333	Transab esoph hiat hern rpr	N		
43450	Dilate esophagus 1/mult pass	N		
43453	Dilate esophagus	N		
43456	DILATE ESOPHAGUS	N		
43458	DILATE ESOPHAGUS	N		
43460	PRESSURE TREATMENT ESOPHAGUS	N		
43499	Esophagus surgery procedure	Y		
43502	Surgical repair of stomach	N		
43600	BIOPSY OF STOMACH	N		
43610	Excision of stomach lesion	N		
43611	Excision of stomach lesion	N		
43621	Removal of stomach	N		
43631	Removal of stomach partial	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
43633	Removal of stomach partial	N		
43644	Lap gastric bypass/roux-en-y	Y		
43645	Lap gastr bypass incl smll i	Y		
43647	Lap impl electrode antrum	Y		
43653	Laparoscopy gastrostomy	Y		
43659	Laparoscope proc stom	Y		
43752	Nasal/orogastric w/tube plmt	N		
43753	Tx gastro intub w/asp	N		
43757	DX DUOD INTUB W/ASP SPECS	N		
43761	Reposition gastrostomy tube	N		
43770	Lap place gastr adj device	Y		
43772	Lap rmvl gastr adj device	Y		
43774	Lap rmvl gastr adj all parts	Y		
43775	Lap sleeve gastrectomy	Y		
43820	Fusion of stomach and bowel	N		
43830	Place gastrostomy tube	N		
43832	Place gastrostomy tube	N		
43840	Repair of stomach lesion	N		
43860	Revise stomach-bowel fusion	N		
43870	Repair stomach opening	N		
43880	Repair stomach-bowel fistula	N		
43999	Stomach surgery procedure	Y		
44005	Freeing of bowel adhesion	N		
44015	Insert needle cath bowel	N		
44020	Explore small intestine	N		
44050	Reduce bowel obstruction	N		
44110	Excise intestine lesion(s)	N		
44120	Removal of small intestine	N		
44121	Removal of small intestine	N		
44125	Removal of small intestine	N		
44130	Bowel to bowel fusion	N		
44132	Enterectomy cadaver donor	Y	Only covered under CA benefit	
44133	Enterectomy live donor	Y	Only covered under CA benefit	
44135	Intestine transplnt cadaver	Y		
44136	Intestine transplant live	Y		
44139	Mobilization of colon	N		
44140	Partial removal of colon	N		
44141	Partial removal of colon	N		
44143	Partial removal of colon	N		
44145	Partial removal of colon	N		
44146	Partial removal of colon	N		
44147	Partial removal of colon	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
44150	Removal of colon	N		
44160	Removal of colon	N		
44180	Lap enterolysis	N		
44186	Lap jejunostomy	N		
44187	Lap ileo/jejuno-stomy	N		
44188	Lap colostomy	N		
44202	Lap enterectomy	N		
44204	Laparo partial colectomy	N		
44205	Lap colectomy part w/ileum	N		
44207	L colectomy/coloproctostomy	N		
44210	Laparo total proctocolectomy	N		
44211	Lap colectomy w/proctectomy	N		
44213	Lap mobil splenic fl add-on	N		
44227	Lap close enterostomy	N		
44238	Laparoscope proc intestine	N		
44300	Open bowel to skin	N		
44310	Ileostomy/jejunostomy	N		
44320	Colostomy	N		
44345	Revision of colostomy	N		
44346	Revision of colostomy	N		
44360	Small bowel endoscopy	Y		
44361	Small bowel endoscopy/biopsy	N		
44363	SMALL BOWEL ENDOSCOPY	N		
44364	Small bowel endoscopy	N		
44366	Small bowel endoscopy	N		
44369	SMALL BOWEL ENDOSCOPY	N		
44376	Small bowel endoscopy	N		
44377	Small bowel endoscopy/biopsy	N		
44379	S BOWEL ENDOSCOPE W/STENT	N		
44380	Small bowel endoscopy br/wa	N		
44382	Small bowel endoscopy	N		
44383	ILEOSCOPY W/STENT	N		
44385	Endoscopy of bowel pouch	N		
44386	Endoscopy bowel pouch/biop	N		
44388	Colonoscopy thru stoma spx	N		
44389	Colonoscopy with biopsy	N		
44392	Colonoscopy & polypectomy	N		
44394	Colonoscopy w/snare	N		
44397	COLONOSCOPY W/STENT	N		
44500	Intro gastrointestinal tube	N		
44602	Suture small intestine	N		
44603	Suture small intestine	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
44604	Suture large intestine	N		
44605	Repair of bowel lesion	N		
44620	Repair bowel opening	N		
44625	Repair bowel opening	N		
44626	Repair bowel opening	N		
44661	Repair bowel-bladder fistula	N		
44799	Unlisted px small intestine	Y		
44800	Excision of bowel pouch	N		
44850	Repair of mesentery	N		
44950	Appendectomy	N		
44955	Appendectomy add-on	N		
44960	Appendectomy	N		
44970	Laparoscopy appendectomy	N		
44979	Laparoscope proc app	N		
45000	Drainage of pelvic abscess	N		
45005	Drainage of rectal abscess	N		
45020	Drainage of rectal abscess	N		
45100	Biopsy of rectum	N		
45110	Removal of rectum	N		
45113	Partial proctectomy	N		
45114	Partial removal of rectum	N		
45119	Remove rectum w/reservoir	N		
45130	Excision of rectal prolapse	N		
45150	Excision of rectal stricture	N		
45171	Exc rect tum transanal part	N		
45172	Exc rect tum transanal full	N		
45300	Proctosigmoidoscopy dx	N		
45303	PROCTOSIGMOIDOSCOPY DILATE	N		
45305	Proctosigmoidoscopy w/bx	N		
45309	PROCTOSIGMOIDOSCOPY REMOVAL	N		
45315	PROCTOSIGMOIDOSCOPY REMOVAL	N		
45317	PROCTOSIGMOIDOSCOPY BLEED	N		
45321	PROCTOSIGMOIDOSCOPY VOLVUL	N		
45327	PROCTOSIGMOIDOSCOPY W/STENT	N		
45330	Diagnostic sigmoidoscopy	N		
45331	Sigmoidoscopy and biopsy	N		
45332	Sigmoidoscopy w/fb removal	N		
45333	Sigmoidoscopy & polypectomy	N		
45334	Sigmoidoscopy for bleeding	N		
45335	Sigmoidoscopy w/submuc inj	N		
45337	Sigmoidoscopy & decompress	N		
45338	Sigmoidoscopy w/tumr remove	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
45340	Sig w/tndsc balloon dilation	N		
45341	Sigmoidoscopy w/ultrasound	N		
45342	Sigmoidoscopy w/us guide bx	N		
45345	SIGMOIDOSCOPY W/STENT	N		
45346	Sigmoidoscopy w/ablation	N		
45350	Sgmdsc w/band ligation	N		
45355	SURGICAL COLONOSCOPY	N		
45378	Diagnostic colonoscopy	N		
45380	Colonoscopy and biopsy	N		
45381	Colonoscopy submucous njx	N		
45382	Colonoscopy w/control bleed	N		
45384	Colonoscopy w/lesion removal	N		
45385	Colonoscopy w/lesion removal	N		
45386	Colonoscopy w/balloon dilat	N		
45387	COLONOSCOPY W/STENT	N		
45388	Colonoscopy w/ablation	N		
45390	Colonoscopy w/resection	N		
45391	Colonoscopy w/endoscope us	N		
45392	COLONOSCOPY W/ENDOSCOPIC FNB	N		
45395	Lap removal of rectum	N		
45397	Lap remove rectum w/pouch	N		
45400	Laparoscopic proc	N		
45499	Laparoscope proc rectum	N		
45520	Treatment of rectal prolapse	N		
45540	Correct rectal prolapse	N		
45560	Repair of rectocele	N		
45905	Dilation of anal sphincter	N		
45910	Dilation of rectal narrowing	N		
45915	Remove rectal obstruction	N		
45990	Surg dx exam anorectal	N		
45999	Rectum Surgery Procedure	Y		
46020	Placement of seton	N		
46030	Removal of rectal marker	N		
46040	Incision of rectal abscess	N		
46045	Incision of rectal abscess	N		
46050	Incision of anal abscess	N		
46060	Incision of rectal abscess	N		
46080	Incision of anal sphincter	N		
46083	Incise external hemorrhoid	N		
46200	Removal of anal fissure	N		
46220	Excise anal ext tag/papilla	N		
46221	Ligation of hemorrhoid(s)	N		

RELEASED 4/1/2019**IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>**

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
46230	Removal of anal tags	N		
46250	Remove ext hem groups 2+	N		
46255	Remove int/ext hem 1 group	N		
46260	Remove in/ex hem groups 2+	N		
46261	Remove in/ex hem grps & fiss	N		
46270	Remove anal fist subq	N		
46275	Remove anal fist inter	N		
46280	Remove anal fist complex	N		
46285	Remove anal fist 2 stage	N		
46288	Repair anal fistula	N		
46320	Removal of hemorrhoid clot	N		
46500	Injection into hemorrhoid(s)	N		
46505	Chemodenervation anal musc	N		
46600	Diagnostic anoscopy spx	N		
46601	Diagnostic anoscopy	N		
46604	ANOSCOPY AND DILATION	N		
46606	Anoscopy and biopsy	N		
46608	ANOSCOPY REMOVE FOR BODY	N		
46612	ANOSCOPY REMOVE LESIONS	N		
46615	Anoscopy	N		
46700	Repair of anal stricture	N		
46715	Rep perf anoper fistu	N		
46750	Repair of anal sphincter	N		
46900	Destruction anal lesion(s)	N		
46910	Destruction anal lesion(s)	N		
46917	LASER SURGERY ANAL LESIONS	N		
46922	Excision of anal lesion(s)	N		
46924	Destruction anal lesion(s)	N		
46930	DESTROY INTERNAL HEMORRHOIDS	N		
46936	DESTRUCTION OF HEMORRHOIDS	N		
46946	Remove by ligat int hem grps	N		
46999	Anus surgery procedure	N		
47000	Needle biopsy of liver	N		
47001	Needle biopsy liver add-on	N		
47100	Wedge biopsy of liver	N		
47120	Partial removal of liver	N		
47122	Extensive removal of liver	N		
47125	Partial removal of liver	N		
47130	Partial removal of liver	N		
47135	Transplantation of liver	Y		
47143	Prep donor liver whole	N		
47350	Repair liver wound	N		

RELEASED 4/1/2019**IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>**

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
47361	Repair liver wound	N		
47362	Repair liver wound	N		
47370	Laparo ablate liver tumor rf	N		
47379	Laparoscope Procedure Liver	Y		
47380	Open ablate liver tumor rf	N		
47382	Percut ablate liver rf	N		
47399	Liver Surgery Procedure	Y		
47420	Incision of bile duct	N		
47490	Incision of gallbladder	N		
47500	Injection for liver x-rays	N		
47505	Injection for liver x-rays	N		
47510	Insert catheter bile duct	N		
47511	Insert bile duct drain	N		
47525	Change bile duct catheter	N		
47530	Revise/reinsert bile tube	N		
47550	Bile duct endoscopy add-on	N		
47555	Biliary endoscopy thru skin	N		
47556	Biliary endoscopy thru skin	N		
47560	Laparoscopy w/cholangio	N		
47562	Laparoscopic cholecystectomy	N		
47563	Laparo cholecystectomy/graph	Y		
47564	Laparo cholecystectomy/explr	N		
47600	Removal of gallbladder	Y		
47605	Removal of gallbladder	Y		
47999	Bile Tract Surgery Procedure	Y		
48020	Removal of pancreatic stone	N		
48100	BIOPSY OF PANCREAS OPEN	N		
48102	Needle biopsy pancreas	N		
48105	Resect/debride pancreas	N		
48140	Partial removal of pancreas	N		
48148	Removal of pancreatic duct	N		
48150	Partial removal of pancreas	N		
48155	Removal of pancreas	N		
48400	INJECTION INTRAOP ADD-ON	N		
48520	Fuse pancreas cyst and bowel	N		
48548	Fuse pancreas and bowel	N		
48554	Transpl allograft pancreas	Y		
48999	Pancreas surgery procedure	N		
49000	Exploration of abdomen	Y		
49002	Reopening of abdomen	N		
49010	Exploration behind abdomen	N		
49020	Drainage abdom abscess open	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
49040	Drain open abdom abscess	N		
49060	Drain open retroperi abscess	N		
49080	PUNCTURE PERITONEAL CAVITY	N		
49082	Abd paracentesis	N		
49083	Abd paracentesis w/imaging	N		
49084	Peritoneal lavage	N		
49180	Biopsy abdominal mass	N		
49203	Exc abd tum 5 cm or less	N		
49204	Exc abd tum over 5 cm	N		
49205	Exc abd tum over 10 cm	N		
49215	Excise sacral spine tumor	N		
49255	Removal of omentum	N		
49320	Diag laparo separate proc	N		
49321	Laparoscopy biopsy	N		
49322	Laparoscopy aspiration	N		
49323	Laparo drain lymphocele	N		
49324	Lap insert tunnel ip cath	N		
49325	Lap revision perm ip cath	N		
49329	Procedure On Abdomen Using An Endoscope	Y		
49400	AIR INJECTION INTO ABDOMEN	N		
49402	REMOVE FOREIGN BODY ADBOMEN	N		
49405	Image cath fluid colxn visc	N		
49406	Image cath fluid peri/retro	N		
49407	Image cath fluid trns/vgnl	N		
49411	Ins mark abd/pel for rt perq	N		
49418	Insert tun ip cath perc	N		
49419	Insert tun ip cath w/port	N		
49420	INSERT ABDOM DRAIN, TEMP	N		
49421	Ins tun ip cath for dial opn	N		
49422	Remove tunneled ip cath	N		
49423	Exchange drainage catheter	N		
49424	Assess cyst contrast inject	N		
49436	EMBEDDED IP CATH EXIT-SITE	N		
49440	Place gastrostomy tube perc	N		
49441	Place duod/jej tube perc	N		
49442	PLACE CECOSTOMY TUBE PERC	N		
49446	Change g-tube to g-j perc	N		
49450	Replace g/c tube perc	N		
49451	Replace duod/jej tube perc	N		
49452	Replace g-j tube perc	N		
49460	Fix g/colon tube w/device	N		
49465	Fluoro exam of g/colon tube	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
49495	Rpr ing hernia baby reduc	N		
49500	Rpr ing hernia init reduce	N		
49501	Rpr ing hernia init blocked	N		
49505	Prp i/hern init reduc >5 yr	N		
49507	Prp i/hern init block >5 yr	N		
49520	Rerepair ing hernia reduce	N		
49521	Rerepair ing hernia blocked	N		
49525	Repair ing hernia sliding	N		
49550	Rpr rem hernia init reduce	N		
49553	Rpr fem hernia init blocked	N		
49560	Rpr ventral hern init reduc	Y		
49561	Rpr ventral hern init block	Y		
49565	Rerepair ventrl hern reduce	Y		
49566	Rerepair ventrl hern block	Y		
49568	Hernia repair w/mesh	N		
49570	Rpr epigastric hern reduce	N		
49572	Rpr epigastric hern blocked	N		
49580	Rpr umbil hern reduc < 5 yr	N		
49585	Rpr umbil hern reduc > 5 yr	N		
49587	Rpr umbil hern block > 5 yr	N		
49590	Repair spigelian hernia	N		
49650	Lap ing hernia repair init	N		
49651	Lap ing hernia repair recur	N		
49652	Lap vent/abd hernia repair	Y		
49653	Lap vent/abd hern proc comp	Y		
49654	Lap inc hernia repair	Y		
49655	Lap inc hern repair comp	Y		
49656	Lap inc hernia repair recur	Y		
49657	Lap inc hern recur comp	Y		
49900	Repair of abdominal wall	N		
49905	Omental flap intra-abdom	N		
49999	Abdomen Surgery Procedure	Y		
50080	Removal of kidney stone	N		
50081	Removal of kidney stone	N		
50200	Renal biopsy perq	N		
50205	Renal biopsy open	N		
50220	Remove kidney open	N		
50240	Partial removal of kidney	N		
50320	Remove kidney living donor	N		
50323	Prep cadaver renal allograft	N		
50325	Prep donor renal graft	N		
50327	Prep renal graft/venous	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
50360	Transplantation of kidney	Y		
50370	Remove transplanted kidney	Y		
50382	CHANGE URETER STENT PERCUT	N		
50384	Remove ureter stent percut	N		
50385	Change stent via transureth	N		
50386	Remove stent via transureth	N		
50387	Change ext/int ureter stent	N		
50389	Remove renal tube w/fluoro	N		
50390	Drainage of kidney lesion	N		
50391	INSTLL RX AGNT INTO RNAL TUB	N		
50392	Insert kidney drain	N		
50393	Insert ureteral tube	N		
50394	Injection for kidney x-ray	N		
50396	MEASURE KIDNEY PRESSURE	N		
50398	Change kidney tube	N		
50405	Revision of kidney/ureter	N		
50540	Revision of horseshoe kidney	N		
50543	Laparo partial nephrectomy	N		
50545	Laparo radical nephrectomy	N		
50546	Laparoscopic nephrectomy	N		
50547	Laparo removal donor kidney	N		
50548	Laparo remove w/ureter	N		
50551	KIDNEY ENDOSCOPY	N		
50553	KIDNEY ENDOSCOPY	N		
50555	KIDNEY ENDOSCOPY & BIOPSY	N		
50557	KIDNEY ENDOSCOPY & TREATMENT	N		
50559	RENAL ENDOSCOPY/RADIOTRACER	N		
50562	RENAL SCOPE W/TUMOR RESECT	N		
50570	KIDNEY ENDOSCOPY	N		
50572	KIDNEY ENDOSCOPY	N		
50576	KIDNEY ENDOSCOPY & TREATMENT	N		
50578	RENAL ENDOSCOPY/RADIOTRACER	N		
50580	KIDNEY ENDOSCOPY & TREATMENT	N		
50590	Fragmenting of kidney stone	N		
50592	Perc rf ablate renal tumor	N		
50593	Perc cryo ablate renal tum	N		
50605	Insert ureteral support	N		
50684	INJECTION FOR URETER X-RAY	N		
50686	MEASURE URETER PRESSURE	N		
50688	Change of ureter tube/stent	N		
50690	INJECTION FOR URETER X-RAY	N		
50715	Release of ureter	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
50760	Fusion of ureters	N		
50780	Reimplant ureter in bladder	N		
50782	Reimplant ureter in bladder	N		
50783	Reimplant ureter in bladder	N		
50845	Appendico-vesicostomy	N		
50951	ENDOSCOPY OF URETER	N		
50953	Endoscopy of ureter	N		
50955	URETER ENDOSCOPY & BIOPSY	N		
50957	URETER ENDOSCOPY & TREATMENT	N		
50959	URETER ENDOSCOPY & TRACER	N		
50961	URETER ENDOSCOPY & TREATMENT	N		
50970	URETER ENDOSCOPY	N		
50972	Ureter endoscopy & catheter	N		
50974	Ureter endoscopy & biopsy	N		
50976	URETER ENDOSCOPY & TREATMENT	N		
50978	URETER ENDOSCOPY & TRACER	N		
50980	URETER ENDOSCOPY & TREATMENT	N		
51000	DRAINAGE OF BLADDER	N		
51005	DRAINAGE OF BLADDER	N		
51010	DRAINAGE OF BLADDER	N		
51040	Incise & drain bladder	N		
51045	Incise bladder/drain ureter	N		
51102	Drain bl w/cath insertion	N		
51500	Removal of bladder cyst	N		
51525	Removal of bladder lesion	N		
51590	Remove bladder/revise tract	N		
51596	Remove bladder/create pouch	N		
51597	Removal of pelvic structures	N		
51600	Injection for bladder x-ray	N		
51605	PREPARATION FOR BLADDER XRAY	N		
51610	Injection for bladder x-ray	N		
51700	Irrigation of bladder	N		
51701	Insert bladder catheter	N		
51702	Insert temp bladder cath	N		
51703	Insert bladder cath complex	N		
51705	Change of bladder tube	N		
51710	Change of bladder tube	N		
51715	Endoscopic injection/implant	N		
51720	Treatment of bladder lesion	N		
51725	Simple cystometrogram	N		
51726	Complex cystometrogram	N		
51728	Cystometrogram w/vp	N		9/1/2018

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
51729	Cystometrogram w/vp&up	Y		
51736	Urine flow measurement	N		
51741	Electro-uroflowmetry first	N		
51772	URETHRA PRESSURE PROFILE	N		
51784	Anal/urinary muscle study	N		
51785	Anal/urinary muscle study	N		
51792	URINARY REFLEX STUDY	N		
51795	URINE VOIDING PRESSURE STUDY	N		
51797	Intraabdominal pressure test	N		
51798	Us urine capacity measure	N		
51845	Repair bladder neck	N		
51860	Repair of bladder wound	N		
51960	Revision of bladder & bowel	N		
51990	Laparo urethral suspension	N		
51992	Laparo sling operation	N		
52000	Cystoscopy	N		
52001	Cystoscopy removal of clots	N		
52005	Cystoscopy & ureter catheter	N		6/1/18
52007	Cystoscopy and biopsy	N		
52010	CYSTOSCOPY & DUCT CATHETER	N		
52204	Cystoscopy w/biopsy(s)	N		
52214	Cystoscopy and treatment	N		
52224	Cystoscopy and treatment	N		
52234	Cystoscopy and treatment	N		
52235	Cystoscopy and treatment	N		
52240	Cystoscopy and treatment	N		
52260	Cystoscopy and treatment	N		
52276	Cystoscopy and treatment	N		
52281	Cystoscopy and treatment	N		
52282	Cystoscopy implant stent	N		
52287	Cystoscopy chemodenervation	Y		
52300	Cystoscopy and treatment	N		
52301	Cystoscopy and treatment	N		
52310	Cystoscopy and treatment	N		
52315	Cystoscopy and treatment	N		
52317	Remove bladder stone	N		
52318	Remove bladder stone	N		
52320	Cystoscopy and treatment	N		
52330	Cystoscopy and treatment	N		
52332	Cystoscopy and treatment	N		
52341	Cysto w/ureter stricture tx	N		
52342	Cysto w/up stricture tx	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
52344	Cysto/uretero stricture tx	N		
52345	Cysto/uretero w/up stricture	N		
52351	Cystouretero & or pyeloscope	N		
52352	Cystouretero w/stone remove	N		
52353	Cystouretero w/lithotripsy	N		
52354	Cystouretero w/biopsy	N		
52355	Cystouretero w/excise tumor	N		
52356	cysto with stent placement	N		6/1/18
52400	Cystouretero w/congen repr	N		
52441	Cystourethro w/implant	N		
52442	Cystourethro w/addl implant	N		
52500	Revision of bladder neck	N		
52601	Prostatectomy (turp)	N		
52630	Remove prostate regrowth	N		
52647	Laser surgery of prostate	N		
52648	Laser surgery of prostate	N		
52649	Prostate laser enucleation	N		
53020	Incision of urethra	N		
53060	Drainage of urethra abscess	N		
53200	Biopsy of urethra	N		
53230	Removal of urethra lesion	N		
53270	Removal of urethra gland	N		
53410	Reconstruction of urethra	N		
53445	Insert uro/ves nck sphincter	N		
53447	Remove/replace ur sphincter	N		
53448	Remov/replc ur sphinctr comp	N		
53450	Revision of urethra	N		
53460	Revision of urethra	N		
53600	Dilate urethra stricture	N		
53601	Dilate urethra stricture	N		
53620	Dilate urethra stricture	N		
53621	Dilate urethra stricture	N		
53660	Dilation of urethra	N		
53661	Dilation of urethra	N		
53855	INSERT PROST URETHRAL STENT	N		
53860	TRANSURETHRAL RF TREATMENT	N		
53899	Procedure, Urinary System	Y		
54000	SLITTING OF PREPUCE	N		
54001	Slitting of prepuce	N		
54050	Destruction penis lesion(s)	N		
54055	Destruction penis lesion(s)	N		
54056	Cryosurgery penis lesion(s)	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
54057	LASER SURG PENIS LESION(S)	N		
54060	Excision of penis lesion(s)	N		
54065	Destruction penis lesion(s)	N		
54100	Biopsy of penis	N		
54105	Biopsy of penis	N		
54150	Circumcision w/regionl block	N		
54161	Circum 28 days or older	N		
54162	Lysis penil circumic lesion	N		
54163	Repair of circumcision	N		
54164	Frenulotomy of penis	N		
54220	Treatment of penis lesion	N		
54235	Penile injection	N		
54300	Revision of penis	N		
54304	Revision of penis	N		
54308	Reconstruction of urethra	N		
54312	Reconstruction of urethra	N		
54322	Reconstruction of urethra	N		
54324	Reconstruction of urethra	N		
54332	Revise penis/urethra	N		
54336	Revise penis/urethra	N		
54344	Secondary urethral surgery	N		
54360	Penis plastic surgery	N		
54405	Insert multi-comp penis pros	Y	Only covered under CA benefit	
54500	BIOPSY OF TESTIS	N		
54505	BIOPSY OF TESTIS	N		
54520	Removal of testis	N		
54530	Removal of testis	N		
54560	Exploration for testis	N		
54600	Reduce testis torsion	N		
54620	Suspension of testis	N		
54640	Suspension of testis	N		
54650	Orchiopexy (fowler-stephens)	N		
54690	Laparoscopy orchiectomy	N		
54692	Laparoscopy orchiopexy	N		
54700	Drainage of scrotum	N		
54800	BIOPSY OF EPIDIDYMIS	N		
54830	Remove epididymis lesion	N		
54840	Remove epididymis lesion	N		
54860	Removal of epididymis	N		
55000	Drainage of hydrocele	N		
55040	Removal of hydrocele	N		
55041	Removal of hydroceles	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
55060	Repair of hydrocele	N		
55100	Drainage of scrotum abscess	N		
55110	Explore scrotum	N		
55150	Removal of scrotum	N		
55175	Revision of scrotum	N		
55250	Removal of sperm duct(s)	N		
55300	PREPARE SPERM DUCT X-RAY	N		
55500	Removal of hydrocele	N		
55520	Removal of sperm cord lesion	N		
55530	Revise spermatic cord veins	N		
55700	Biopsy of prostate	N		
55821	Removal of prostate	N		
55831	Removal of prostate	N		
55866	Laparo radical prostatectomy	N		
55875	Transperi needle place pros	N		
55876	Place rt device/marker pros	N		
55899	Male Genital System Procedure	Y		
56405	I & d of vulva/perineum	N		
56420	Drainage of gland abscess	N		
56440	Surgery for vulva lesion	N		
56442	HYMENOTOMY	N		
56501	Destroy vulva lesions sim	N		
56515	Destroy vulva lesion/s compl	N		
56605	Biopsy of vulva/perineum	N		
56606	Biopsy of vulva/perineum	N		
56620	Partial removal of vulva	N		
56625	Complete removal of vulva	N		
56630	Extensive vulva surgery	N		
56632	Extensive vulva surgery	N		
56810	Repair of perineum	N		
56821	EXAM/BIOPSY OF VULVA W/SCOPE	N		
57010	Drainage of pelvic abscess	N		
57020	Drainage of pelvic fluid	N		
57061	Destroy vag lesions simple	N		
57065	Destroy vag lesions complex	N		
57100	Biopsy of vagina	N		
57105	Biopsy of vagina	N		
57106	Remove vagina wall partial	N		
57109	Vaginectomy partial w/nodes	N		
57120	Closure of vagina	N		
57135	Remove vagina lesion	N		
57155	Insert uteri tandem/ovoids	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
57156	Ins vag brachytx device	N		
57160	Insert pessary/other device	N		
57180	Treat vaginal bleeding	N		
57200	Repair of vagina	N		
57240	Repair bladder & vagina	N		
57250	Repair rectum & vagina	N		
57260	Repair of vagina	N		
57265	Extensive repair of vagina	N		
57267	Insert mesh/pelvic flr addon	N		
57268	Repair of bowel bulge	N		
57280	Suspension of vagina	N		
57282	Colpopexy extraperitoneal	N		
57283	Colpopexy intraperitoneal	N		
57287	Revise/remove sling repair	N		
57288	Repair bladder defect	N		
57289	Repair bladder & vagina	N		
57295	Revise vag graft via vagina	N		
57296	Revise vag graft open abd	N		
57400	Dilation of vagina	N		
57410	Pelvic examination	N		
57415	REMOVE VAGINAL FOREIGN BODY	N		
57420	Exam of vagina w/scope	N		
57421	Exam/biopsy of vag w/scope	N		
57425	Laparoscopy surg colpopexy	N		
57452	Exam of cervix w/scope	N		
57454	Bx/curett of cervix w/scope	N		
57455	Biopsy of cervix w/scope	N		
57456	Endocerv curettage w/scope	N		
57460	Bx of cervix w/scope leep	N		
57461	Conz of cervix w/scope leep	N		
57500	Biopsy of cervix	N		
57505	Endocervical curettage	N		
57511	Cryocautery of cervix	N		
57513	Laser surgery of cervix	N		
57520	Conization of cervix	N		
57522	Conization of cervix	N		
57530	Removal of cervix	N		
57720	Revision of cervix	N		
57800	Dilation of cervical canal	N		
58100	Biopsy of uterus lining	N		
58110	Bx done w/colposcopy add-on	N		
58120	Dilation and curettage	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
58140	Myomectomy abdom method	N		
58145	Myomectomy vag method	N		
58146	Myomectomy abdom complex	N		
58150	Total hysterectomy	N		
58180	Partial hysterectomy	N		
58200	Extensive hysterectomy	N		
58210	Extensive hysterectomy	N		
58260	Vaginal hysterectomy	N		
58262	Vag hyst including t/o	N		
58290	Vag hyst complex	N		
58292	Vag hyst t/o & repair compl	N		
58300	Insertion of intrauterine device	N		6/1/18
58301	Removal of intrauterine device	N		6/1/18
58340	Catheter for hystero-graphy	N		
58350	Reopen fallopian tube	N		
58353	Endometr ablate thermal	N		
58542	Lsh w/t/o ut 250 g or less	N		
58544	Lsh w/t/o uterus above 250 g	N		
58545	Laparoscopic myomectomy	N		
58548	Lap radical hyst	N		
58550	Laparo-asst vag hysterectomy	N		
58552	Laparo-vag hyst incl t/o	N		
58553	Laparo-vag hyst complex	N		
58554	Laparo-vag hyst w/t/o compl	N		
58555	Hysteroscopy dx sep proc	N		
58558	Hysteroscopy biopsy	N		
58559	Hysteroscopy lysis	N		
58561	Hysteroscopy remove myoma	N		
58562	Hysteroscopy remove fb	N		
58563	Hysteroscopy ablation	N		
58565	Hysteroscopy sterilization	N		
58570	Tlh uterus 250 g or less	Y		
58571	Tlh w/t/o 250 g or less	Y		
58573	Tlh w/t/o uterus over 250 g	Y		
58600	Division of fallopian tube	N		
58605	Division of fallopian tube	N		
58611	Ligate oviduct(s) add-on	N		
58615	Occlude fallopian tube(s)	N		
58660	Laparoscopy lysis	N		
58661	Laparoscopy remove adnexa	N		
58662	Laparoscopy excise lesions	N		
58670	Laparoscopy tubal cautery	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
58671	Laparoscopy tubal block	N		
58674	LAPS ABLTJ UTERINE FIBROIDS	Y		
58679	Laparo proc oviduct-ovary	N		
58700	Removal of fallopian tube	N		
58720	Removal of ovary/tube(s)	N		
58740	Adhesiolysis tube ovary	N		
58925	Removal of ovarian cyst(s)	N		
58940	Removal of ovary(s)	N		
58952	Resect ovarian malignancy	N		
58953	Tah rad dissect for debulk	N		
58954	Tah rad debulk/lymph remove	N		
58957	Resect recurrent gyn mal	N		
58960	Exploration of abdomen	N		
58999	Genital surgery procedure	N		
59000	Amniocentesis diagnostic	N		
59001	Amniocentesis therapeutic	N		
59015	Chorion biopsy	N		
59020	Fetal contract stress test	N		
59025	Fetal non-stress test	N		
59050	Fetal monitor w/report	N		
59051	Fetal monitor/interpret only	N		
59120	Treat ectopic pregnancy	N		
59150	Treat ectopic pregnancy	N		
59151	Treat ectopic pregnancy	N		
59160	D & c after delivery	N		
59200	Insert cervical dilator	N		
59300	Episiotomy or vaginal repair	N		
59320	Revision of cervix	N		
59400	Obstetrical care	N		
59409	Obstetrical care	N		
59414	Deliver placenta	N		
59425	Antepartum care only	N		
59430	Care after delivery	N		
59510	Cesarean delivery	N		
59514	Cesarean delivery only	N		
59515	Cesarean delivery	N		
59610	Vbac delivery	N		
59612	Vbac delivery only	N		
59620	Attempted vbc delivery only	N		
59812	Treatment of miscarriage	N		
59820	Care of miscarriage	N		
59821	Treatment of miscarriage	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
59840	Abortion	N		
59841	Abortion	N		
59851	Abortion	N		
59855	Abortion	N		
59871	Remove cerclage suture	N		
59897	Fetal invas px w/us	N		
60000	DRAIN THYROID/TONGUE CYST	N		
60001	ASPIRATE/INJECT THYRIOD CYST	N		
60100	Biopsy of thyroid	N		
60200	Remove thyroid lesion	N		
60210	Partial thyroid excision	N		
60212	Partial thyroid excision	N		
60220	Partial removal of thyroid	N		
60240	Removal of thyroid	N		
60252	Removal of thyroid	N		
60260	Repeat thyroid surgery	N		
60271	Removal of thyroid	N		
60280	Remove thyroid duct lesion	N		
60281	Remove thyroid duct lesion	N		
60300	ASPIR/INJ THYROID CYST	N		
60500	Explore parathyroid glands	N		
60502	Re-explore parathyroids	N		
60512	Autotransplant parathyroid	N		
60521	Removal of thymus gland	N		
60522	Removal of thymus gland	N		
60545	Explore adrenal gland	N		
60605	Remove carotid body lesion	N		
60650	Laparoscopy adrenalectomy	N		
61000	REMOVE CRANIAL CAVITY FLUID	N		
61001	REMOVE CRANIAL CAVITY FLUID	N		
61020	REMOVE BRAIN CAVITY FLUID	N		
61026	INJECTION INTO BRAIN CANAL	N		
61050	REMOVE BRAIN CANAL FLUID	N		
61055	Injection into brain canal	N		
61070	Brain canal shunt procedure	N		
61107	Drill skull for implantation	N		
61140	Pierce skull for biopsy	N		
61154	Pierce skull & remove clot	N		
61156	Pierce skull for drainage	N		
61210	Pierce skull implant device	N		
61215	Insert brain-fluid device	N		
61304	Open skull for exploration	N		

RELEASED 4/1/2019**IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>**

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
61312	Open skull for drainage	N		
61313	Open skull for drainage	N		
61314	Open skull for drainage	N		
61315	Open skull for drainage	N		
61316	Implt cran bone flap to abdo	N		
61320	Open skull for drainage	N		
61322	Decompressive craniotomy	N		
61323	Decompressive lobectomy	N		
61330	DECOMPRESS EYE SOCKET	N		
61334	EXPLORE ORBIT/REMOVE OBJECT	N		
61343	Incise skull (press relief)	N		
61458	Incise skull for brain wound	N		
61500	Removal of skull lesion	N		
61510	Removal of brain lesion	N		
61512	Remove brain lining lesion	N		
61514	Removal of brain abscess	N		
61516	Removal of brain lesion	N		
61518	Removal of brain lesion	N		
61524	Removal of brain lesion	N		
61533	Implant brain electrodes	N		
61535	Remove brain electrodes	N		
61536	Removal of brain lesion	N		
61548	Removal of pituitary gland	N		
61559	Excision of skull/sutures	N		
61584	Orbitocranial approach/skull	N		
61590	Infratemporal approach/skull	N		
61591	Infratemporal approach/skull	N		
61596	Transcochlear approach/skull	N		
61597	Transcondylar approach/skull	N		
61601	Resect/excise cranial lesion	N		
61605	Resect/excise cranial lesion	N		
61606	Resect/excise cranial lesion	N		
61616	Resect/excise lesion skull	N		
61623	Endovasc tempory vessel occl	N		
61624	Transcath occlusion cns	N		
61626	Transcath occlusion non-cns	N		
61630	Intracranial angioplasty	Y		
61635	Intracran angioplsty w/stent	Y		
61680	Intracranial vessel surgery	N		
61697	Brain aneurysm repr complx	N		
61700	Brain aneurysm repr simple	N		
61711	Fusion of skull arteries	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
61750	Incise skull/brain biopsy	N		
61751	Brain biopsy w/ct/mr guide	N		
61760	Implant brain electrodes	N		
61781	Scan proc cranial intra	N		
61782	Scan proc cranial extra	N		
61783	Scan proc spinal	N		
61796	Srs cranial lesion simple	Y		
61797	Srs cran les simple addl	Y		
61798	Srs cranial lesion complex	Y		
61799	Srs cran les complex addl	Y		
61800	Apply srs headframe add-on	Y		
61863	Implant neuroelectrode	Y	Only covered under CA benefit	
61885	Insrt/redo neurostim 1 array	Y		
61886	Implant neurostim arrays	N		
62100	Repair brain fluid leakage	N		
62140	Repair of skull defect	N		
62141	Repair of skull defect	N		
62142	Remove skull plate/flap	N		
62143	Replace skull plate/flap	N		
62147	Repair of skull with graft	N		
62160	Neuroendoscopy add-on	N		
62165	Remove pituit tumor w/scope	N		
62192	Establish brain cavity shunt	N		
62201	Brain cavity shunt w/scope	N		
62220	Establish brain cavity shunt	N		
62223	Establish brain cavity shunt	N		
62225	Replace/irrigate catheter	N		
62230	Replace/revise brain shunt	N		
62252	Csf shunt reprogram	N		
62256	Remove brain cavity shunt	N		
62258	Replace brain cavity shunt	N		
62267	INTERDISCAL PERQ ASPIR DX	N		
62270	Spinal fluid tap diagnostic	N		
62272	Drain cerebro spinal fluid	N		
62273	Inject epidural patch	N		
62282	Treat spinal canal lesion	N		
62284	Injection for myelogram	N		
62291	INJECT FOR SPINE DISK X-RAY	N		
62302	Myelography lumbar injection	N		
62304	Myelography lumbar injection	N		
62305	Myelography lumbar injection	N		
62310	Inject spine cerv/thoracic	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
62311	Inject spine lumbar/sacral	N		
62318	Inject spine w/cath crv/thrc	N		
62319	Inject spine w/cath lmb/scrl	N		
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Y		
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or ct)	Y		
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Y		
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or ct)	Y		
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or ct)	Y		
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Y		
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or ct)	Y		
62362	Implant spine infusion pump	Y		
62367	Analyze spine infus pump	N		
62368	Analyze sp inf pump w/reprog	N		
62369	Anal sp inf pmp w/reprg&fill	N		
62370	Anl sp inf pmp w/mdreprg&fil	N		
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	Y		
63003	Remove spine lamina 1/2 thrc	Y		
63005	Remove spine lamina 1/2 lmbr	Y		
63011	Remove spine lamina 1/2 scrcl	Y		
63012	Remove lamina/facets lumbar	Y		
63015	Remove spine lamina >2 crvcl	Y		
63017	Remove spine lamina >2 lmbr	Y		
63030	Low back disk surgery	Y		
63035	Spinal disk surgery add-on	Y		
63042	Laminotomy single lumbar	Y		
63044	Laminotomy addl lumbar	Y		
63045	Remove spine lamina 1 crvl	Y		
63046	Remove spine lamina 1 thrc	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
63047	Remove spine lamina 1 lmr	Y		
63048	Remove spinal lamina add-on	Y		
63050	Cervical laminoplasty 2/> seg	N		
63051	C-laminoplasty w/graft/plate	N		
63056	Decompress spinal cord lmr	N		
63057	Decompress spine cord add-on	N		1/1/2019
63064	Decompress spinal cord thrc	Y		
63081	Remove vert body dcmprn crvl	Y		
63082	Remove vertebral body add-on	Y		
63087	Remov vertbr dcmprn thrclmbr	Y		
63172	Drainage of spinal cyst	N		
63190	Incise spine nrv >2 segmnts	Y		
63200	Release spinal cord lumbar	Y		
63266	Excise intrspinl lesion thrc	N		
63272	Excise intrspinl lesion lmr	N		
63276	Bx/exc xdr l spine lesn thrc	N		
63277	Bx/exc xdr l spine lesn lmr	N		
63280	Bx/exc idrl spine lesn crvl	N		
63282	Bx/exc idrl spine lesn lmr	N		
63285	Bx/exc idrl imed lesn cervl	N		
63286	Bx/exc idrl imed lesn thrc	N		
63295	Repair laminectomy defect	N		
63308	Remove vertebral body add-on	N		
63620	Srs spinal lesion	Y		
63621	Srs spinal lesion addl	Y		
63650	Implant neuroelectrodes	Y		
63661	Remove spine eltrd perq aray	Y		
63662	Remove spine eltrd plate	Y		
63663	Revise spine eltrd perq aray	Y		
63685	Insrt/redo spine n generator	Y		
63688	Revise/remove neuroreceiver	Y		
63707	Repair spinal fluid leakage	N		
63709	Repair spinal fluid leakage	N		
63710	Graft repair of spine defect	N		
63740	Install spinal shunt	N		
63741	Install spinal shunt	N		
63746	Removal of spinal shunt	N		
64400	N block inj trigeminal	N		
64402	N block inj facial	N		
64405	N block inj occipital	N		
64408	N BLOCK INJ VAGUS	N		
64410	N BLOCK INJ PHRENIC	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
64412	N block inj spinal accessor	N		
64413	N block inj cervical plexus	N		
64415	N block inj brachial plexus	N		
64416	N block cont infuse b plex	N		
64417	N block inj axillary	N		
64418	N block inj suprascapular	N		
64420	N block inj intercost sng	N		
64421	N block inj intercost mlt	N		
64425	N block inj ilio-ing/hypogi	N		
64430	N block inj pudendal	N		
64435	N block inj paracervical	N		
64445	N block inj sciatic sng	N		
64446	N blk inj sciatic cont inf	N		
64447	N block inj fem single	N		
64448	N block inj fem cont inf	N		
64449	N block inj lumbar plexus	N		
64450	N block other peripheral	N		
64455	N block inj plantar digit	Y		
64470	INJ PARAVERTEBRAL C/T	N		
64472	INJ PARAVERTEBRAL C/T ADD-ON	N		
64476	INJ PARAVERTEBRAL L/S ADD-ON	N		
64479	Inj foramen epidural c/t	N		
64480	Inj foramen epidural add-on	N		
64483	Inj foramen epidural l/s	N		
64484	Inj foramen epidural add-on	N		
64486	Tap block unil by injection	N		
64488	Tap block bi injection	N		
64490	Inj paravert f jnt c/t 1 lev	Y		
64491	Inj paravert f jnt c/t 2 lev	Y		
64492	Inj paravert f jnt c/t 3 lev	Y		
64493	Inj paravert f jnt l/s 1 lev	Y		
64494	Inj paravert f jnt l/s 2 lev	Y		
64495	Inj paravert f jnt l/s 3 lev	Y		
64505	N BLOCK SPENOPALATINE GANGL	N		
64510	N block stellate ganglion	N		
64517	N BLOCK INJ HYPOGAS PLXS	N		
64520	N block lumbar/thoracic	N		
64530	N BLOCK INJ CELIAC PELUS	N		
64561	Implant neuroelectrodes	N		
64566	Neuroeltrd stim post tibial	N		
64568	Inc for vagus n elect impl	N		
64581	Implant neuroelectrodes	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
64585	Revise/remove neuroelectrode	N		
64590	Insrt/redo pn/gastr stimul	N		
64600	Injection treatment of nerve	N		
64611	Chemodenerv saliv glands	Y		
64612	Destroy nerve face muscle	Y		
64615	Chemodenerv musc migraine	Y		
64616	Chemodenerv musc neck dyston	Y		
64617	Chemodener muscle larynx emg	Y		
64620	Injection treatment of nerve	N		
64632	N block inj common digit	Y		
64633	Destroy cerv/thor facet jnt	Y		
64634	Destroy c/th facet jnt addl	Y		
64635	Destroy lumb/sac facet jnt	Y		
64636	Destroy l/s facet jnt addl	Y		
64640	Injection treatment of nerve	N		
64642	Chemodenerv 1 extremity 1-4	Y		
64643	Chemodenerv 1 extrem 1-4 ea	Y		
64644	Chemodenerv 1 extrem 5/> mus	Y		
64645	Chemodenerv 1 extrem 5/> ea	Y		
64646	Chemodenerv trunk musc 1-5	Y		
64650	Chemodenerv eccrine glands	N		
64680	Injection treatment of nerve	N		
64702	Revise finger/toe nerve	Y		
64704	Revise hand/foot nerve	Y		
64708	Revise arm/leg nerve	Y		
64712	Revision of sciatic nerve	Y		
64713	Revision of arm nerve(s)	Y		
64716	Revision of cranial nerve	Y		
64718	Revise ulnar nerve at elbow	Y		
64719	Revise ulnar nerve at wrist	Y		
64721	Carpal tunnel surgery	Y		
64726	RELEASE FOOT/TOE NERVE	N		
64727	Internal nerve revision	Y		
64742	Incision of facial nerve	N		
64763	Incise hip/thigh nerve	N		
64771	Sever cranial nerve	N		
64772	Incision of spinal nerve	N		
64774	Remove skin nerve lesion	N		
64776	Remove digit nerve lesion	N		
64782	Remove limb nerve lesion	N		
64783	LIMB NERVE SURGERY ADD-ON	N		
64784	Remove nerve lesion	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
64788	Remove skin nerve lesion	N		
64795	Biopsy of nerve	N		
64831	Repair of digit nerve	N		
64832	Repair nerve add-on	N		
64834	Repair of hand or foot nerve	N		
64835	Repair of hand or foot nerve	N		
64836	Repair of hand or foot nerve	N		
64837	REPAIR NERVE ADD-ON	N		
64856	Repair/transpose nerve	N		
64857	Repair arm/leg nerve	N		
64859	Additional sutures	N		6/1/18
64864	Repair of facial nerve	N		
64865	Repair of facial nerve	N		
64874	Repair & revise nerve add-on	N		
64885	Nerve graft head/neck </4 cm	N		
64905	Nerve pedicle transfer	N		
64910	Nerve repair w/allograft	N		
64999	Nervous System Surgery	Y		
65091	REVISE EYE	N		
65093	Revise eye with implant	N		
65101	REMOVAL OF EYE	N		
65103	REMOVE EYE/INSERT IMPLANT	N		
65105	Remove eye/attach implant	N		
65110	REMOVAL OF EYE	N		
65112	REMOVE EYE/REVISE SOCKET	N		
65114	REMOVE EYE/REVISE SOCKET	N		
65125	REVISE OCULAR IMPLANT	N		
65130	INSERT OCULAR IMPLANT	N		
65135	INSERT OCULAR IMPLANT	N		
65140	ATTACH OCULAR IMPLANT	N		
65150	REVISE OCULAR IMPLANT	N		
65155	REINSERT OCULAR IMPLANT	N		
65175	REMOVAL OF OCULAR IMPLANT	N		
65205	Remove foreign body from eye	N		
65210	Remove foreign body from eye	N		
65220	Remove foreign body from eye	N		
65222	Remove foreign body from eye	N		
65235	REMOVE FOREIGN BODY FROM EYE	N		
65260	REMOVE FOREIGN BODY FROM EYE	N		
65265	REMOVE FOREIGN BODY FROM EYE	N		
65270	REPAIR OF EYE WOUND	N		
65272	Repair of eye wound	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
65273	REPAIR OF EYE WOUND	N		
65275	REPAIR OF EYE WOUND	N		
65280	Repair of eye wound	N		
65285	Repair of eye wound	N		
65286	Repair of eye wound	N		
65290	REPAIR OF EYE SOCKET WOUND	N		
65400	Removal of eye lesion	N		
65410	Biopsy of cornea	N		
65420	Removal of eye lesion	N		
65426	Removal of eye lesion	N		
65430	Corneal smear	N		
65435	Curette/treat cornea	N		
65436	Curette/treat cornea	N		
65450	Treatment of corneal lesion	N		
65600	REVISION OF CORNEA	N		
65710	Corneal transplant	N		
65730	Corneal transplant	N		
65750	CORNEAL TRANSPLANT	Y		
65755	CORNEAL TRANSPLANT	Y		
65756	Corneal trnspl endothelial	N		
65757	Prep corneal endo allograft	N		
65767	CORNEAL TISSUE TRANSPLANT	Y		
65770	REVISE CORNEA WITH IMPLANT	Y		
65772	Correction of astigmatism	N		
65778	Cover eye w/membrane	N		
65779	Cover eye w/membrane suture	N		
65780	Ocular reconst transplant	Y		
65782	OCULAR RECONST TRANSPLANT	Y		
65800	Drainage of eye	N		
65805	DRAINAGE OF EYE	N		
65810	DRAINAGE OF EYE	N		
65815	Drainage of eye	N		
65820	RELIEVE INNER EYE PRESSURE	N		
65850	INCISION OF EYE	N		
65855	Laser surgery of eye	N		
65860	Incise inner eye adhesions	N		
65865	Incise inner eye adhesions	N		
65870	Incise inner eye adhesions	N		
65875	Incise inner eye adhesions	N		
65880	INCISE INNER EYE ADHESIONS	N		
65900	REMOVE EYE LESION	N		
65920	REMOVE IMPLANT OF EYE	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
65930	Remove blood clot from eye	N		
66020	Injection treatment of eye	N		
66030	Injection treatment of eye	N		
66130	REMOVE EYE LESION	N		
66150	GLAUCOMA SURGERY	N		
66155	GLAUCOMA SURGERY	N		
66160	GLAUCOMA SURGERY	N		
66165	GLAUCOMA SURGERY	N		
66170	Glaucoma surgery	N		
66172	Incision of eye	N		
66175	Trnslum dil eye canal w/stnt	N		
66179	Aqueous shunt eye w/o graft	N		
66180	Aqueous shunt eye w/graft	N		
66183	Insert ant drainage device	N		
66184	Revision of aqueous shunt	N		
66185	Revise aqueous shunt eye	N		
66225	REPAIR/GRAFT EYE LESION	N		
66250	Follow-up surgery of eye	N		
66500	Incision of iris	N		
66505	INCISION OF IRIS	N		
66600	REMOVE IRIS AND LESION	N		
66605	REMOVAL OF IRIS	N		
66625	REMOVAL OF IRIS	N		
66630	Removal of iris	N		
66635	REMOVAL OF IRIS	N		
66680	Repair iris & ciliary body	N		
66682	Repair iris & ciliary body	N		
66700	Destruction ciliary body	N		
66710	Ciliary transsleral therapy	N		
66711	Ciliary endoscopic ablation	N		
66720	DESTRUCTION CILIARY BODY	N		
66740	Destruction ciliary body	N		
66761	Revision of iris	N		
66762	Revision of iris	N		
66770	REMOVAL OF INNER EYE LESION	N		
66821	YAG capsulotomy (laser)	N		6/1/18
66825	Reposition intraocular lens	N		
66830	Removal of lens lesion	N		
66840	Removal of lens material	N		
66850	Removal of lens material	N		
66852	Removal of lens material	N		
66920	EXTRACTION OF LENS	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
66930	EXTRACTION OF LENS	N		
66940	Extraction of lens	N		
66982	Cataract surgery complex	N		
66983	Cataract surg w/iol 1 stage	N		
66984	Cataract surg w/iol 1 stage	N		
66985	Insert lens prosthesis	N		
66986	Exchange lens prosthesis	N		
66990	Ophthalmic endoscope add-on	N		
66999	Eye surgery procedure	N		
67005	Partial removal of eye fluid	N		
67010	Partial removal of eye fluid	N		
67015	Release of eye fluid	N		
67025	Replace eye fluid	N		
67027	Implant eye drug system	N		
67028	Injection eye drug	N		
67031	Laser surgery eye strands	N		
67036	Removal of inner eye fluid	N		
67038	STRIP RETINAL MEMBRANE	N		
67039	Laser treatment of retina	N		
67040	Laser treatment of retina	N		
67041	Vit for macular pucker	N		
67042	Vit for macular hole	N		
67043	Vit for membrane dissect	N		
67101	Repair detached retina	N		
67105	Repair detached retina	N		
67107	Repair detached retina	N		
67108	Repair detached retina	N		
67110	Repair detached retina	N		
67112	REREPAIR DETACHED RETINA	N		
67113	Repair retinal detach cplx	N		
67115	RELEASE ENCIRCLING MATERIAL	N		
67120	Remove eye implant material	N		
67121	Remove eye implant material	N		
67141	Treatment of retina	N		
67145	Treatment of retina	N		
67208	TREATMENT OF RETINAL LESION	N		
67210	Treatment of retinal lesion	N		
67218	TREATMENT OF RETINAL LESION	N		
67220	Treatment of choroid lesion	N		
67221	Ocular photodynamic ther	Y		
67225	EYE PHOTODYNAMIC THER ADD-ON	N		
67228	Treatment of retinal lesion	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
67229	TR RETINAL LES PRETERM INF	N		
67250	REINFORCE EYE WALL	N		
67255	Reinforce/graft eye wall	N		
67299	EYE SURGERY PROCEDURE	N		
67311	Revise eye muscle	N		
67312	Revise two eye muscles	N		
67314	Revise eye muscle	N		
67316	REVISE TWO EYE MUSCLES	N		
67318	Revise eye muscle(s)	N		
67320	Revise eye muscle(s) add-on	N		
67332	Rerevise eye muscles add-on	N		
67335	Eye suture during surgery	N		
67340	REVISE EYE MUSCLE ADD-ON	N		
67343	Release eye tissue	N		
67345	Destroy nerve of eye muscle	N		
67346	BIOPSY EYE MUSCLE	N		
67350	BIOPSY EYE MUSCLE	N		
67399	UNLISTED PX EXTRAOCULAR MUSC	Y		
67400	Explore/biopsy eye socket	N		
67405	Explore/drain eye socket	N		
67412	Explore/treat eye socket	N		
67414	Explr/decompress eye socket	N		
67415	ASPIRATION ORBITAL CONTENTS	N		
67420	Explore/treat eye socket	N		
67430	EXPLORE/TREAT EYE SOCKET	N		
67440	EXPLORE/DRAIN EYE SOCKET	N		
67445	EXPLR/DECOMPRESS EYE SOCKET	Y		
67450	EXPLORE/BIOPSY EYE SOCKET	N		
67500	Inject/treat eye socket	N		
67505	INJECT/TREAT EYE SOCKET	Y		
67515	Inject/treat eye socket	N		
67550	INSERT EYE SOCKET IMPLANT	N		
67560	REVISE EYE SOCKET IMPLANT	N		
67570	DECOMPRESS OPTIC NERVE	N		
67599	Orbit surgery procedure	N		
67700	Drainage of eyelid abscess	N		
67710	Incision of eyelid	N		
67715	INCISION OF EYELID FOLD	N		
67800	Remove eyelid lesion	N		
67801	Remove eyelid lesions	N		
67805	Remove eyelid lesions	N		
67808	Remove eyelid lesion(s)	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
67810	Biopsy eyelid & lid margin	N		
67820	Revise eyelashes	N		
67825	Revise eyelashes	N		
67830	Revise eyelashes	N		
67835	REVISE EYELASHES	N		
67840	Remove eyelid lesion	N		
67850	Treat eyelid lesion	N		
67875	Closure of eyelid by suture	N		
67880	Revision of eyelid	N		
67882	Revision of eyelid	N		
67900	Repair brow defect	N		
67901	Repair eyelid defect	N		
67902	Repair eyelid defect	N		
67903	Repair eyelid defect	N		
67904	Repair eyelid defect	N		
67906	REPAIR EYELID DEFECT	N		
67908	Repair eyelid defect	N		
67909	REVISE EYELID DEFECT	N		
67911	Revise eyelid defect	N		
67912	Correction eyelid w/implant	Y		
67914	Repair eyelid defect	N		
67916	Repair eyelid defect	N		
67917	Repair eyelid defect	N		
67921	Repair eyelid defect	N		
67923	Repair eyelid defect	N		
67924	Repair eyelid defect	N		
67930	REPAIR EYELID WOUND	N		
67935	Repair eyelid wound	N		
67938	Remove eyelid foreign body	N		
67950	Revision of eyelid	N		
67961	Revision of eyelid	N		
67966	Revision of eyelid	N		
67971	Reconstruction of eyelid	N		
67975	Reconstruction of eyelid	N		
67999	Revision of eyelid	N		
68020	Incise/drain eyelid lining	N		
68040	TREATMENT OF EYELID LESIONS	N		
68100	Biopsy of eyelid lining	N		
68110	Remove eyelid lining lesion	N		
68115	Remove eyelid lining lesion	N		
68130	REMOVE EYELID LINING LESION	N		
68135	REMOVE EYELID LINING LESION	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
68200	Treat eyelid by injection	N		
68320	Revise/graft eyelid lining	N		
68326	Revise/graft eyelid lining	N		
68328	REVISE/GRAFT EYELID LINING	N		
68330	REVISE EYELID LINING	N		
68335	REVISE/GRAFT EYELID LINING	N		
68340	SEPARATE EYELID ADHESIONS	N		
68360	Revise eyelid lining	N		
68362	REVISE EYELID LINING	N		
68371	HARVEST EYE TISSUE ALOGRAFT	N		
68399	Eyelid Lining Surgery	Y		
68400	Incise/drain tear gland	N		
68420	INCISE/DRAIN TEAR SAC	N		
68440	Incise tear duct opening	N		
68500	REMOVAL OF TEAR GLAND	N		
68505	PARTIAL REMOVAL TEAR GLAND	N		
68510	BIOPSY OF TEAR GLAND	N		
68520	REMOVAL OF TEAR SAC	N		
68525	Biopsy of tear sac	N		
68530	Clearance of tear duct	N		
68540	REMOVE TEAR GLAND LESION	N		
68550	REMOVE TEAR GLAND LESION	N		
68700	Repair tear ducts	N		
68705	REVISE TEAR DUCT OPENING	N		
68720	Create tear sac drain	N		
68745	CREATE TEAR DUCT DRAIN	N		
68750	Create tear duct drain	N		
68760	Close tear duct opening	N		
68761	Close tear duct opening	N		
68770	CLOSE TEAR SYSTEM FISTULA	N		
68801	Dilate tear duct opening	N		
68810	Probe nasolacrimal duct	N		
68811	Probe nasolacrimal duct	N		
68815	Probe nasolacrimal duct	N		
68816	PROBE NL DUCT W/BALLOON	N		
68840	Explore/irrigate tear ducts	N		
68850	Injection for tear sac x-ray	N		
68899	Tear duct system surgery	N		
69000	Drain external ear lesion	N		
69005	Drain external ear lesion	N		
69020	Drain outer ear canal lesion	N		
69100	Biopsy of external ear	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
69105	Biopsy of external ear canal	N		
69110	Remove external ear partial	N		
69140	Remove ear canal lesion(s)	N		
69145	Remove ear canal lesion(s)	N		
69200	Clear outer ear canal	N		
69205	Clear outer ear canal	N		
69210	Remove impacted ear wax uni	N		
69220	Clean out mastoid cavity	N		
69222	Clean out mastoid cavity	N		
69300	Revise external ear	Y		
69320	Rebuild outer ear canal	N		
69399	Outer Ear Surgery Procedure	Y		
69420	Incision of eardrum	N		
69421	Incision of eardrum	N		
69424	Remove ventilating tube	N		
69433	Create eardrum opening	N		
69436	Create eardrum opening	N		
69440	Exploration of middle ear	N		
69450	Eardrum revision	N		
69501	Mastoidectomy	N		
69505	Remove mastoid structures	N		
69540	Remove ear lesion	N		
69602	Mastoid surgery revision	N		
69605	Mastoid surgery revision	N		
69610	Repair of eardrum	N		
69620	Repair of eardrum	N		
69631	Repair eardrum structures	N		
69632	Rebuild eardrum structures	N		
69633	Rebuild eardrum structures	N		
69636	Rebuild eardrum structures	N		
69637	Rebuild eardrum structures	N		
69641	Revise middle ear & mastoid	N		
69642	Revise middle ear & mastoid	N		
69643	Revise middle ear & mastoid	N		
69644	Revise middle ear & mastoid	N		
69646	Revise middle ear & mastoid	N		
69660	Revise middle ear bone	N		
69661	Revise middle ear bone	N		
69667	Repair middle ear structures	N		
69676	Remove middle ear nerve	N		
69714	Implant temple bone w/stimul	N		
69801	Incise inner ear	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
69930	Implant cochlear device	Y		
69990	Microsurgery add-on	N		6/1/18
70010	Contrast x-ray of brain	N		
70015	Contrast x-ray of brain	N		
70030	X-ray eye for foreign body	N		
70100	X-ray exam of jaw <4views	N		
70110	X-ray exam of jaw 4/> views	N		
70120	X-ray exam of mastoids	N		
70130	X-ray exam of mastoids	N		
70134	X-ray exam of middle ear	N		
70140	X-ray exam of facial bones	N		
70150	X-ray exam of facial bones	N		
70160	X-ray exam of nasal bones	N		
70170	X-ray exam of tear duct	N		
70190	X-ray exam of eye sockets	N		
70200	X-ray exam of eye sockets	N		
70210	X-ray exam of sinuses	N		
70220	X-ray exam of sinuses	N		
70240	X-ray exam pituitary saddle	N		
70250	X-ray exam of skull	N		
70260	X-ray exam of skull	N		
70300	X-ray exam of teeth	N		
70310	X-ray exam of teeth	N		
70320	Full mouth x-ray of teeth	N		
70328	X-ray exam of jaw joint	N		
70330	X-ray exam of jaw joints	N		
70332	X-ray exam of jaw joint	N		
70336	Magnetic image jaw joint	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70350	X-ray head for orthodontia	N		
70355	Panoramic x-ray of jaws	N		
70360	X-ray exam of neck	N		
70370	Throat x-ray & fluoroscopy	N		
70371	Speech evaluation complex	N		
70373	CONTRAST X-RAY OF LARYNX	N		
70380	X-ray exam of salivary gland	N		
70390	X-ray exam of salivary duct	N		
70450	Ct head/brain w/o dye	N		
70460	Ct head/brain w/dye	N		
70470	Ct head/brain w/o & w/dye	N		
70480	Ct orbit/ear/fossa w/o dye	N		
70481	Ct orbit/ear/fossa w/dye	N		
70482	Ct orbit/ear/fossa w/o&w/dye	N		

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
70486	Ct maxillofacial w/o dye	N		
70487	Ct maxillofacial w/dye	N		
70488	Ct maxillofacial w/o & w/dye	N		
70490	Ct soft tissue neck w/o dye	N		
70491	Ct soft tissue neck w/dye	N		
70492	Ct sft tsue nck w/o & w/dye	N		
70496	Ct angiography head	N		
70498	Ct angiography neck	N		
70540	MRI orbit/face/neck w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70542	MRI orbit/face/neck w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70543	MRI orbt/fac/nck w/o &w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70544	Mr angiography head w/o dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
70545	Mr angiography head w/dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
70546	Mr angiograph head w/o&w/dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
70547	Mr angiography neck w/o dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
70548	Mr angiography neck w/dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
70549	Mr angiograph neck w/o&w/dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
70551	MRI brain stem w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70552	MRI brain stem w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70553	MRI brain stem w/o & w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70554	FMRI brain by tech	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70555	FMRI brain by phys/psych	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70557	MRI brain w/o dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
70558	MRI brain w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70559	MRI brain w/o & w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
71010	Chest x-ray 1 view frontal	N		
71015	Chest x-ray stereo frontal	N		
71020	Chest x-ray 2vw frontal&latl	N		
71021	Chest x-ray frnt lat lordotc	N		
71022	Chest x-ray frnt lat oblique	N		
71023	Chest x-ray and fluoroscopy	N		
71030	Chest x-ray 4/> views	N		
71034	Chest x-ray&fluoro 4/> views	N		
71035	Chest x-ray special views	N		
71040	CONTRAST X-RAY OF BRONCHI	N		
71045	X-ray exam chest 1 view	N		9/1/2018
71060	CONTRAST X-RAY OF BRONCHI	N		
71090	X-RAY & PACEMAKER INSERTION	N		
71100	X-ray exam ribs uni 2 views	N		
71101	X-ray exam unilat ribs/chest	N		
71110	X-ray exam ribs bil 3 views	N		
71111	X-ray exam ribs/chest4/> vws	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
71120	X-ray exam breastbone 2/>vws	N		
71130	X-ray strenoclavic jt 3/>vws	N		
71250	Ct thorax w/o dye	N		
71260	Ct thorax w/dye	N		
71270	Ct thorax w/o & w/dye	N		
71275	Ct angiography chest	N		
71550	MRI chest w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
71551	MRI chest w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
71552	MRI chest w/o & w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
71555	MRI angio chest w or w/o dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
72010	X-RAY EXAM SPINE AP&LAT	N		
72020	X-ray exam of spine 1 view	N		
72040	X-ray exam neck spine 2-3 vw	N		
72050	X-ray exam neck spine 4/5vws	N		
72052	X-ray exam neck spine 6/>vws	N		
72069	X-ray of trunk spine	N		
72070	X-ray exam thorac spine 2vws	N		
72072	X-ray exam thorac spine 3vws	N		
72074	X-ray exam thorac spine4/>vw	N		
72080	X-ray exam thoracolmb 2/> vw	N		
72081	X-ray exam entire spi 1 vw	N		
72082	X-ray exam entire spi 2/3 vw	N		
72083	X-ray exam entire spi 4/5 vw	N		
72084	X-ray exam entire spi 6/> vw	N		
72090	X-RAY EXAM SCLOIOSIS ERECT	N		
72100	X-ray exam l-s spine 2/3 vws	N		
72110	X-ray exam l-2 spine 4/>vws	N		
72114	X-ray exam l-s spine bending	N		
72120	X-ray bend only l-s spine	N		
72125	Ct neck spine w/o dye	N		
72126	Ct neck spine w/dye	N		
72127	Ct neck spine w/o & w/dye	N		
72128	Ct chest spine w/o dye	N		
72129	Ct chest spine w/dye	N		
72130	Ct chest spine w/o & w/dye	N		
72131	Ct lumbar spine w/o dye	N		
72132	Ct lumbar spine w/dye	N		
72133	Ct lumbar spine w/o & w/dye	N		
72141	MRI neck spine w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72142	MRI neck spine w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72146	MRI chest spine w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72147	MRI chest spine w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
72148	MRI lumbar spine w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72149	MRI lumbar spine w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72156	MRI neck spine w/o & w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72157	MRI chest spine w/o & w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72158	MRI lumbar spine w/o & w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72159	Mr angio spine w/o&w/dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
72170	X-ray exam of pelvis	N		
72190	X-ray exam of pelvis	N		
72191	Ct angiograph pelv w/o&w/dye	N		
72192	Ct pelvis w/o dye	N		
72193	Ct pelvis w/dye	N		
72194	Ct pelvis w/o & w/dye	N		
72195	MRI pelvis w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72196	MRI pelvis w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72197	MRI pelvis w/o & w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72198	Mr angio pelvis w/o & w/dye	Y		
72200	X-ray exam si joints	N		
72202	X-ray exam si joints 3/> vws	N		
72220	X-ray exam sacrum tailbone	N		
72240	Myelography neck spine	N		
72255	Myelography thoracic spine	N		
72265	Myelography l-s spine	N		
72270	Myelography 2/> spine regions	N		
72275	Epidurography	N		
72285	Discography cerv/thor spine	N		
72292	PERQ VERTE/SACROPLSTY CT	N		
72295	X-ray of lower spine disk	N		
73000	X-ray exam of collar bone	N		
73010	X-ray exam of shoulder blade	N		
73020	X-ray exam of shoulder	N		
73030	X-ray exam of shoulder	N		
73040	Contrast x-ray of shoulder	N		
73050	X-ray exam of shoulders	N		
73060	X-ray exam of humerus	N		
73070	X-ray exam of elbow	N		
73080	X-ray exam of elbow	N		
73085	Contrast x-ray of elbow	N		
73090	X-ray exam of forearm	N		
73092	X-ray exam of arm infant	N		
73100	X-ray exam of wrist	N		
73110	X-ray exam of wrist	N		
73115	Contrast x-ray of wrist	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
73120	X-ray exam of hand	N		
73130	X-ray exam of hand	N		
73140	X-ray exam of finger(s)	N		
73200	Ct upper extremity w/o dye	N		
73201	Ct upper extremity w/dye	N		
73202	Ct uppr extremity w/o&w/dye	N		
73206	Ct angio upr extrm w/o&w/dye	N		
73218	MRI upper extremity w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73219	MRI upper extremity w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73220	MRI uppr extremity w/o&w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73221	MRI joint upr extrem w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73222	MRI joint upr extrem w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73223	MRI joint upr extr w/o&w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73225	Mr angio upr extr w/o&w/dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
73500	X-RAY EXAM OF HIP	N		
73501	X-ray exam hip uni 1 view	N		
73502	X-ray exam hip uni 2-3 views	N		
73503	X-ray exam hip uni 4/> views	N		
73510	X-RAY EXAM OF HIP	N		
73520	X-RAY EXAM OF HIPS	N		
73521	X-ray exam hips bi 2 views	N		
73522	X-ray exam hips bi 3-4 views	N		
73523	X-ray exam hips bi 5/> views	N		
73525	Contrast x-ray of hip	N		
73530	X-RAY EXAM OF HIP	N		
73540	X-RAY EXAM OF PELVIS & HIPS	N		
73542	X-RAY EXAM SACROILIAC JOINT	N		
73550	X-RAY EXAM OF THIGH	N		
73551	X-ray exam of femur 1	N		
73552	X-ray exam of femur 2/>	N		
73560	X-ray exam of knee 1 or 2	N		
73562	X-ray exam of knee 3	N		
73564	X-ray exam knee 4 or more	N		
73565	X-ray exam of knees	N		
73580	Contrast x-ray of knee joint	N		
73590	X-ray exam of lower leg	N		
73592	X-ray exam of leg infant	N		
73600	X-ray exam of ankle	N		
73610	X-ray exam of ankle	N		
73615	Contrast x-ray of ankle	N		
73620	X-ray exam of foot	N		
73630	X-ray exam of foot	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
73650	X-ray exam of heel	N		
73660	X-ray exam of toe(s)	N		
73700	Ct lower extremity w/o dye	N		4/1/2019
73701	Ct lower extremity w/dye	N		
73702	Ct lwr extremity w/o&w/dye	N		
73706	Ct angio lwr extr w/o&w/dye	N		
73718	MRI lower extremity w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73719	MRI lower extremity w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73720	MRI lwr extremity w/o&w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73721	MRI jnt of lwr extre w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73722	MRI joint of lwr extr w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73723	MRI joint lwr extr w/o&w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73725	Mr ang lwr ext w or w/o dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
74000	X-ray exam of abdomen	N		
74010	X-ray exam of abdomen	N		
74018	X-ray exam abdomen 1 view	N		9/1/2018
74020	X-ray exam of abdomen	N		
74022	X-ray exam series abdomen	N		
74150	Ct abdomen w/o dye	N		
74160	Ct abdomen w/dye	N		
74170	Ct abdomen w/o & w/dye	N		
74174	Ct angio abd&pelv w/o&w/dye	N		
74175	Ct angio abdom w/o & w/dye	N		
74176	Ct abd & pelvis w/o contrast	N		
74177	Ct abd & pelv w/contrast	N		
74178	Ct abd & pelv 1/> regns	N		
74181	MRI abdomen w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
74182	MRI abdomen w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
74183	MRI abdomen w/o & w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
74185	MRI angio abdom w orw/o dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
74190	X-ray exam of peritoneum	N		
74210	Contrst x-ray exam of throat	N		
74220	Contrast x-ray esophagus	N		
74230	Cine/vid x-ray throat/esoph	N		
74235	Remove esophagus obstruction	N		
74240	X-ray upper gi delay w/o kub	N		
74241	X-ray upper gi delay w/kub	N		
74245	X-ray upper gi&small intest	N		
74246	Contrst x-ray uppr gi tract	N		
74247	Contrst x-ray uppr gi tract	N		
74249	Contrst x-ray uppr gi tract	N		
74250	X-ray exam of small bowel	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
74251	X-ray exam of small bowel	N		
74260	X-ray exam of small bowel	N		
74261	Ct colonography dx	N		
74262	Ct colonography dx w/dye	N		
74263	Ct colonography screening	N		
74270	Contrast x-ray exam of colon	N		
74280	Contrast x-ray exam of colon	N		
74283	Contrast x-ray exam of colon	N		
74290	Contrast x-ray gallbladder	N		
74291	CONTRAST X-RAYS GALLBLADDER	N		
74300	X-ray bile ducts/pancreas	N		
74301	X-rays at surgery add-on	N		
74305	X-RAY BILE DUCTS/PANCREAS	N		
74320	CONTRAST X-RAY OF BILE DUCTS	N		
74328	X-ray bile duct endoscopy	N		
74329	X-ray for pancreas endoscopy	N		
74330	X-ray bile/panc endoscopy	N		
74340	X-ray guide for gi tube	N		
74350	X-RAY GUIDE, STOMACH TUBE	N		
74355	X-ray guide intestinal tube	N		
74360	X-ray guide gi dilation	N		
74363	X-ray bile duct dilation	N		
74400	Contrst x-ray urinary tract	N		
74410	Contrst x-ray urinary tract	N		
74415	Contrst x-ray urinary tract	N		
74420	Contrst x-ray urinary tract	N		
74425	Contrst x-ray urinary tract	N		
74430	Contrast x-ray bladder	N		
74440	X-ray male genital tract	N		
74445	X-ray exam of penis	N		
74450	X-ray urethra/bladder	N		
74455	X-ray urethra/bladder	N		
74470	X-ray exam of kidney lesion	N		
74475	X-RAY CONTROL CATH INSERT	N		
74480	X-RAY CONTROL CATH INSERT	N		
74485	X-ray guide gu dilation	N		
74710	X-ray measurement of pelvis	N		
74712	MRI fetal sngl/1st gestation	N		
74713	MRI fetal ea addl gestation	N		
74740	X-ray female genital tract	N		
74742	X-ray fallopian tube	N		
74775	X-ray exam of perineum	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
75557	Cardiac MRI for morph	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
75559	Cardiac MRI w/stress img	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
75561	CARDIAC MAGNETIC RESONANCE IMAGING (MRI) FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
75563	Card MRI w/stress img & dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
75565	Card MRI veloc flow mapping	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
75571	Ct hrt w/o dye w/ca test	N		
75572	Ct hrt w/3d image	N		
75573	Ct hrt w/3d image congen	N		
75574	Ct angio hrt w/3d image	N		
75600	Contrast exam thoracic aorta	N		
75605	Contrast exam thoracic aorta	N		
75625	Contrast exam abdominl aorta	N		
75630	X-ray aorta leg arteries	N		
75635	Ct angio abdominal arteries	N		
75650	ARTERY X-RAYS HEAD & NECK	N		
75658	Artery x-rays arm	N		
75660	ARTERY X-RAYS HEAD & NECK	N		
75662	ARTERY X-RAYS HEAD & NECK	N		
75665	ARTERY X-RAYS HEAD & NECK	N		
75671	ARTERY X-RAYS HEAD & NECK	N		
75676	ARTERY X-RAYS NECK	N		
75680	ARTERY X-RAYS NECK	N		
75685	ARTERY X-RAYS SPINE	N		
75705	Artery x-rays spine	N		
75710	Artery x-rays arm/leg	N		
75716	Artery x-rays arms/legs	N		
75722	ARTERY X-RAYS KIDNEY	N		
75724	ARTERY X-RAYS KIDNEYS	N		
75726	Artery x-rays abdomen	N		
75731	Artery x-rays adrenal gland	N		
75733	Artery x-rays adrenals	N		
75736	Artery x-rays pelvis	N		
75741	Artery x-rays lung	N		
75743	Artery x-rays lungs	N		
75746	Artery x-rays lung	N		
75756	Artery x-rays chest	N		
75774	Artery x-ray each vessel	N		
75790	VISUALIZE A-V SHUNT	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
75791	Av dialysis shunt imaging	N		
75801	Lymph vessel x-ray arm/leg	N		
75803	Lymph vessel x-ray arms/legs	N		
75805	Lymph vessel x-ray trunk	N		
75807	Lymph vessel x-ray trunk	N		
75809	Nonvascular shunt x-ray	N		
75810	Vein x-ray spleen/liver	N		
75820	Vein x-ray arm/leg	N		
75822	Vein x-ray arms/legs	N		
75825	Vein x-ray trunk	N		
75827	Vein x-ray chest	N		
75831	Vein x-ray kidney	N		
75833	Vein x-ray kidneys	N		
75840	Vein x-ray adrenal gland	N		
75842	Vein x-ray adrenal glands	N		
75860	Vein x-ray neck	N		
75870	Vein x-ray skull	N		
75872	Vein x-ray skull epidural	N		
75880	Vein x-ray eye socket	N		
75885	Vein x-ray liver w/hemodynam	N		
75887	Vein x-ray liver w/o hemodyn	N		
75889	Vein x-ray liver w/hemodynam	N		
75891	Vein x-ray liver	N		
75893	Venous sampling by catheter	N		
75894	X-rays transcath therapy	N		
75896	X-RAYS TRANSCATH THERAPY	N		
75898	Follow-up angiography	N		
75901	Remove cva device obstruct	N		
75902	Remove cva lumen obstruct	N		
75940	X-RAY PLACEMENT VEIN FILTER	N		
75946	INTRAVASCULAR US ADD-ON	N		
75952	Endovasc repair abdom aorta	N		
75953	Abdom aneurysm endovas rpr	N		
75954	Iliac aneurysm endovas rpr	N		
75956	Xray endovasc thor ao repr	N		
75957	Xray endovasc thor ao repr	N		
75958	Xray place prox ext thor ao	N		
75959	Xray place dist ext thor ao	N		
75960	TRANSCATH IV STENT RS&I	N		
75962	Repair arterial blockage	N		
75964	Repair artery blockage each	N		
75966	Repair arterial blockage	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
75968	Repair artery blockage each	N		
75970	Vascular biopsy	N		
75978	Repair venous blockage	N		
75980	CONTRAST XRAY EXAM BILE DUCT	N		
75982	CONTRAST XRAY EXAM BILE DUCT	N		
75984	Xray control catheter change	N		
75989	Abscess drainage under x-ray	N		
75996	ATHERECTOMY, X-RAY EXAM	N		
75998	FLUOROGUIDE FOR VEIN DEVICE	N		
76000	Fluoroscope examination	N		
76003	NEEDLE LOCALIZATION BY X-RAY	N		
76006	X-RAY STRESS VIEW	N		
76010	X-ray nose to rectum	N		
76013	PERCUT VERTEBROPLASTY, CT	N		
76020	X-RAYS FOR BONE AGE	N		
76040	X-RAYS, BONE EVALUATION	N		
76062	X-RAYS, BONE SURVEY	N		
76066	JOINT SURVEY, SINGLE VIEW	N		
76076	DXA BONE DENSITY/PERIPHERAL	N		
76077	DXA BONE DENSITY/V-FRACTURE	N		
76080	X-ray exam of fistula	N		
76086	X-RAY OF MAMMARY DUCT	N		
76088	X-RAY OF MAMMARY DUCTS	N		
76092	MAMMOGRAM, SCREENING	N		
76095	STEREOTACTIC BREAST BIOPSY	N		
76096	X-RAY OF NEEDLE WIRE, BREAST	N		
76098	X-ray exam breast specimen	N		
76100	X-ray exam of body section	N		
76101	Complex body section x-ray	N		
76102	Complex body section x-rays	N		
76120	Cine/video x-rays	N		
76125	Cine/video x-rays add-on	N		
76140	X-ray consultation	N		
76150	X-RAY EXAM, DRY PROCESS	N		
76350	SPECIAL X-RAY CONTRAST STUDY	N		
76355	CT SCAN FOR LOCALIZATION	N		
76360	CT SCAN FOR NEEDLE BIOPSY	N		
76362	CT GUIDE FOR TISSUE ABLATION	N		
76370	CT SCAN FOR THERAPY GUIDE	N		
76375	CORONAL, SAGITTAL, MULTIPLANAR, OBL	N		
76376	3d render w/intrp postproces	N		
76377	3d render w/intrp postproces	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
76380	Cat scan follow-up study	N		
76390	Mr spectroscopy	N		
76391	MR ELASTOGRAPHY	Y		
76394	MRI FOR TISSUE ABLATION	N		
76496	Fluoroscopic Procedure (Eg, Diagnostic, Interventional)	Y		
76497	Computed Tomography Procedure (Eg, Diagnostic, Interventional)	Y		
76498	Magnetic Resonance Procedure (Eg, Diagnostic, Interventional)	Y		
76499	Radiographic Procedure	Y		
76506	Echo exam of head	N		
76510	Ophth us b & quant a	N		
76511	Ophth us quant a only	N		
76512	Ophth us b w/non-quant a	N		
76513	Echo exam of eye water bath	N		
76514	Echo exam of eye thickness	N		
76516	Echo exam of eye	N		
76519	Echo exam of eye	N		
76529	Echo exam of eye	N		
76536	Us exam of head and neck	N		
76604	Us exam chest	N		
76641	Ultrasound breast complete	N		
76642	Ultrasound breast limited	N		
76645	US EXAM BREAST(S)	N		
76700	Us exam abdom complete	N		
76705	Echo exam of abdomen	N		
76706	US ABDL AORTA SCREEN AAA	N		
76770	Us exam abdo back wall comp	N		
76775	Us exam abdo back wall lim	N		
76776	Us exam k transpl w/doppler	N		
76778	US EXAM KIDNEY TRANSPLANT	N		
76800	Us exam spinal canal	N		
76801	Ob us < 14 wks single fetus	N		
76802	Ob us < 14 wks addl fetus	N		
76805	Ob us >= 14 wks sngl fetus	N		
76810	Ob us >= 14 wks addl fetus	N		
76811	Ob us detailed sngl fetus	N		
76812	Ob us detailed addl fetus	N		
76813	Ob us nuchal meas 1 gest	N		
76814	Ob us nuchal meas add-on	N		
76815	Ob us limited fetus(s)	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
76816	Ob us follow-up per fetus	N		
76817	Transvaginal us obstetric	N		
76818	Fetal biophys profile w/nst	N		
76819	Fetal biophys profil w/o nst	N		
76820	Umbilical artery echo	N		
76821	Middle cerebral artery echo	N		
76825	Echo exam of fetal heart	N		
76826	Echo exam of fetal heart	N		
76827	Echo exam of fetal heart	N		
76828	Echo exam of fetal heart	N		
76830	Transvaginal us non-ob	N		
76831	Echo exam uterus	N		
76856	Us exam pelvic complete	N		
76857	Us exam pelvic limited	N		
76870	Us exam scrotum	N		
76872	Us transrectal	N		
76873	Echograp trans r pros study	N		
76880	US EXAM, EXTREMITY	N		
76881	Us xtr non-vasc complete	N		
76882	Us xtr non-vasc lmtd	N		
76885	Us exam infant hips dynamic	N		
76886	Us exam infant hips static	N		
76930	Echo guide cardiocentesis	N		
76932	Echo guide for heart biopsy	N		
76936	Echo guide for artery repair	N		
76937	Us guide vascular access	N		
76940	Us guide tissue ablation	N		
76941	Echo guide for transfusion	N		
76942	Echo guide for biopsy	N		
76945	Echo guide villus sampling	N		
76946	Echo guide for amniocentesis	N		
76948	Echo guide ova aspiration	N		
76950	ECHO GUIDANCE RADIOTHERAPY	N		
76965	Echo guidance radiotherapy	N		
76970	Ultrasound exam follow-up	N		
76975	Gi endoscopic ultrasound	N		
76977	Us bone density measure	N		
76986	ULTRASOUND GUIDE INTRAOPER	N		
76998	Us guide intraop	N		
76999	Echo Exam Procedure (Transthoracic)	N		6/1/18
77001	Fluoroguide for vein device	N		
77002	Needle localization by xray	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
77003	Fluoroguide for spine inject	N		
77011	Ct scan for localization	N		
77012	Ct scan for needle biopsy	N		
77013	Ct guide for tissue ablation	N		
77014	Ct scan for therapy guide	N		
77021	Mr guidance for needle place	N		
77022	MRI for tissue ablation	N		
77032	GUIDANCE FOR NEEDLE BREAST	N		
77046	MRI BREAST C- UNILATERAL	Y		4/1/2019
77047	MRI BREAST C- BILATERAL	Y		4/1/2019
77048	MRI BREAST C-+ W/CAD UNI	Y		4/1/2019
77049	MRI BREAST C-+ W/CAD BI	Y		4/1/2019
77051	Computer dx mammogram add-on	N		
77052	Comp screen mammogram add-on	N		
77053	X-ray of mammary duct	N		
77054	X-ray of mammary ducts	N		
77055	Mammogram one breast	N		
77056	Mammogram both breasts	N		
77057	Mammogram screening	N		
77061	Breast tomosynthesis uni	N		
77062	Breast tomosynthesis bi	N		
77063	Breast tomosynthesis bi	N		
77065	DIAG MAMMO W/CAD UNI-LAT	N		
77066	DIAG MAMMO W/CAD BI-LAT	N		
77067	SCRN MAMMO W/CAD BI-LAT	N		
77071	X-ray stress view	N		
77072	X-rays for bone age	N		
77073	X-rays bone length studies	N		
77074	X-rays bone survey limited	N		
77075	X-rays bone survey complete	N		
77076	X-rays bone survey infant	N		
77077	Joint survey single view	N		
77078	Ct bone density axial	N		
77080	Dxa bone density axial	N		
77081	Dxa bone density/peripheral	Y		
77084	Magnetic image bone marrow	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
77085	Dxa bone density study	N		
77086	Fracture assessment via dxa	N		
77261	Radiation therapy planning	N		
77262	Radiation therapy planning	N		
77263	Radiation therapy planning	N		
77280	Set radiation therapy field	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
77285	Set radiation therapy field	N		
77290	Set radiation therapy field	N		
77293	Respirator motion mgmt simul	N		
77295	3-d radiotherapy plan	N		
77299	Radiation therapy planning	N		
77300	Radiation therapy dose plan	N		
77301	Radiotherapy dose plan imrt	N		
77305	TELETX ISODOSE PLAN SIMPLE	N		
77306	Telethx isodose plan simple	N		
77307	Telethx isodose plan cplx	N		
77310	TELETX ISODOSE PLAN INTERMED	N		
77315	TELETX ISODOSE PLAN COMPLEX	N		
77316	Brachytx isodose plan simple	N		
77317	Brachytx isodose intermed	N		
77318	Brachytx isodose complex	N		
77321	Special teletx port plan	N		
77328	BRACHYTX ISODOSE PLAN COMPL	N		
77331	Special radiation dosimetry	N		
77332	Radiation treatment aid(s)	N		
77333	Radiation treatment aid(s)	N		
77334	Radiation treatment aid(s)	N		
77336	Radiation physics consult	N		
77338	Design mlc device for imrt	N		
77370	Radiation physics consult	N		
77371	Srs multisource	Y		
77372	Srs linear based	Y		
77373	Sbrt delivery	Y		
77385	Ntsty modul rad tx dlvr smpl	N		
77386	Ntsty modul rad tx dlvr cplx	N		
77387	Guidance for radiaj tx dlvr	N		
77399	External Radiation Dosimetry	N		9/1/2018
77401	Radiation treatment delivery	N		
77402	Radiation treatment delivery	N		
77404	RADIATION TREATMENT DELIVERY	N		
77407	Radiation treatment delivery	N		
77409	RADIATION TREATMENT DELIVERY	N		
77412	Radiation treatment delivery	N		
77414	RADIATION TREATMENT DELIVERY	N		
77417	Radiology port images(s)	N		
77418	RADIATION TX DELIVERY IMRT	Y		
77422	Neutron beam tx simple	N		
77423	Neutron beam tx complex	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
77424	lo rad tx delivery by x-ray	N		
77425	lo rad tx deliver by elctrns	N		
77427	Radiation tx management x5	N		
77431	Radiation therapy management	N		
77432	Stereotactic radiation trmt	N		
77435	Sbrt management	Y		
77469	lo radiation tx management	N		
77470	Special radiation treatment	N		
77499	Radiation therapy management	N		
77520	Proton trmt simple w/o comp	N		
77522	Proton trmt simple w/comp	N		
77523	Proton trmt intermediate	N		
77525	Proton treatment complex	N		
77600	Hyperthermia treatment	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
77605	Hyperthermia treatment	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
77610	Hyperthermia treatment	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
77615	Hyperthermia treatment	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
77620	Hyperthermia treatment	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
77750	Infuse radioactive materials	N		
77761	Apply intrcav radiat simple	N		
77762	Apply intrcav radiat interm	N		
77763	Apply intrcav radiat compl	N		
77767	Hdr rdncl skn surf brachytx	N		
77768	Hdr rdncl skn surf brachytx	N		
77770	Hdr rdncl ntrstl/icav brchtx	N		
77771	Hdr rdncl ntrstl/icav brchtx	N		
77772	Hdr rdncl ntrstl/icav brchtx	N		
77778	Apply interstit radiat compl	N		
77784	HIGH INTENSITY BRACHYTHERAPY	N		
77787	HDR BRACHYTX OVER 12 CHAN	Y		
77789	Apply surf ldr radionuclide	N		
77790	Radiation handling	N		
77799	Radium/radioisotope therapy	N		
78001	THYROID MULTIPLE UPTAKES	N		
78003	THYROID SUPPRESS/STIMUL	N		
78007	THYROID IMAGE MULT UPTAKES	N		
78011	THYROID IMAGING WITH FLOW	N		
78012	Thyroid uptake measurement	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78013	Thyroid imaging w/blood flow	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78014	Thyroid uptake	N		6/1/18
78015	Thyroid met imaging	N		
78016	Thyroid met imaging/studies	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
78018	Thyroid met imaging body	N		
78020	Thyroid met uptake	N		
78070	Parathyroid planar imaging	N		
78071	Parathyrd planar w/wo subtrj	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78072	Parathyrd planar w/spect&ct	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78075	Adrenal cortex & medulla img	N		
78099	Endocrine nuclear procedure	N		
78102	Bone marrow imaging ltd	N		
78103	Bone marrow imaging mult	N		
78104	Bone marrow imaging body	N		
78110	Plasma volume single	N		
78111	Plasma volume multiple	N		
78120	Red cell mass single	N		
78121	Red cell mass multiple	N		
78122	Blood volume	N		
78130	Red cell survival study	N		
78135	Red cell survival kinetics	N		
78140	Red cell sequestration	N		
78160	NUCLEAR EXAM OF PLASMA IRON	N		
78162	RADIOIRON ABSORPTION EXAM	N		
78170	NUCLEAR EXAM, RED CELL IRON	N		
78185	Spleen imaging	N		
78190	Platelet survival kinetics	N		
78191	Platelet survival	N		
78195	Lymph system imaging	N		
78199	Blood/lymph nuclear exam	N		
78201	Liver imaging	N		
78202	Liver imaging with flow	N		
78205	Liver imaging (3d)	N		6/1/18
78206	Liver image (3d) with flow	N		6/1/18
78215	Liver and spleen imaging	N		
78216	Liver & spleen image/flow	N		
78220	LIVER FUNCTION STUDY	N		
78223	HEPATOBIILIARY IMAGING	N		
78226	Hepatobiliary system imaging	N		
78227	Hepatobil syst image w/drug	N		
78230	Salivary gland imaging	N		
78231	Serial salivary imaging	N		
78232	Salivary gland function exam	N		
78258	Esophageal motility study	N		
78261	Gastric mucosa imaging	N		
78262	Gastroesophageal reflux exam	N		

RELEASED	4/1/2019			
IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on https://www.hpsm.org/authorizations				
Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
78264	Gastric emptying imag study	N		
78265	Gastric emptying imag study	N		
78266	Gastric emptying imag study	N		
78267	Breath tst attain/anal c-14	N		
78268	Breath test analysis c-14	N		
78278	Acute gi blood loss imaging	N		
78282	Gi protein loss exam	N		
78290	Meckels divert exam	N		
78291	Leveen/shunt patency exam	N		
78299	Gi nuclear procedure	N		
78300	Bone imaging limited area	N		
78305	Bone imaging multiple areas	N		
78306	Bone imaging whole body	N		
78315	Bone imaging 3 phase	N		
78320	Bone imaging (3d)	N		
78350	Bone mineral single photon	N		
78351	Bone mineral dual photon	N		
78399	Musculoskeletal nuclear exam	N		
78414	Non-imaging heart function	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78428	Cardiac shunt imaging	N		
78445	Vascular flow imaging	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78451	Ht muscle image spect sing	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78452	Ht muscle image spect mult	N		
78453	Ht muscle image planar sing	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78454	Ht musc image planar mult	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78455	NUCLEAR SCAN OF VEIN CLOT	N		
78456	Acute venous thrombus image	N		
78457	Venous thrombosis imaging	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78458	Ven thrombosis images bilat	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78459	Heart muscle imaging (pet)	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78461	HEART MUSCLE BLOOD, MULTIPLE	N		
78465	HEART IMAGE (3D), MULTIPLE	N		
78466	Heart infarct image	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78468	Heart infarct image (ef)	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78469	Heart infarct image (3d)	CONDITIONAL	only covered under CA benefit	
78472	Gated heart planar single	N		
78473	Gated heart multiple	N		
78478	HEART WALL MOTION ADD-ON	N		
78480	HEART FUNCTION ADD-ON	N		
78481	Heart first pass single	Y		
78483	Heart first pass multiple	Y		
78491	Heart image (pet) single	Y	only covered under CA benefit	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
78492	Heart image (pet) multiple	Y	only covered under CA benefit	
78494	Heart image spect	Y		
78496	Heart first pass add-on	Y		
78499	Cardiovascular nuclear exam	N		
78579	Lung ventilation imaging	N		
78580	Lung perfusion imaging	N		
78582	Lung ventilat&perfus imaging	N		
78584	LUNG V/Q IMAGE SINGLE BREATH	N		
78588	PERFUSION LUNG IMAGE	N		
78591	VENT IMAGE 1 BREATH 1 PROJ	N		
78593	VENT IMAGE 1 PROJ GAS	N		
78594	VENT IMAGE MULT PROJ GAS	N		
78596	LUNG DIFFERENTIAL FUNCTION	N		
78597	Lung perfusion differential	N		
78598	Lung perf&ventilat diferentl	N		
78599	Respiratory nuclear exam	N		
78600	Brain image < 4 views	N		
78601	Brain image w/flow < 4 views	N		
78605	Brain image 4+ views	N		
78606	Brain image w/flow 4 + views	N		
78607	Brain imaging (3d)	N		
78608	Brain imaging (pet)	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78609	Brain imaging (pet)	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78610	Brain flow imaging only	N		
78615	CEREBRAL VASCULAR FLOW IMAGE	N		
78630	Cerebrospinal fluid scan	N		
78635	Csf ventriculography	N		
78645	Csf shunt evaluation	N		
78647	Cerebrospinal fluid scan	N		
78650	Csf leakage imaging	N		
78660	Nuclear exam of tear flow	N		
78699	Nervous system nuclear exam	N		
78700	Kidney imaging morphol	N		
78701	Kidney imaging with flow	N		
78704	IMAGING RENOGRAM	N		
78707	K flow/funct image w/o drug	N		
78708	K flow/funct image w/drug	N		
78709	K flow/funct image multiple	N		
78710	Kidney imaging (3d)	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78715	RENAL VASCULAR FLOW EXAM	N		
78725	Kidney function study	N		
78730	Urinary bladder retention	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
78740	Ureteral reflux study	N		
78760	TESTICULAR IMAGING	N		
78761	Testicular imaging w/flow	N		
78799	Genitourinary nuclear exam	N		
78800	Tumor imaging limited area	N		
78801	Tumor imaging mult areas	N		
78802	Tumor imaging whole body	N		
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S)	Y	Prior auth not required if in-patient; required if out-patient	
78804	Tumor imaging whole body	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78805	Abscess imaging ltd area	N		
78806	Abscess imaging whole body	N		
78807	Nuclear localization/abscess	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78808	Iv inj ra drug dx study	N		
78810	TUMOR IMAGING,POSITRON EMISSION TOM	N		
78811	Pet image ltd area	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78812	Pet image skull-thigh	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78813	Pet image full body	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78814	Pet image w/ct lmted	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78815	Pet image w/ct skull-thigh	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78816	Pet image w/ct full body	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78990	PROVISION OF DIAGNOSTIC RADIOPHARMA	N		
78999	Nuclear Diagnostic Exam	Y		
79001	NUCLEAR THERAPY, THYROID	N		
79005	Nuclear rx oral admin	N		
79020	RADIOPHARMACEUTICAL THERAPY, THYROI	N		
79030	RADIOPHARMACEUTICAL ABLATION OF GLA	N		
79100	RADIOPHARMACEUTICAL THERAPY, POLYCY	N		
79101	Nuclear rx iv admin	N		
79200	Nuclear rx intracav admin	N		
79300	Nuclr rx interstit colloid	N		
79400	RADIOPHARMACEUTICAL THERAPY, NONTHR	N		
79403	Hematopoietic nuclear tx	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
79440	Nuclear rx intra-articular	N		
79445	Nuclear rx intra-arterial	N		
79900	PROVISION OF THERAPEUTIC RADIOPHARM	N		
79999	Nuclear medicine therapy	N		
80047	METABOLIC PANEL IONIZED CA	N		
80048	METABOLIC PANEL TOTAL CA	N		
80051	ELECTROLYTE PANEL	N		
80053	*00 COMPREHENSIVE METABOLIC PANEL	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
80055	OBSTETRIC PANEL	N		
80061	LIPID PROFILE	N		
80069	RENAL FUNCTION PANEL	N		
80074	ACUTE HEPATITIS PANEL	N		
80076	HEPATIC FUNCTION PANEL	N		
80101	DRUG SCREEN SINGLE	N		
80102	DRUG CONFIRMATION	N		
80104	DRUG SCR N 1+ CLASS NONCHROMO	N		
80150	ASSAY, AMIKACIN	N		
80152	ASSAY OF AMITRIPTYLINE	N		
80154	ASSAY OF BENZODIAZEPINES	N		
80155	DRUG SCREEN QUANT CAFFEINE	N		
80156	ASSAY CARBAMAZEPINE TOTAL	N		
80157	ASSAY CARBAMAZEPINE FREE	N		
80158	ASSAY, CYCLOSPORINE	N		
80159	DRUG SCREEN QUANT CLOZAPINE	N		
80160	ASSAY OF DESIPRAMINE	N		
80162	ASSAY OF DIGOXIN	N		
80163	ASSAY OF DIGOXIN FREE	N		
80164	ASSAY DIPROPYLACETIC ACID	N		
80165	DIPROPYLACETIC ACID FREE	N		
80166	ASSAY OF DOXEPIN	N		
80168	ASSAY, ETHOSUXIMIDE	N		
80169	DRUG SCREEN QUANT EVEROLIMUS	N		
80170	ASSAY OF GENTAMICIN	N		
80171	DRUG SCREEN QUANT GABAPENTIN	N		
80173	ASSAY OF HALOPERIDOL	N		
80174	ASSAY OF IMIPRAMINE	N		
80175	DRUG SCREEN QUAN LAMOTRIGINE	N		
80176	ASSAY OF LIDOCAINE	N		
80177	DRUG SCR N QUAN LEVETIRACETAM	N		
80178	ASSAY OF LITHIUM	N		
80180	DRUG SCR N QUAN MYCOPHENOLATE	N		
80182	ASSAY OF NORTRIPTYLINE	N		
80183	DRUG SCR N QUANT OXCARBAZEPIN	N		
80184	ASSAY OF PHENOBARBITAL	N		
80185	ASSAY OF PHENYTOIN TOTAL	N		
80186	ASSAY OF PHENYTOIN FREE	N		
80188	ASSAY OF PRIMIDONE	N		
80190	ASSAY OF PROCAINAMIDE	N		
80192	ASSAY OF PROCAINAMIDE	N		
80194	ASSAY OF QUINIDINE	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
80195	ASSAY OF SIROLIMUS	N		
80197	ASSAY OF TACROLIMUS	N		
80198	ASSAY OF THEOPHYLLINE	N		
80199	DRUG SCREEN QUANT TIAGABINE	N		
80200	ASSAY OF TOBRAMYCIN	N		
80201	ASSAY OF TOPIRAMATE	N		
80202	ASSAY OF VANCOMYCIN	N		
80203	DRUG SCREEN QUANT ZONISAMIDE	N		
80299	Drug level testing	N		6/1/18
80300	DRUG SCREEN NON TLC DEVICES	N		
80301	DRUG SCREEN CLASS LIST A	N		
80302	DRUG SCREEN PRSMPTV 1 CLASS	N		
80303	DRUG SCREEN ONE/MULT CLASS	N		
80304	DRUG SCREEN ONE/MULT CLASS	N		
80305	DRUG TEST PRSMV DIR OPT OBS	N		
80306	DRUG TEST PRSMV INSTRMNT	N		
80307	DRUG TEST PRSMV CHEM ANALYZR	N		
80320	DRUG SCREEN QUANTALCOHOLS	N		
80321	ALCOHOLS BIOMARKERS 1OR 2	N		
80322	ALCOHOLS BIOMARKERS 3/MORE	N		
80323	ALKALOIDS NOS	N		
80324	DRUG SCREEN AMPHETAMINES 1/2	N		
80325	AMPHETAMINES 3OR 4	N		
80326	AMPHETAMINES 5 OR MORE	N		
80327	ANABOLIC STEROID 1 OR 2	N		
80328	ANABOLIC STEROID 3 OR MORE	N		
80329	ANALGESICS NON-OPIOID 1 OR 2	N		
80330	ANALGESICS NON-OPIOID 3-5	N		
80331	ANALGESICS NON-OPIOID 6/MORE	N		
80332	ANTIDEPRESSANTS CLASS 1 OR 2	N		
80333	ANTIDEPRESSANTS CLASS 3-5	N		
80334	ANTIDEPRESSANTS CLASS 6/MORE	N		
80335	ANTIDEPRESSANT TRICYCLIC 1/2	N		
80336	ANTIDEPRESSANT TRICYCLIC 3-5	N		
80337	TRICYCLIC & CYCLICALS 6/MORE	N		
80338	ANTIDEPRESSANT NOT SPECIFIED	N		
80339	ANTIEPILEPTICS NOS 1-3	N		
80340	ANTIEPILEPTICS NOS 4-6	N		
80341	ANTIEPILEPTICS NOS 7/MORE	N		
80342	ANTIPSYCHOTICS NOS 1-3	N		
80343	ANTIPSYCHOTICS NOS 4-6	N		
80344	ANTIPSYCHOTICS NOS 7/MORE	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
80345	DRUG SCREENING BARBITURATES	N		
80346	BENZODIAZEPINES1-12	N		
80347	BENZODIAZEPINES 13 OR MORE	N		
80348	DRUG SCREENING BUPRENORPHINE	N		
80349	CANNABINOIDS NATURAL	N		
80350	CANNABINOIDS SYNTHETIC 1-3	N		
80351	CANNABINOIDS SYNTHETIC 4-6	N		
80352	CANNABINOID SYNTHETIC 7/MORE	N		
80353	DRUG SCREENING COCAINE	N		
80354	DRUG SCREENING FENTANYL	N		
80355	GABAPENTIN NON-BLOOD	N		
80356	HEROIN METABOLITE	N		
80357	KETAMINE AND NORKETAMINE	N		
80358	DRUG SCREENING METHADONE	N		
80359	METHYLENEDIOXYAMPHETAMINES	N		
80360	METHYLPHENIDATE	N		
80361	OPIATES 1 OR MORE	N		
80362	OPIOIDS & OPIATE ANALOGS 1/2	N		
80363	OPIOIDS & OPIATE ANALOGS 3/4	N		
80364	OPIOID & OPIATE ANALOG 5/MORE	N		
80365	DRUG SCREENING OXYCODONE	N		
80366	DRUG SCREENING PREGABALIN	N		
80367	DRUG SCREENING PROPOXYPHENE	N		
80368	SEDATIVE HYPNOTICS	N		
80369	SKELETAL MUSCLE RELAXANT 1/2	N		
80370	SKEL MUSC RELAXANT 3 OR MORE	N		
80371	STIMULANTS SYNTHETIC	N		
80372	DRUG SCREENING TAPENTADOL	N		
80373	DRUG SCREENING TRAMADOL	N		
80374	STEREOISOMER ANALYSIS	N		
80375	DRUG/SUBSTANCE NOS 1-3	N		
80376	DRUG/SUBSTANCE NOS 4-6	N		
80377	DRUG/SUBSTANCE NOS 7/MORE	N		
80500	Lab pathology coNsultatioN	N		
80502	Lab pathology coNsultatioN	N		
81000	URINALYSIS NONAUTO W/SCOPE	N		
81001	URINALYSIS AUTO W/SCOPE	N		
81002	URINALYSIS, NONAUTO W/O SCOPE	N		
81003	URINALYSIS AUTO W/O SCOPE	N		
81005	URINALYSIS; QUAL OR SEMI-QUAN	N		
81007	URINE SCREEN FOR BACTERIA	N		
81015	MICROSCOPIC EXAM OF URINE	N		

RELEASED	4/1/2019			
IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on https://www.hpsm.org/authorizations				
Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
81025	URINE PREGNANCY TEST	N		
81050	URINALYSIS VOLUME MEASURE	N		
81099	URINALYSIS TEST PROCEDURE	N		
81162	BRCA1, BRCA2 gene analysis; full sequence analysis and full duplication/deletion analysis	Y		
81163-81167		Y		4/1/2019
81173		Y		
81174		Y		
81177	ATN1 GENE DETC ABNOR ALLELES	Y		4/1/2019
81178	ATXN1 GENE DETC ABNOR ALLELE	Y		4/1/2019
81179	ATXN2 GENE DETC ABNOR ALLELE	Y		4/1/2019
81180	ATXN3 GENE DETC ABNOR ALLELE	Y		4/1/2019
81181	ATXN7 GENE DETC ABNOR ALLELE	Y		4/1/2019
81182	ATXN8OS GEN DETC ABNOR ALLEL	Y		4/1/2019
81183	ATXN10 GENE DETC ABNOR ALLEL	Y		4/1/2019
81184	CACNA1A GEN DETC ABNOR ALLEL	Y		4/1/2019
81185	CACNA1A GENE FULL GENE SEQ	Y		4/1/2019
81186	CACNA1A GEN KNOWN FAMIL VRNT	Y		4/1/2019
81187	CNBP GENE DETC ABNOR ALLELE	Y		4/1/2019
81188	CSTB GENE DETC ABNOR ALLELE	Y		4/1/2019
81189	CSTB GENE FULL GENE SEQUENCE	Y		4/1/2019
81190	CSTB GENE KNOWN FAMIL VRNT	Y		4/1/2019
81201	APC GENE FULL SEQUENCE	Y		
81202	APC GENE KNOWN FAM VARIANTS	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81203	APC GENE DUP/DELET VARIANTS	N		9/1/2018
81204		Y		
81206	BCR/ABL1 GENE MAJOR BP	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81207	BCR/ABL1 GENE MINOR BP	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81208	BCR/ABL1 GENE OTHER BP	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81210	BRAF GENE	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81212	BRCA1&2 185&5385&6174 VAR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81215	BRCA1 GENE KNOWN FAM VARIANT	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81216		Y		
81217	BRCA2 GENE KNOWN FAM VARIANT	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81220	Genetic test during pregnancy for Cystic Fibrosis	N		6/1/18
81234		Y		
81235	EGFR GENE COM VARIANTS	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81239		Y		
81243	FMR1 GENE DETECTION	N		9/1/2018
81244	FMR1 GENE CHARACTERIZATION	N		9/1/2018
81245	FIt3 gene	N		9/1/2018
81246	FIt3 gene analysis	N		9/1/2018

RELEASED	4/1/2019			
IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on https://www.hpsm.org/authorizations				
Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
81250	G6PC GENE	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81256	HFE GENE	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81260	IKBKAP GENE	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81265	STR MARKERS SPECIMEN ANAL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81266	STR MARKERS SPEC ANAL ADDL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81267	CHIMERISM ANAL NO CELL SELEC	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81268	CHIMERISM ANAL W/CELL SELECT	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81270	JAK2 GENE	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81271		Y		
81272	KIT GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS	Y		
81274		Y		
81275	KRAS GENE	N		9/1/2018
81280	LONG QT SYND GENE FULL SEQ	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81281	LONG QT SYND KNOWN FAM VAR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81284-81286		Y		4/1/2019
81287	MGMT GENE METHYLATION ANAL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81288	MLH1 GENE	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81289		Y		
81292	MLH1 GENE FULL SEQ	N		9/1/2018
81293	MLH1 GENE KNOWN VARIANTS	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81294	MLH1 GENE DUP/DELETE VARIANT	N		9/1/2018
81295	MSH2 GENE FULL SEQ	N		9/1/2018
81296	MSH2 GENE KNOWN VARIANTS	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81297	MSH2 GENE DUP/DELETE VARIANT	N		9/1/2018
81298	MSH6 GENE FULL SEQ	N		9/1/2018
81299	MSH6 GENE KNOWN VARIANTS	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81300	MSH6 GENE DUP/DELETE VARIANT	N		9/1/2018
81301	MICROSATELLITE INSTABILITY	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81306		Y		
81312		Y		
81315	PML/RARALPHA COM BREAKPOINTS	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81316	PML/RARALPHA 1 BREAKPOINT	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81317	PMS2 GENE FULL SEQ ANALYSIS	N		9/1/2018
81318	PMS2 KNOWN FAMILIAL VARIANTS	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81319	PMS2 GENE DUP/DELET VARIANTS	N		9/1/2018
81321	PTEN GENE FULL SEQUENCE	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81322	PTEN GENE KNOWN FAM VARIANT	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81323	PTEN GENE DUP/DELET VARIANT	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81327	SEPT9 METHYLATION ANALYSIS	Y	CareAdvantage only code	
81229		Y		
81331	SNRPN/UBE3A GENE	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
81336	SMN1 GENE FULL GENE SEQUENCE	Y		
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	Y		
81343	PPP2R2B GEN DETC ABNOR ALLEL	Y		4/1/2019
81344	TBP GENE DETC ABNOR ALLELES	Y		4/1/2019
81345	TERT GENE TARGETED SEQ ALYS	Y		4/1/2019
81370	HLA I & II TYPING LR	N		9/1/2018
81371	HLA I & II TYPE VERIFY LR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81372	HLA I TYPING COMPLETE LR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81373	HLA I TYPING 1 LOCUS LR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81374	HLA I TYPING 1 ANTIGEN LR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81375	HLA II TYPING AG EQUIV LR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81376	HLA II TYPING 1 LOCUS LR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81377	HLA II TYPE 1 AG EQUIV LR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81378	HLA I & II TYPING HR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81379	HLA I TYPING COMPLETE HR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81380	HLA I TYPING 1 LOCUS HR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81381	HLA I TYPING 1 ALLELE HR	N		9/1/2018
81382	HLA II TYPING 1 LOC HR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81383	HLA II TYPING 1 ALLELE HR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81400	MOPATH PROCEDURE LEVEL 1	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81401	MOPATH PROCEDURE LEVEL 2	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81402	MOPATH PROCEDURE LEVEL 3	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81403	MOPATH PROCEDURE LEVEL 4	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81404	MOPATH PROCEDURE LEVEL 5	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81405	MOPATH PROCEDURE LEVEL 6	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81406	MOPATH PROCEDURE LEVEL 7	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81407	MOPATH PROCEDURE LEVEL 8	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81408	MOPATH PROCEDURE LEVEL 9	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81412	ASHKENAZI JEWISH ASSOC DIS	Y	CareAdvantage only code	
81413	CAR ION CHNNLPATH INC 10 GNS	Y		
81414	CAR ION CHNNLPATH INC 2 GNS	Y		
81420	FETAL CHRMOML ANEUPLOIDY	Y		
81422	FETAL CHRMOML MICRODELTA	Y	CareAdvantage only code	
81433	HRDTRY BRST CA-RLATD DSORDRS	Y	CareAdvantage only code	
81434	HEREDITARY RETINAL DISORDERS	Y	CareAdvantage only code	
81435	HEREDITARY COLON CANCER	Y		
81436	HEREDITARY COLON CA SYND	Y		
81437	HEREDTRY NURONDCRN TUM DSRDR	Y	CareAdvantage only code	
81438	HEREDTRY NURONDCRN TUM DSRDR	Y	CareAdvantage only code	
81439	INHERITED CARDMPYTHY 5 GNS	Y		
81442	NOONAN SPECTRUM DISORDERS	Y	CareAdvantage only code	
81479	Molecular Pathology Procedure	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
81490	AUTOIMMUNE RHEUMATOID ARTHR	Y	CareAdvantage only code	
81493	COR ARTERY DISEASE MRNA	Y	CareAdvantage only code	
81500	ONCO (OVAR) TWO PROTEINS	Y		
81503	ONCO (OVAR) FIVE PROTEINS	Y		
81506	ENDO ASSAY SEVEN ANAL	Y		
81507	FETAL ANEUPLOIDY TRISOM RISK	Y		
81508	FTL CGEN ABNOR TWO PROTEINS	Y		
81509	FTL CGEN ABNOR 3 PROTEINS	Y		
81510	FTL CGEN ABNOR THREE ANAL	Y		
81511	FTL CGEN ABNOR FOUR ANAL	Y		
81512	FTL CGEN ABNOR FIVE ANAL	Y		
81518		Y		
81519	ONCOLOGY BREAST MRNA	Y		
81525	ONCOLOGY COLON MRNA	Y	CareAdvantage only code	
81538	ONCOLOGY LUNG	Y	CareAdvantage only code	
81539	ONCOLOGY PROSTATE PROB SCORE	Y	CareAdvantage only code	
81540	ONCOLOGY TUM UNKNOWN ORIGIN	Y	CareAdvantage only code	
81545	ONCOLOGY THYROID	Y		
81595	CARDIOLOGY HRT TRNSPL MRNA	Y		
82000	ASSAY OF BLOOD ACETALDEHYDE	N		
82003	ASSAY OF ACETAMINOPHEN	N		
82009	TEST FOR ACETONE/KETONES	N		
82010	ACETONE ASSAY	N		
82013	ACETYLCHOLINESTERASE ASSAY	N		
82016	ACYLCARNITINES QUAL	N		
82017	ACYLCARNITINES QUANT	N		
82024	ASSAY OF ACTH	N		
82030	ASSAY OF ADP & AMP	N		
82040	ASSAY OF SERUM ALBUMIN	N		
82042	ASSAY OF URINE ALBUMIN	N		
82043	MICROALBUMIN QUANTITATIVE	N		
82044	MICROALBUMIN SEMIQUANT	N		
82045	ALBUMIN ISCHEMIA MODIFIED	N		
82055	ASSAY OF ETHANOL	N		
82085	ASSAY OF BLOOD ALDOLASE	N		
82088	ASSAY OF ALDOSTERONE	N		
82101	ASSAY OF URINE ALKALOIDS	N		
82103	ALPHA-1-ANTITRYPSIN TOTAL	N		
82104	ALPHA-1-ANTITRYPSIN PHENO	N		
82105	ALPHA-FETOPROTEIN SERUM	N		
82106	ALPHA-FETOPROTEIN AMNIOTIC	N		
82107	ALPHA-FETOPROTEIN L3	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
82108	ASSAY OF ALUMINUM	N		
82120	AMINES VAGINAL FLUID QUAL	N		
82127	AMINO ACID SINGLE QUAL	N		
82128	AMINO ACIDS MULT QUAL	N		
82131	AMINO ACIDS SINGLE QUANT	N		
82135	ASSAY AMINOLEVULINIC ACID	N		
82136	AMINO ACIDS QUANT 2-5	N		
82139	AMINO ACIDS QUAN 6 OR MORE	N		
82140	ASSAY OF BLOOD AMMONIA	N		
82143	AMNIOTIC FLUID SCAN	N		
82145	ASSAY OF AMPHETAMINES	N		
82150	ASSAY OF SERUM AMYLASE	N		
82154	ANDROSTANEDIOL GLUCURONIDE	N		
82157	RIA ASSAY OF ANDROSTENEDIONE	N		
82160	ASSAY OF ANDROSTERONE	N		
82163	RIA ASSAY OF ANGIOTENSIN II	N		
82164	ANGIOTENSIN ENZYME TEST	N		
82172	ASSAY OF APOLIPOPROTEIN	N		
82175	ASSAY OF ARSENIC	N		
82180	ASSAY OF ASCORBIC ACID	N		
82205	ASSAY OF BARBITURATES	N		
82232	ASSAY OF BETA-2 PROTEIN	N		
82239	BILE ACIDS TOTAL	N		
82240	BILE ACIDS CHOLYLGLYCINE	N		
82247	BILIRUBIN TOTAL	N		
82248	BILIRUBIN DIRECT	N		
82252	FECAL BILIRUBIN TEST	N		
82261	ASSAY OF BIOTINIDASE	N		
82270	OCCULT BLOOD FECES	N		
82271	OCCULT BLOOD OTHER SOURCES	N		
82272	OCCULT BLD FECES 1-3 TESTS	N		
82273	BLOOD,OCCULT,BY PEROXIDASE ACTIVITY	N		
82274	ASSAY TEST FOR BLOOD FECAL	N		
82286	ASSAY OF BRADYKININ	N		
82300	ASSAY OF CADMIUM	N		
82306	VITAMIN D 25 HYDROXY	N		
82307	ASSAY OF VITAMIN D	N		
82308	RIA ASSAY OF CALCITONIN	N		
82310	ASSAY OF CALCIUM	N		
82330	ASSAY OF CALCIUM	N		
82331	CALCIUM INFUSION TEST	N		
82340	ASSAY OF CALCIUM IN URINE	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
82355	CALCULUS ANALYSIS QUAL	N		
82360	CALCULUS ASSAY QUANT	N		
82365	CALCULUS SPECTROSCOPY	N		
82370	X-RAY ASSAY CALCULUS	N		
82373	ASSAY C-D TRANSFER MEASURE	N		
82374	ASSAY BLOOD CARBON DIOXIDE	N		
82375	ASSAY CARBOXYHB QUANT	N		
82376	ASSAY CARBOXYHB QUAL	N		
82378	CARCINOEMBRYONIC ANTIGEN	N		
82379	ASSAY OF CARNITINE	N		
82380	ASSAY OF CAROTENE	N		
82382	ASSAY URINE CATECHOLAMINES	N		
82383	ASSAY BLOOD CATECHOLAMINES	N		
82384	ASSAY THREE CATECHOLAMINES	N		
82387	ASSAY OF CATHEPSIN-D	N		
82390	ASSAY OF CERULOPLASMIN	N		
82397	CHEMILUMINESCENT ASSAY	N		
82415	ASSAY OF CHLORAMPHENICOL	N		
82435	ASSAY OF BLOOD CHLORIDE	N		
82436	ASSAY OF URINE CHLORIDE	N		
82438	ASSAY OTHER FLUID CHLORIDES	N		
82441	TEST FOR CHLOROHYDROCARBONS	N		
82465	ASSAY BLD/SERUM CHOLESTEROL	N		
82480	ASSAY SERUM CHOLINESTERASE	N		
82482	ASSAY RBC CHOLINESTERASE	N		
82485	ASSAY CHONDROITIN SULFATE	N		
82486	GAS/LIQUID CHROMATOGRAPHY	N		
82487	CHROMATOGRAPHY, QUALITATIVE; PAPER, 1-DI	N		
82488	PAPER CHROMATOGRAPHY	N		
82489	THIN LAYER CHROMATOGRAPHY	N		
82491	CHROMOTOGRAHY QUANT SING	N		
82492	CHROMOTOGRAHY QUANT MULT	N		
82495	ASSAY OF CHROMIUM	N		
82507	ASSAY OF CITRATE	N		
82520	ASSAY OF COCAINE	N		
82523	COLLAGEN CROSSLINKS	N		
82525	ASSAY OF COPPER	N		
82528	ASSAY OF CORTICOSTERONE	N		
82530	CORTISOL FREE	N		
82533	RIA ASSAY PLASMA CORTISOL	N		
82540	ASSAY OF CREATINE	N		
82541	COLUMN CHROMOTOGRAHY QUAL	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
82542	COLUMN CHROMOTOGRAPHY QUANT	N		
82543	COLUMN CHROMOTOGRAPHY/ISOTOPE	N		
82544	COLUMN CHROMOTOGRAPH/ISOTOPE	N		
82550	ASSAY OF CK (CPK)	N		
82552	ASSAY OF CPK IN BLOOD	N		
82553	CREATINE MB FRACTION	N		
82554	CREATINE ISOFORMS	N		
82565	ASSAY OF CREATININE	N		
82570	ASSAY OF URINE CREATININE	N		
82575	CREATININE CLEARANCE TEST	N		
82585	ASSAY OF CRYOFIBRINOGEN	N		
82595	ASSAY OF CRYOGLOBULIN	N		
82600	ASSAY OF CYANIDE	N		
82607	RIA ASSAY FOR VITAMIN B-12	N		
82608	B-12 BINDING CAPACITY	N		
82610	CYSTATIN C	N		
82615	TEST FOR URINE CYSTINES	N		
82626	DEHYDROEPIANDROSTERONE, RIA	N		
82627	DEHYDROEPIANDROSTERONE	N		
82633	DESOXYCORTICOSTERONE, RIA	N		
82634	DEOXYCORTISOL, RIA	N		
82638	ASSAY OF DIBUCAINE NUMBER	N		
82646	ASSAY OF DIHYDROCODEINONE	N		
82649	ASSAY OF DIHYDROMORPHINONE	N		
82652	VIT D 1 25-DIHYDROXY	N		
82654	ASSAY OF DIMETHADIONE	N		
82656	PANCREATIC ELASTASE FECAL	N		
82657	ENZYME CELL ACTIVITY	N		
82658	ENZYME CELL ACTIVITY RA	N		
82664	ELECTROPHORETIC TEST	N		
82666	ASSAY OF EPIANDROSTERONE	N		
82668	ASSAY OF ERYTHROPOIETIN	N		
82670	ASSAY OF ESTRADIOL	N		
82671	ASSAY OF ESTROGENS	N		
82672	ASSAY OF ESTROGEN	N		
82677	ASSAY OF ESTRIOL	N		
82679	ASSAY OF ESTRONE	N		
82690	ASSAY OF ETHCHLORVYNOL	N		
82693	ASSAY OF ETHYLENE GLYCOL	N		
82696	ASSAY OF ETIOCHOLANOLONE	N		
82705	FATS/LIPIDS FECES QUAL	N		
82710	FATS/LIPIDS FECES QUANT	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
82715	ASSAY OF FECAL FAT	N		
82725	ASSAY OF BLOOD FATTY ACIDS	N		
82726	LONG CHAIN FATTY ACIDS	N		
82728	ASSAY OF FERRITIN	N		
82731	ASSAY OF FETAL FIBRONECTIN	N		
82735	ASSAY OF FLUORIDE	N		
82742	ASSAY OF FLURAZEPAM	N		
82746	ASSAY OF FOLIC ACID SERUM	N		
82747	ASSAY OF FOLIC ACID RBC	N		
82759	ASSAY OF RBC GALACTOKINASE	N		
82760	ASSAY OF GALACTOSE	N		
82775	ASSAY GALACTOSE TRANSFERASE	N		
82776	GALACTOSE TRANSFERASE TEST	N		
82784	ASSAY IGA/IGD/IGG/IGM EACH	N		
82785	ASSAY OF IGE	N		
82787	IGG 1 2 3 OR 4 EACH	N		
82788	MASS SPECTROMETRY	N		
82800	BLOOD PH	N		
82803	BLOOD GASES ANY COMBINATION	N		
82805	BLOOD GASES W/O2 SATURATION	N		
82810	BLOOD GASES O2 SAT ONLY	N		
82820	HEMOGLOBIN - OXYGEN AFFIN	N		
82926	ASSAY OF GASTRIC ACID	N		
82928	ASSAY OF GASTRIC ACID	N		
82930	GASTRIC ANALY W/PH EA SPEC	N		
82938	SERUM GASTRIN TEST	N		
82941	RIA ASSAY OF GASTRIN	N		
82943	RIA ASSAY OF GLUCAGON	N		
82945	GLUCOSE OTHER FLUID	N		
82946	GLUCAGON TOLERANCE TEST	N		
82947	ASSAY GLUCOSE BLOOD QUANT	N		
82948	STICK ASSAY OF BLOOD GLUCOSE	N		
82950	GLUCOSE TEST	N		
82951	GLUCOSE TOLERANCE TEST (GTT)	N		
82952	GTT-ADDED SAMPLES	N		
82953	GLUCOSE-TOLBUTAMIDE TEST	N		
82955	ASSAY OF G6PD ENZYME	N		
82960	TEST FOR G6PD ENZYME	N		
82962	GLUCOSE BLOOD TEST	N		
82963	ASSAY OF GLUCOSIDASE	N		
82965	ASSAY OF GDH ENZYME	N		
82975	ASSAY OF GLUTAMINE	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
82977	ASSAY OF GGT ENZYME	N		
82978	ASSAY OF GLUTATHIONE	N		
82979	ASSAY RBC GLUTATHIONE	N		
82980	ASSAY OF GLUTETHIMIDE	N		
82985	ASSAY OF GLYCATED PROTEIN	N		
83001	ASSAY OF GONADOTROPIN (FSH)	N		
83002	ASSAY OF GONADOTROPIN (LH)	N		
83003	ASSAY GROWTH HORMONE (HGH)	N		
83008	ASSAY OF GUANOSINE	N		
83009	H PYLORI (C-13) BLOOD	N		
83010	ASSAY OF HAPTOGLOBIN QUANT	N		
83012	ASSAY OF HAPTOGLOBINS	N		
83013	H PYLORI (C-13) BREATH	N		
83014	H PYLORI DRUG ADMIN	N		
83015	HEAVY METAL SCREENING	N		
83018	QUANTITATIVE SCREEN METALS	N		
83020	HEMOGLOBIN ELECTROPHORESIS	N		
83021	HEMOGLOBIN CHROMOTOGRAPHY	N		
83026	HEMOGLOBIN COPPER SULFATE	N		
83030	FETAL HEMOGLOBIN CHEMICAL	N		
83033	FETAL HEMOGLOBIN ASSAY QUAL	N		
83036	GLYCOSYLATED HEMOGLOBIN TEST	N		
83045	BLOOD METHEMOGLOBIN TEST	N		
83050	BLOOD METHEMOGLOBIN ASSAY	N		
83051	ASSAY OF PLASMA HEMOGLOBIN	N		
83055	BLOOD SULFHEMOGLOBIN TEST	N		
83060	BLOOD SULFHEMOGLOBIN ASSAY	N		
83065	ASSAY OF HEMOGLOBIN HEAT	N		
83068	HEMOGLOBIN STABILITY SCREEN	N		
83069	ASSAY OF URINE HEMOGLOBIN	N		
83070	ASSAY OF HEMOSIDERIN QUAL	N		
83071	ASSAY OF HEMOSIDERIN QUANT	N		
83080	ASSAY OF B HEXOSAMINIDASE	N		
83088	ASSAY OF HISTAMINE	N		
83090	ASSAY OF HOMOCYSTINE	N		
83150	ASSAY OF HOMOVANILLIC ACID	N		
83491	ASSAY OF CORTICOSTEROIDS 17	N		
83497	ASSAY OF 5-HIAA	N		
83498	ASSAY OF PROGESTERONE 17-D	N		
83499	ASSAY OF PROGESTERONE 20-	N		
83500	ASSAY FREE HYDROXYPROLINE	N		
83505	ASSAY TOTAL HYDROXYPROLINE	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
83516	IMMUNOASSAY NONANTIBODY	N		
83518	IMMUNOASSAY DIPSTICK	N		
83519	RIA NONANTIBODY	N		
83520	IMMUNOASSAY QUANT NOS NONAB	N		
83525	RIA ASSAY OF INSULIN	N		
83527	INSULIN	N		
83528	ASSAY OF INTRINSIC FACTOR	N		
83540	ASSAY OF IRON	N		
83550	SERUM IRON BINDING TEST	N		
83570	ASSAY OF IDH ENZYME	N		
83582	ASSAY OF KETOGENIC STEROIDS	N		
83586	ASSAY 17- KETOSTEROIDS	N		
83593	FRACTIONATION KETOSTEROIDS	N		
83605	ASSAY OF LACTIC ACID	N		
83615	UV-ASSAY BLOOD LDH ENZYME	N		
83625	ASSAY OF LDH ENZYMES	N		
83630	LACTOFERRIN FECAL (QUAL)	N		
83631	LACTOFERRIN FECAL (QUANT)	N		
83632	RIA PLACENTAL LACTOGEN	N		
83633	TEST URINE FOR LACTOSE	N		
83634	ASSAY OF URINE FOR LACTOSE	N		
83655	ASSAY OF LEAD	N		
83661	L/S RATIO FETAL LUNG	N		
83662	FOAM STABILITY FETAL LUNG	N		
83663	FLUORO POLARIZE FETAL LUNG	N		
83664	LAMELLAR BDY FETAL LUNG	N		
83670	ASSAY OF LAP ENZYME	N		
83690	ASSAY OF LIPASE	N		
83695	ASSAY OF LIPOPROTEIN(A)	N		
83698	ASSAY LIPOPROTEIN PLA2	N		
83700	LIPOPRO BLD ELECTROPHORETIC	N		
83701	LIPOPROTEIN BLD HR FRACTION	N		
83704	LIPOPROTEIN BLD BY NMR	N		
83716	ASSAY BLOOD LIPOPROTEINS	N		
83718	ASSAY OF LIPOPROTEIN	N		
83719	ASSAY OF BLOOD LIPOPROTEIN	N		
83721	ASSAY OF BLOOD LIPOPROTEIN	N		
83727	ASSAY OF LRH HORMONE	N		
83735	ASSAY OF MAGNESIUM	N		
83775	ASSAY MALATE DEHYDROGENASE	N		
83785	ASSAY OF MANGANESE	N		
83788	MASS SPECTROMETRY QUAL	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
83789	MASS SPECTROMETRY QUANT	N		
83805	ASSAY OF MEPROBAMATE	N		
83825	ASSAY OF MERCURY	N		
83835	ASSAY OF METANEPHRINES	N		
83840	ASSAY OF METHADONE	N		
83857	ASSAY OF METHHEMALBUMIN	N		
83858	ASSAY OF METHSUXIMIDE	N		
83861	*11MICROFLUID ANALY TEARS	N		
83864	BLOOD MUCOPOLYSACCHARIDES	N		
83866	MUCOPOLYSACCHARIDES SCREEN	N		
83872	ASSAY SYNOVIAL FLUID MUCIN	N		
83873	ASSAY OF CSF PROTEIN	N		
83874	ASSAY OF MYOGLOBIN	N		
83876	ASSAY MYELOPEROXIDASE	N		
83880	ASSAY OF NATRIURETIC PEPTIDE	N		
83883	ASSAY NEPHELOMETRY NOT SPEC	N		
83885	ASSAY OF NICKEL	N		
83887	ASSAY OF NICOTINE	N		
83894	MOLECULE GEL ELECTROPHOR	Y		
83898	MOLECULE NUCLEIC AMPLI EACH	Y		
83900	MOLECULE NUCLEIC AMPLI 2 SEQ	Y		
83906	MOLECULE MUTATION IDENTIFY	Y		
83909	NUCLEIC ACID HIGH RESOLUTE	Y		
83912	GENETIC EXAMINATION	N		
83913	MOLECULAR RNA STABILIZATION	Y		
83914	MUTATION IDENT OLA/SBCE/ASPE	Y		
83915	ASSAY OF NUCLEOTIDASE	N		
83916	OLIGOCLONAL BANDS	N		
83918	ORGANIC ACIDS TOTAL QUANT	N		
83919	ORGANIC ACIDS QUAL EACH	N		
83921	ORGANIC ACID SINGLE QUANT	N		
83925	ASSAY OF OPIATES	N		
83930	ASSAY OF BLOOD OSMOLALITY	N		
83935	ASSAY OF URINE OSMOLALITY	N		
83945	ASSAY OF OXALATE	N		
83951	ONCOPROTEIN DCP	N		
83970	RIA ASSAY OF PARATHORMONE	N		
83986	ASSAY PH BODY FLUID NOS	N		
83987	EXHALED BREATH CONDENSATE	N		
83992	ASSAY FOR PHENCYCLIDINE	N		
83993	ASSAY FOR CALPROTECTIN FECAL	N		
84022	ASSAY OF PHENOTHIAZINE	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
84030	ASSAY OF BLOOD PKU	N		
84035	ASSAY OF PHENYLKETONES	N		
84060	ASSAY BLOOD ACID PHOSPHATASE	N		
84066	ASSAY PROSTATE PHOSPHATASE	N		
84075	ASSAY ALKALINE PHOSPHATASE	N		
84078	ASSAY ALKALINE PHOSPHATASE	N		
84080	ASSAY ALKALINE PHOSPHATASES	N		
84081	ASSAY PHOSPHATIDYLGLYCEROL	N		
84085	ASSAY OF RBC PG6D ENZYME	N		
84087	ASSAY PHOSPHOHEXOSE ENZYMES	N		
84100	ASSAY OF PHOSPHORUS	N		
84105	ASSAY OF URINE PHOSPHORUS	N		
84106	TEST FOR PORPHOBILINOGEN	N		
84110	ASSAY OF PORPHOBILINOGEN	N		
84112	EVAL AMNIOTIC FLUID PROTEIN	N		
84119	TEST URINE FOR PORPHYRINS	N		
84120	ASSAY OF URINE PORPHYRINS	N		
84126	ASSAY OF FECES PORPHYRINS	N		
84127	ASSAY OF FECES PORPHYRINS	N		
84132	ASSAY OF SERUM POTASSIUM	N		
84133	ASSAY OF URINE POTASSIUM	N		
84134	ASSAY OF PREALBUMIN	N		
84135	ASSAY OF PREGNANEDIOL	N		
84138	ASSAY OF PREGNANETRIOL	N		
84140	ASSAY OF PREGNENOLONE	N		
84143	ASSAY OF 17-HYDROXYPREGNENO	N		
84144	ASSAY OF PROGESTERONE	N		
84145	PROCALCITONIN (PCT)	Y		
84146	ASSAY OF PROLACTIN	N		
84150	RIA ASSAY OF PROSTAGLANDIN	N		
84152	ASSAY OF PSA COMPLEXED	N		
84153	ASSAY OF PSA TOTAL	N		
84154	ASSAY OF PSA FREE	N		
84155	ASSAY OF PROTEIN SERUM	N		
84156	ASSAY OF PROTEIN URINE	N		
84157	ASSAY OF PROTEIN OTHER	N		
84160	ASSAY OF PROTEIN ANY SOURCE	N		
84163	PAPPA SERUM	N		
84165	PROTEIN E-PHORESIS SERUM	N		
84166	PROTEIN E-PHORESIS/URINE/CSF	N		
84181	WESTERN BLOT TEST	N		
84182	PROTEIN WESTERN BLOT TEST	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
84202	ASSAY RBC PROTOPORPHYRIN	N		
84203	TEST RBC PROTOPORPHYRIN	N		
84206	RIA ASSAY OF PROINSULIN	N		
84207	ASSAY OF VITAMIN B-6	N		
84210	ASSAY OF PYRUVATE	N		
84220	ASSAY OF PYRUVATE KINASE	N		
84228	ASSAY OF QUININE	N		
84233	ASSAY OF ESTROGEN	N		
84234	ASSAY OF PROGESTERONE	N		
84235	ASSAY OF ENDOCRINE HORMONE	N		
84238	ASSAY NONENDOCRINE RECEPTOR	N		
84244	RIA ASSAY OF RENIN	N		
84252	ASSAY OF VITAMIN B-2	N		
84255	ASSAY OF SELENIUM	N		
84260	ASSAY OF SEROTONIN	N		
84270	ASSAY OF SEX HORMONE GLOBUL	N		
84275	ASSAY OF SIALIC ACID	N		
84285	ASSAY OF SILICA	N		
84295	ASSAY OF SERUM SODIUM	N		
84300	ASSAY OF URINE SODIUM	N		
84302	ASSAY OF SWEAT SODIUM	N		
84305	ASSAY OF SOMATOMEDIN	N		
84307	ASSAY OF SOMATOSTATIN	N		
84311	SPECTROPHOTOMETRY	N		
84315	BODY FLUID SPECIFIC GRAVITY	N		
84375	CHROMATOGRAM ASSAY SUGARS	N		
84376	SUGARS SINGLE QUAL	N		
84377	SUGARS MULTIPLE QUAL	N		
84378	SUGARS SINGLE QUANT	N		
84379	SUGARS MULTIPLE QUANT	N		
84392	ASSAY OF URINE SULFATE	N		
84401	TESTOSTERONE BIOAVAILABLE	Y	CareAdvantage only code	
84402	ASSAY OF FREE TESTOSTERONE	N		
84403	ASSAY OF TOTAL TESTOSTERONE	N		
84425	ASSAY OF VITAMIN B-1	N		
84430	ASSAY OF THIOCYANATE	N		
84432	ASSAY OF THYROGLOBULIN	N		
84436	ASSAY OF TOTAL THYROXINE	N		
84437	ASSAY OF NEONATAL THYROXINE	N		
84439	ASSAY OF FREE THYROXINE	N		
84442	ASSAY OF THYROID ACTIVITY	N		
84443	ASSAY THYROID STIM HORMONE	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
84445	ASSAY OF TSI GLOBULIN	N		
84446	ASSAY OF VITAMIN E	N		
84450	UV-ASSAY TRANSAMINASE (SGOT)	N		
84460	UV-ASSAY TRANSAMINASE (SGPT)	N		
84466	ASSAY OF TRANSFERRIN	N		
84478	ASSAY OF TRIGLYCERIDES	N		
84479	ASSAY OF THYROID (T3 OR T4)	N		
84480	ASSAY TRIIODOTHYRONINE (T3)	N		
84481	RIA ASSAY (FT-3)	N		
84482	REVERSE ASSAY (T3)	N		
84484	ASSAY OF TROPONIN QUANT	N		
84485	ASSAY DUODENAL FLUID TRYPSIN	N		
84488	TEST FECES FOR TRYPSIN	N		
84490	ASSAY OF FECES FOR TRYPSIN	N		
84510	ASSAY OF TYROSINE	N		
84512	ASSAY OF TROPONIN QUAL	N		
84520	ASSAY OF UREA NITROGEN	N		
84525	STICK-ASSAY BUN	N		
84540	ASSAY OF URINE/UREA-N	N		
84545	UREA-N CLEARANCE TEST	N		
84550	ASSAY OF BLOOD/URIC ACID	N		
84560	ASSAY OF URINE/URIC ACID	N		
84577	ASSAY OF FECES/UROBILINOGEN	N		
84578	TEST URINE UROBILINOGEN	N		
84580	ASSAY OF URINE UROBILINOGEN	N		
84583	ASSAY OF URINE UROBILINOGEN	N		
84585	ASSAY OF URINE VMA	N		
84588	ASSAY OF VASOPRESSIN	N		
84590	ASSAY OF VITAMIN A	N		
84591	ASSAY OF NOS VITAMIN	N		
84597	ASSAY OF VITAMIN K	N		
84600	ASSAY OF VOLATILES	N		
84620	XYLOSE TOLERANCE TEST	N		
84630	ASSAY OF ZINC	N		
84681	ASSAY OF C-PEPTIDE	N		
84702	CHORIONIC GONADOTROPIN TEST	N		
84703	CHORIONIC GONADOTROPIN ASSAY	N		
84704	HCG FREE BETACHAIN TEST	N		
84830	OVULATION TESTS	N		
84999	Chemistry Procedure	Y		
85002	BLEEDING TIME TEST	N		
85004	AUTOMATED DIFF WBC COUNT	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
85007	DIFFERENTIAL WBC COUNT	N		
85008	NONDIFFERENTIAL WBC COUNT	N		
85009	DIFFERENTIAL WBC COUNT	N		
85013	SPUN, MICROHEMATOCRIT	N		
85014	HEMATOCRIT	N		
85018	HEMOGLOBIN, COLORIMETRIC	N		
85025	AUTOMATED HEMOGRAM	N		
85027	COMPLETE CBC AUTOMATED	N		
85032	MANUAL CELL COUNT EACH	N		
85041	RED BLOOD CELL (RBC) COUNT	N		
85044	RETICULOCYTE COUNT	N		
85045	RETICULOCYTE COUNT	N		
85046	RETICULOCYTE/HGB CONCENTRATE	N		
85048	WHITE BLOOD CELL (WBC) COUNT	N		
85049	AUTOMATED PLATELET COUNT	N		
85055	RETICULATED PLATELET ASSAY	N		
85060	BLOOD SMEAR INTERPRETATION	N		
85097	BONE MARROW INTERPRETATION	N		
85130	CHROMOGENIC SUBSTATE ASSAY	N		
85170	BLOOD CLOT RETRACTION SCREEN	N		
85175	BLOOD CLOT LYSIS TIME	N		
85210	CLOT FACTOR II PROTHROM SPEC	N		
85220	BLOOD CLOT FACTOR V TEST	N		
85230	CLOT FACTOR VII PROCONVERTIN	N		
85240	CLOT FACTOR VIII AHG 1 STAGE	N		
85244	CLOT FACTOR VIII RELTD ANTGN	N		
85245	CLOT FACTOR VIII VW RISTOCTN	N		
85246	CLOT FACTOR VIII VW ANTIGEN	N		
85247	CLOT FACTOR VIII MULTIMETRIC	N		
85250	CLOT FACTOR IX PTC/CHRSTMAS	N		
85260	CLOT FACTOR X STUART-POWER	N		
85270	CLOT FACTOR XI PTA	N		
85280	CLOT FACTOR XII HAGEMAN	N		
85290	CLOT FACTOR XIII FIBRIN STAB	N		
85291	CLOT FACTOR XIII FIBRIN SCRIN	N		
85292	CLOT FACTOR FLETCHER FACT	N		
85293	CLOT FACTOR WGHT KININOGEN	N		
85300	ANTITHROMBIN III ACTIVITY	N		
85301	ANTITHROMBIN III ANTIGEN	N		
85302	CLOT INHIBIT PROT C ANTIGEN	N		
85303	CLOT INHIBIT PROT C ACTIVITY	N		
85305	CLOT INHIBIT PROT S TOTAL	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
85306	CLOT INHIBIT PROT S FREE	N		
85307	ASSAY ACTIVATED PROTEIN C	N		
85335	FACTOR INHIBITOR TEST	N		
85337	THROMBOMODULIN	N		
85345	COAGULATION TIME LEE & WHITE	N		
85347	COAGULATION TIME ACTIVATED	N		
85348	COAGULATION TIME OTR METHOD	N		
85360	EUGLOBULIN LYSIS	N		
85362	FIBRIN DEGRADATION PRODUCTS	N		
85366	FIBRINOGEN TEST	N		
85370	FIBRINOGEN TEST	N		
85378	FIBRIN DEGRADE SEMIQUANT	N		
85379	FIBRIN DEGRADATION QUANT	N		
85380	FIBRIN DEGRADJ D-DIMER	N		
85384	FIBRINOGEN ACTIVITY	N		
85385	FIBRINOGEN ANTIGEN	N		
85390	FIBRINOLYSINS SCREEN I&R	N		
85396	CLOTTING ASSAY WHOLE BLOOD	N		
85397	CLOTTING FUNCT ACTIVITY	N		
85400	FIBRINOLYTIC PLASMIN	N		
85410	FIBRINOLYTIC ANTIPLASMIN	N		
85415	FIBRINOLYTIC PLASMINOGEN	N		
85420	FIBRINOLYTIC PLASMINOGEN	N		
85421	FIBRINOLYTIC PLASMINOGEN	N		
85441	HEINZ BODIES DIRECT	N		
85445	HEINZ BODIES INDUCED	N		
85460	HEMOGLOBIN FETAL	N		
85461	HEMOGLOBIN FETAL	N		
85475	HEMOLYSIN ACID	N		
85520	HEPARIN ASSAY	N		
85525	NEUTRALIZE HEPARIN	N		
85530	HEPARIN-PROTAMINE TOLERANCE	N		
85536	IRON STAIN PERIPHERAL BLOOD	N		
85540	WBC ALKALINE PHOSPHATASE	N		
85547	RBC MECHANICAL FRAGILITY	N		
85549	SERUM MURAMIDASE	N		
85555	RBC OSMOTIC FRAGILITY	N		
85557	RBC OSMOTIC FRAGILITY	N		
85576	BLOOD PLATELET AGGREGATION	N		
85597	PHOSPHOLIPID PLTLT NEUTRALIZ	N		
85598	HEXAGNAL PHOSPH PLTLT NEUTRL	N		
85610	PROTHROMBIN TIME	N		

RELEASED 4/1/2019**IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>**

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
85611	PROTHROMBIN TEST	N		
85612	VIPER VENOM PROTHROMBIN TIME	N		
85613	RUSSELL VIPER VENOM DILUTED	N		
85635	REPTILASE TEST	N		
85651	RBC SED RATE NONAUTOMATED	N		
85652	RBC SED RATE AUTOMATED	N		
85660	RBC SICKLE CELL TEST	N		
85670	THROMBIN TIME PLASMA	N		
85675	THROMBIN TIME TITER	N		
85705	THROMBOPLASTIN INHIBITION	N		
85730	THROMBOPLASTIN TIME PARTIAL	N		
85732	THROMBOPLASTIN TIME PARTIAL	N		
85810	BLOOD VISCOSITY EXAMINATION	N		
85999	HEMATOLOGY PROCEDURE	N		
86000	AGGLUTININS FEBRILE ANTIGEN	N		
86001	ALLERGEN SPECIFIC IGG	N		
86003	ALLERGEN SPEC IGE; QUANTIT/SEMIQ EACH ALLERGEN	CONDITIONAL	Authorization required for over 50 units	
86021	WBC ANTIBODY IDENTIFICATION	N		
86022	PLATELET ANTIBODIES	N		
86023	IMMUNOGLOBULIN ASSAY	N		
86038	ANTINUCLEAR ANTIBODIES, RIA	N		
86039	ANTINUCLEAR ANTIBODIES TITER	N		
86060	ANTISTREPTOLYSIN O TITER	N		
86063	ANTISTREPTOLYSIN O SCREEN	N		
86064	ANTITRYPSIN, ALPHA 1, RIA	N		
86077	PHYS BLOOD BANK SERV XMATCH	N		
86078	PHYS BLOOD BANK SERV REACTJ	N		
86079	PHYS BLOOD BANK SERV AUTHRJ	N		
86140	C-REACTIVE PROTEIN	N		
86141	C-REACTIVE PROTEIN HS	N		
86146	BETA-2 GLYCOPROTEIN ANTIBODY	N		
86147	CARDIOLIPIN ANTIBODY EA IG	N		
86148	ANTI-PHOSPHOLIPID ANTIBODY	N		
86153	Cell eNumeratioN phYs iNterp	N		
86155	CHEMOTAXIS ASSAY	N		
86156	COLD AGGLUTININ SCREEN	N		
86157	COLD AGGLUTININ TITER	N		
86160	COMPLEMENT ANTIGEN	N		
86161	COMPLEMENT/FUNCTION ACTIVITY	N		
86162	COMPLEMENT TOTAL (CH50)	N		
86171	COMPLEMENT FIXATION EACH	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
86185	COUNTERELECTROPHORESIS, EACH	N		
86200	CCP ANTIBODY	N		
86215	DEOXYRIBONUCLEASE ANTIBODY	N		
86225	DNA ANTIBODY NATIVE	N		
86226	DNA ANTIBODY SINGLE STRAND	N		
86235	NUCLEAR ANTIGEN ANTIBODY	N		
86243	FC RECEPTOR ASSAY	N		
86255	FLUORESCENT ANTIBODY SCREEN	N		
86256	FLUORESCENT ANTIBODY TITER	N		
86277	GROWTH HORMONE ANTIBODY, RIA	N		
86280	HEMAGGLUTINATION INHIBITION	N		
86294	IMMUNOASSAY TUMOR QUAL	N		
86300	IMMUNOASSAY TUMOR CA 15-3	N		
86301	IMMUNOASSAY TUMOR CA 19-9	N		
86304	IMMUNOASSAY TUMOR CA 125	N		
86305	*10HUMAN EPIDIDYMIS PROTEIN 4	N		
86308	HETEROPHILE ANTIBODY SCREEN	N		
86309	HETEROPHILE ANTIBODY TITER	N		
86310	HETEROPHILE ANTIBODY ABSRBJ	N		
86316	IMMUNOASSAY TUMOR OTHER	N		
86317	IMMUNOASSAY INFECTIOUS AGENT	N		
86318	IMMUNOASSAY INFECTIOUS AGENT	N		
86320	SERUM IMMUNOELECTROPHORESIS	N		
86325	OTHER IMMUNOELECTROPHORESIS	N		
86327	IMMUNOELECTROPHORESIS ASSAY	N		
86329	IMMUNODIFFUSION NES	N		
86331	IMMUNODIFFUSION OUCHTERLONY	N		
86332	ASSAY, CIQ PRECIPITIN	N		
86334	IMMUNOFIX E-PHORESIS SERUM	N		
86335	*04 *05 IMMUNIFIX E-PHORSIS/URINE/CSF	N		
86336	INHIBIN A	N		
86337	INSULIN ANTIBODIES, RIA	N		
86340	INTRINSIC FACTOR ANTIBODY	N		
86341	ISLET CELL ANTIBODY	N		
86343	LEUKOCYTE HISTAMINE RELEASE	N		
86344	LEUKOCYTE PHAGOCYTOSIS	N		
86353	LYMPHOCYTE TRANSFORMATION	N		
86355	B CELLS TOTAL COUNT	N		
86356	MONONUCLEAR CELL ANTIGEN	N		
86357	NK CELLS TOTAL COUNT	N		
86359	T CELLS TOTAL COUNT	N		
86360	T CELL ABSOLUTE COUNT/RATIO	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
86361	T CELL ABSOLUTE COUNT	N		
86367	STEM CELLS TOTAL COUNT	N		
86376	MICROSOMAL ANTIBODY, RIA	N		
86378	MIGRATION INHIBITORY FACTOR	N		
86379	NATURAL KILLER (NK) CELLS, TOTAL CO	N		
86382	NEUTRALIZATION TEST VIRAL	N		
86384	NITROBLUE TETRAZOLIUM DYE	N		
86403	PARTICLE AGGLUTINATION	N		
86406	PARTICLE AGGLUTINATION	N		
86430	RHEUMATOID FACTOR TEST QUAL	N		
86431	RHEUMATOID FACTOR QUANT	N		
86480	TB TEST CELL IMMUN MEASURE	N		
86481	TB AG RESPONSE T-CELL SUSP	N		
86485	SKIN TEST CANDIDA	N		
86486	SKIN TEST NOS ANTIGEN	N		
86490	COCCIDIOIDOMYCOSIS SKIN TEST	N		
86510	HISTOPLASMOSIS SKIN TEST	N		
86580	TB INTRADERMAL TEST	N		
86585	TB TINE TEST CHECK O.I.M #36	N		
86586	SKIN TEST, UNLISTED	Y		
86587	SPLITTING OF BLOOD	N		
86590	STREPTOKINASE ANTIBODY	N		
86592	SYPHILIS TEST NON-TREP QUAL	N		
86593	SYPHILIS TEST NON-TREP QUANT	N		
86602	ANTIBODY, ACTINOMYCES	N		
86603	ADENOVIRUS ANTIBODY	N		
86606	ANTIBODY, ASPERGILLUS	N		
86609	BACTERIUM ANTIBODY	N		
86611	BARTONELLA ANTIBODY	N		
86612	BLASTOMYCES ANTIBODY	N		
86615	ANTIBODY, BORDETELLA	N		
86617	ANTIBODY	N		
86618	ANTIBODY, LYME DISEASE	N		
86619	BORRELIA ANTIBODY	N		
86622	BRUCELLA ANTIBODY	N		
86625	CAMPYLOBACTER ANTIBODY	N		
86628	CANDIDA ANTIBODY	N		
86631	CHLAMYDIA ANTIBODY	N		
86632	CHLAMYDIA IGM ANTIBODY	N		
86635	COCCIDIOIDES ANTIBODY	N		
86638	ANTIBODY, Q FEVER	N		
86641	ANTIBODY, CRYPTOCOCCUS	N		

RELEASED 4/1/2019**IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>**

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
86644	ANTIBODY, CMV	N		
86645	CMV ANTIBODY IGM	N		
86648	ANTIBODY, DIPHTHERIA	N		
86651	ENCEPHALITIS CALIFORN ANTBDY	N		
86652	ENCEPHALTIS EAST EQNE ANBDY	N		
86653	ENCEPHALTIS ST LOUIS ANTBODY	N		
86654	ENCEPHALTIS WEST EQNE ANTBDY	N		
86658	ENTEROVIRUS ANTIBODY	N		
86663	ANTIBODY, EPSTEIN - BARR	N		
86664	EPSTEIN-BARR NUCLEAR ANTIGEN	N		
86665	EPSTEIN-BARR CAPSID VCA	N		
86666	EHRlichia ANTIBODY	N		
86668	FRANCISELLA TULARENSIS	N		
86671	FUNGUS NES ANTIBODY	N		
86674	GIARDIA LAMBLIA ANTIBODY	N		
86677	HELICOBACTER PYLORI ANTIBODY	N		
86682	HELMINTH ANTIBODY	N		
86684	HEMOPHILUS INFLUENZA ANTIBDY	N		
86687	HTLV-I ANTIBODY	N		
86688	HTLV-II ANTIBODY	N		
86689	HTLV/HIV CONFIRMJ ANTIBODY	N		
86692	HEPATITIS DELTA AGENT ANTBDY	N		
86694	HERPES SIMPLEX NES ANTBDY	N		
86695	HERPES SIMPLEX TYPE 1 TEST	N		
86696	HERPES SIMPLEX TYPE 2 TEST	N		
86698	HISTOPLASMA ANTIBODY	N		
86701	HIV-1ANTIBODY	N		
86702	HIV-2 ANTIBODY	N		
86703	HIV-1/HIV-2 1 RESULT ANTBDY	N		
86704	HEP B CORE ANTIBODY TOTAL	N		
86705	HEP B CORE ANTIBODY IGM	N		
86706	HEP B SURFACE ANTIBODY	N		
86707	HEPATITIS BE ANTIBODY	N		
86708	HEPATITIS A TOTAL ANTIBODY	N		
86709	HEPATITIS A IGM ANTIBODY	N		
86710	INFLUENZA VIRUS ANTIBODY	N		
86711	JOHN CUNNINGHAM ANTIBODY	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86713	LEGIONELLA ANTIBODY	N		
86717	LEISHMANIA ANTIBODY	N		
86720	LEPTOSPIRA ANTIBODY	N		
86723	LISTERIA MONOCYTOGENES	N		
86727	LYMPH CHORIOMENINGITIS AB	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
86729	LYMPHO VENEREUM ANTIBODY	N		
86732	MUCORMYCOSIS ANTIBODY	N		
86735	MUMPS ANTIBODY	N		
86738	MYCOPLASMA ANTIBODY	N		
86741	NEISSERIA MENINGITIDIS	N		
86744	NOCARDIA ANTIBODY	N		
86747	PARVOVIRUS ANTIBODY	N		
86750	MALARIA ANTIBODY	N		
86753	PROTOZOA ANTIBODY NOS	N		
86756	RESPIRATORY VIRUS ANTIBODY	N		
86757	RICKETTSIA ANTIBODY	N		
86759	ROTAVIRUS ANTIBODY	N		
86762	RUBELLA ANTIBODY	N		
86765	RUBEOLA ANTIBODY	N		
86768	SALMONELLA ANTIBODY	N		
86771	SHIGELLA ANTIBODY	N		
86774	TETANUS ANTIBODY	N		
86777	TOXOPLASMA ANTIBODY	N		
86778	TOXOPLASMA ANTIBODY IGM	N		
86780	TREPONEMA PALLIDUM	N		
86781	TREPONEMA PALLIDUM, CONFIRM	N		
86784	TRICHINELLA ANTIBODY	N		
86787	VARICELLA-ZOSTER ANTIBODY	N		
86788	WEST NILE VIRUS AB IGM	N		
86789	WEST NILE VIRUS ANTIBODY	N		
86790	VIRUS ANTIBODY NOS	N		
86793	YERSINIA ANTIBODY	N		
86800	THYROGLOBULIN ANTIBODY, RIA	N		
86803	HEPATITIS C ANTIBODY	N		
86804	HEP C AB TEST CONFIRM	N		
86805	LYMPHOCYTOTOXICITY ASSAY	N		
86806	LYMPHOCYTHOTOXICITY ASSAY	N		
86807	CYTOTOXIC ANTIBODY SCREENING	N		
86808	CYTOTOXIC ANTIBODY SCREENING	N		
86812	HLA TYPING A B OR C	N		
86813	HLA TYPING A B OR C	N		
86816	HLA TYPING DR/DQ	N		
86817	HLA TYPING DR/DQ	N		
86821	LYMPHOCYTE CULTURE MIXED	N		
86822	LYMPHOCYTE CULTURE PRIMED	N		
86825	HLA X-MATH NON-CYTOTOXIC	N		
86826	HLA X-MATCH NONCYTOTOXC ADDL	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
86828	HLA CLASS I&II ANTIBODY QUAL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86829	HLA CLASS I/II ANTIBODY QUAL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86830	HLA CLASS I PHENOTYPE QUAL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86831	HLA CLASS II PHENOTYPE QUAL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86832	HLA CLASS I HIGH DEFIN QUAL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86833	HLA CLASS II HIGH DEFIN QUAL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86834	HLA CLASS I SEMIQUANT PANEL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86835	HLA CLASS II SEMIQUANT PANEL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86849	IMMUNOLOGY PROCEDURE	Y		
86850	RBC ANTIBODY SCREEN	N		
86860	RBC ANTIBODY SCREEN	N		
86870	RBC ANTIBODY IDENTIFICATION	N		
86880	COOMBS TEST DIRECT	N		
86885	COOMBS TEST INDIRECT QUAL	N		
86886	COOMBS TEST INDIRECT TITER	N		
86900	BLOOD TYPING ABO	N		
86901	BLOOD TYPING RH (D)	N		
86902	BLOOD TYPE ANTIGEN DONOR EA	N		
86903	BLOOD TYPING, ANTIGEN SCREEN	N		
86904	BLOOD TYPING PATIENT SERUM	N		
86905	BLOOD TYPING RBC ANTIGENS	N		
86906	BLOOD TYPING RH PHENOTYPE	N		
86920	COMPATIBILITY TEST SPIN	N		
86921	COMPATIBILITY TEST INCUBATE	N		
86922	COMPATIBILITY TEST ANTIGLOB	N		
86923	COMPATIBILITY TEST ELECTRIC	N		
86927	PLASMA FRESH FROZEN	N		
86930	FROZEN BLOOD PREP	N		
86931	FROZEN BLOOD THAW	N		
86932	FROZEN BLOOD FREEZE/THAW	N		
86940	HEMOLYSINS/AGGLUTININS AUTO	N		
86941	HEMOLYSINS AND AGGLUTININS	N		
86945	BLOOD PRODUCT/IRRADIATION	N		
86960	VOL REDUCTION OF BLOOD/PROD	N		
86970	RBC PRETX INCUBATJ W/CHEMICL	N		
86971	RBC PRETX INCUBATJ W/ENZYMES	N		
86972	RBC PRETX INCUBATJ W/DENSITY	N		
86975	RBC SERUM PRETX INCUBJ DRUGS	N		
86976	RBC SERUM PRETX ID DILUTION	N		
86977	RBC SERUM PRETX INCUBJ/INHIB	N		
86978	RBC PRETREATMENT SERUM	N		
86999	Transfusion Procedure	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
87001	SMALL ANIMAL INOCULATION	N		
87003	SMALL ANIMAL INOCULATION	N		
87015	SPECIMEN INFECT AGNT CONCNTJ	N		
87040	BLOOD CULTURE FOR BACTERIA	N		
87045	FECES CULTURE AEROBIC BACT	N		
87046	STOOL CULTR AEROBIC BACT EA	N		
87070	CULTURE OTHR SPECIMN AEROBIC	N		
87071	CULTURE AEROBIC QUANT OTHER	N		
87073	CULTURE BACTERIA ANAEROBIC	N		
87075	CULTR BACTERIA EXCEPT BLOOD	N		
87076	CULTURE ANAEROBE IDENT EACH	N		
87077	CULTURE AEROBIC IDENTIFY	N		
87081	CULTURE SCREEN ONLY	N		
87084	CULTURE OF SPECIMEN BY KIT	N		
87086	URINE CULTURE/COLONY COUNT	N		
87088	URINE BACTERIA CULTURE	N		
87101	SKIN FUNGI CULTURE	N		
87102	FUNGUS ISOLATION CULTURE	N		
87103	BLOOD FUNGUS CULTURE	N		
87106	FUNGI IDENTIFICATION YEAST	N		
87107	FUNGI IDENTIFICATION MOLD	N		
87109	MYCOPLASMA	N		
87110	CHLAMYDIA CULTURE	N		
87116	MYCOBACTERIA CULTURE	N		
87118	MYCOBACTERIC IDENTIFICATION	N		
87140	CULTUR TYPE IMMUNOFLUORESC	N		
87143	CULTURE TYPING GLC/HPLC	N		
87147	CULTURE TYPE IMMUNOLOGIC	N		
87149	DNA/RNA DIRECT PROBE	N		
87150	DNA/RNA AMPLIFIED PROBE	N		
87152	CULTURE TYPE PULSE FIELD GEL	N		
87153	DNA/RNA SEQUENCING	N		
87158	CULTURE TYPING ADDED METHOD	N		
87164	DARK FIELD EXAMINATION	N		
87166	DARK FIELD EXAMINATION	N		
87168	MACROSCOPIC EXAM ARTHROPOD	N		
87169	MACACROSCOPIC EXAM PARASITE	N		
87172	PINWORM EXAM	N		
87176	TISSUE HOMOGENIZATION CULTR	N		
87177	OVA AND PARASITES SMEARS	N		
87181	MICROBE SUSCEPTIBLE DIFFUSE	N		
87184	MICROBE SUSCEPTIBLE DISK	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
87185	MICROBE SUSCEPTIBLE ENZYME	N		
87186	MICROBE SUSCEPTIBLE MIC	N		
87187	MICROBE SUSCEPTIBLE MLC	N		
87188	MICROBE SUSCEPT MACROBROTH	N		
87190	MICROBE SUSCEPT MYCOBACTERI	N		
87197	BACTERICIDAL LEVEL SERUM	N		
87205	SMEAR GRAM STAIN	N		
87206	SMEAR FLUORESCENT/ACID STAI	N		
87207	SMEAR SPECIAL STAIN	N		
87209	SMEAR COMPLEX STAIN	N		
87210	SMEAR WET MOUNT SALINE/INK	N		
87220	TISSUE EXAM FOR FUNGI	N		
87230	ASSAY TOXIN OR ANTITOXIN	N		
87250	VIRUS INOCULATE EGGS/ANIMAL	N		
87252	VIRUS INOCULATION TISSUE	N		
87253	VIRUS INOCULATE TISSUE ADDL	N		
87254	VIRUS INOCULATION SHELL VIA	N		
87255	GENET VIRUS ISOLATE HSV	N		
87260	ADENOVIRUS AG IF	N		
87265	PERTUSSIS AG IF	N		
87267	ENTEROVIRUS ANTIBODY DFA	N		
87269	GIARDIA AG IF	N		
87270	CHLAMYDIA TRACHOMATIS AG IF	N		
87271	CYTOMEGALOVIRUS DFA	N		
87272	CRYPTOSPORIDIUM AG IF	N		
87273	HERPES SIMPLEX 2 AG IF	N		
87274	HERPES SIMPLEX 1 AG IF	N		
87275	INFLUENZA B AG IF	N		
87276	INFLUENZA A AG IF	N		
87277	LEGIONELLA MICDAEI AG IF	N		
87278	LEGION PNEUMOPHILIA AG IF	N		
87279	PARAINFLUENZA AG IF	N		
87280	RESPIRATORY SYNCYTIAL AG IF	N		
87281	PNEUMOCYSTIS CARINII AG IF	N		
87283	RUBEOLA AG IF	N		
87285	TREPONEMA PALLIDUM AG IF	N		
87290	VARICELLA ZOSTER AG IF	N		
87299	ANTIBODY DETECTION NOS IF	N		
87300	AG DETECTION POLYVAL IF	N		
87301	ADENOVIRUS AG EIA	N		
87305	ASPERGILLUS AG EIA	N		
87320	CHYLMD TRACH AG EIA	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
87324	CLOSTRIDIUM AG EIA	N		
87327	CRYPTOCOCCUS NEOFORM AG EIA	N		
87328	CRYPTOSPORIDIUM AG EIA	N		
87329	GIARDIA AG EIA	N		
87332	CYTOMEGALOVIRUS AG EIA	N		
87335	E COLI 0157 AG EIA	N		
87336	ENTAMOEB HIST DISPR AG EIA	N		
87337	ENTAMOEB HIST GROUP AG EIA	N		
87338	HPYLORI STOOL EIA	N		
87339	H PYLORI AG EIA	N		
87340	HEPATITIS B SURFACE AG EIA	N		
87341	HEPATITIS B SURFACE AG EIA	N		
87350	HEPATITIS BE AG EIA	N		
87380	HEPATITIS DELTA AG EIA	N		
87385	HISTOPLASMA CAPSUL AG EIA	N		
87389	HIV-1 AG W/HIV-1 & HIV-2 AB	N		
87390	HIV-1 AG EIA	N		
87391	HIV-2 AG EIA	N		
87400	INFLUENZA A/B AG EIA	N		
87420	RESP SYNCYTIAL AG EIA	N		
87425	ROTAVIRUS AG EIA	N		
87427	SHIGA-LIKE TOXIN AG EIA	N		
87430	STREP A AG EIA	N		
87449	AG DETECT NOS EIA MULT	N		
87450	AG DETECT NOS EIA SINGLE	N		
87451	AG DETECT POLYVAL EIA MULT	N		
87470	BARTONELLA DNA DIR PROBE	N		
87471	BARTONELLA DNA AMP PROBE	N		
87472	BARTONELLA DNA QUANT	N		
87475	LYME DIS DNA DIR PROBE	N		
87476	LYME DIS DNA AMP PROBE	N		
87477	LYME DIS DNA QUANT	N		
87480	CANDIDA DNA DIR PROBE	N		
87481	CANDIDA DNA AMP PROBE	N		
87482	CANDIDA DNA QUANT	N		
87483	CNS DNA AMP PROBE TYPE 12-25	Y		
87485	CHYLMD PNEUM DNA DIR PROBE	N		
87486	CHYLMD PNEUM DNA AMP PROBE	N		
87487	CHYLMD PNEUM DNA QUANT	N		
87490	CHYLMD TRACH DNA DIR PROBE	N		
87491	CHYLMD TRACH DNA AMP PROBE	N		
87492	CHYLMD TRACH DNA QUANT	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
87493	C DIFF AMPLIFIED PROBE	N		
87495	CYTOMEG DNA DIR PROBE	N		
87496	CYTOMEG DNA AMP PROBE	N		
87497	CYTOMEG DNA QUANT	N		
87498	ENTEROVIRUS PROBE&REVR TRNS	N		
87500	VANOMYCIN DNA AMP PROBE	N		
87501	INFLUENZA DNA AMP PROB 1+	N		
87502	INFLUENZA DNA AMP PROBE	N		
87503	INFLUENZA DNA AMP PROB ADDL	N		
87505	NFCT AGENT DETECTION GI	N		
87506	IADNA-DNA/RNA PROBE TQ 6-11	N		
87507	IADNA-DNA/RNA PROBE TQ 12-25	N		
87510	GARDNER VAG DNA DIR PROBE	N		
87511	GARDNER VAG DNA AMP PROBE	N		
87512	GARDNER VAG DNA QUANT	N		
87515	HEPATITIS B DNA DIR PROBE	N		
87516	HEPATITIS B DNA AMP PROBE	N		
87517	HEPATITIS B DNA QUANT	N		
87520	HEPATITIS C RNA DIR PROBE	N		
87521	HEPATITIS C PROBE&RVRS TRNSC	N		
87522	HEPATITIS C REVR TRNSCRPJ	N		
87525	HEPATITIS G DNA DIR PROBE	N		
87526	HEPATITIS G DNA AMP PROBE	N		
87527	HEPATITIS G DNA QUANT	N		
87528	HSV DNA DIR PROBE	N		
87529	HSV DNA AMP PROBE	N		
87530	HSV DNA QUANT	N		
87531	HHV-6 DNA DIR PROBE	N		
87532	HHV-6 DNA AMP PROBE	N		
87533	HHV-6 DNA QUANT	N		
87534	HIV-1 DNA DIR PROBE	N		
87535	HIV-1 PROBE&REVERSE TRNSCRPJ	N		
87536	HIV-1 QUANT&REVRSE TRNSCRPJ	N		
87537	HIV-2 DNA DIR PROBE	N		
87538	HIV-2 PROBE&REVRSE TRNSCRPJ	N		
87539	HIV-2 QUANT&REVRSE TRNSCRPJ	N		
87540	LEGION PNEUMO DNA DIR PROB	N		
87541	LEGION PNEUMO DNA AMP PROB	N		
87542	LEGION PNEUMO DNA QUANT	N		
87550	MYCOBACTERIA DNA DIR PROBE	N		
87551	MYCOBACTERIA DNA AMP PROBE	N		
87552	MYCOBACTERIA DNA QUANT	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
87555	M.TUBERCULO DNA DIR PROBE	N		
87556	M.TUBERCULO DNA AMP PROBE	N		
87557	M.TUBERCULO DNA QUANT	N		
87560	M.AVIUM-INTRA DNA DIR PROB	N		
87561	M.AVIUM-INTRA DNA AMP PROB	N		
87562	M.AVIUM-INTRA DNA QUANT	N		
87580	M.PNEUMON DNA DIR PROBE	N		
87581	M.PNEUMON DNA AMP PROBE	N		
87582	M.PNEUMON DNA QUANT	N		
87590	N.GONORRHOEAE DNA DIR PROB	N		
87591	N.GONORRHOEAE DNA AMP PROB	N		
87592	N.GONORRHOEAE DNA QUANT	N		
87622	HPV DNA QUANT	N		
87624	HPV HIGH-RISK TYPES	N		
87625	HPV TYPES 16 & 18 ONLY	N		
87631	RESP VIRUS 3-5 TARGETS	N		9/1/2018
87632	RESP VIRUS 6-11 TARGETS	N		9/1/2018
87633	Resp. virus levels	N		6/1/18
87640	STAPH A DNA AMP PROBE	N		
87641	MR-STAPH DNA AMP PROBE	N		
87650	STREP A DNA DIR PROBE	N		
87651	STREP A DNA AMP PROBE	N		
87652	STREP A DNA QUANT	N		
87653	STREP B DNA AMP PROBE	N		
87660	TRICHOMONAS VAGIN DIR PROBE	N		
87661	TRICHOMONAS VAGINALIS AMPLIF	N		
87797	DETECT AGENT NOS DNA DIR	N		
87798	DETECT AGENT NOS DNA AMP	N		
87799	DETECT AGENT NOS DNA QUANT	N		
87800	DETECT AGNT MULT DNA DIREC	N		
87801	DETECT AGNT MULT DNA AMPLI	N		
87802	STREP B ASSAY W/OPTIC	N		
87803	CLOSTRIDIUM TOXIN A W/OPTIC	N		
87804	INFLUENZA ASSAY W/OPTIC	N		
87806	HIV ANTIGEN W/HIV ANTIBODIES	N		
87807	RSV ASSAY W/OPTIC	N		
87808	TRICHOMONAS ASSAY W/OPTIC	N		
87809	ADENOVIRUS ASSAY W/OPTIC	N		
87810	INFECT AGT DET BY IMMUNO WITH DIR OPTICA	N		
87850	INFECT AGT DET BY IMMUNA WITH DIR OPTICA	N		
87880	INFECT AGT DET BY IMMUNO WITH DIR OPTICA	N		
87899	INFECT AGT DET BY IMMUNO WITH DIR OPTICA	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
87900	PHENOTYPE INFECT AGENT DRUG	N		
87901	GENOTYPE DNA HIV REVERSE T	N		
87902	GENOTYPE DNA/RNA HEP C	Y		
87903	PHENOTYPE DNA HIV W/CULTURE	N		
87904	PHENOTYPE DNA HIV W/CLT ADD	N		
87905	SIALIDASE ENZYME ASSAY	N		
87906	GENOTYPE DNA/RNA HIV	N		
87910	GENOTYPE CYTOMEGALOVIRUS	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
87912	GENOTYPE DNA HEPATITIS B	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
87999	Microbiology Procedures	Y		
88104	CYTOPATH FL NONGYN SMEARS	N		
88106	CYTOPATH FL NONGYN FILTER	N		
88108	CYTOPATH CONCENTRATE TECH	N		
88112	CYTOPATH CELL ENHANCE TECH	N		
88120	CYTP URNE 3-5 PROBES EA SPEC	N		
88121	CYTP URINE 3-5 PROBES CMPTR	N		
88125	ForeNsic cYtopathology	N		
88130	SEX CHROMATIN IDENTIFICATION	N		
88140	SEX CHROMATIN IDENTIFICATION	N		
88141	CYTOPATH C/V INTERPRET	N		
88142	CYTOPATH C/V THIN LAYER	N		
88143	CYTOPATH C/V THIN LAYER REDO	N		
88147	CYTOPATH C/V AUTOMATED	N		
88148	CYTOPATH C/V AUTO RESCREEN	N		
88150	CYTOPATH C/V MANUAL	N		
88152	CYTOPATH C/V AUTO REDO	N		
88153	CYTOPATH C/V REDO	N		
88154	CYTOPATH C/V SELECT	N		
88155	CYTOPATH C/V INDEX ADD-ON	N		
88160	CYTOPATH SMEAR OTHER SOURCE	N		
88161	CYTOPATH SMEAR OTHER SOURCE	N		
88162	CYTOPATH SMEAR OTHER SOURCE	N		
88164	CYTOPATH TBS C/V MANUAL	N		
88165	CYTOPATH TBS C/V REDO	N		
88166	CYTOPATH TBS C/V AUTO REDO	N		
88167	CYTOPATH TBS C/V SELECT	N		
88172	CYTP DX EVAL FNA 1ST EA SITE	N		
88173	CYTOPATH EVAL FNA REPORT	N		
88174	CYTOPATH C/V AUTO IN FLUID	N		
88175	CYTOPATH C/V AUTO FLUID REDO	N		
88177	CYTP FNA EVAL EA ADDL	N		
88180	CELL MARKER STUDY	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
88182	CELL MARKER STUDY	N		
88184	FLOWCYTOMETRY/ TC 1 MARKER	N		
88185	FLOWCYTOMETRY/TC ADD-ON	N		
88187	FLOWCYTOMETRY/READ 2-8	N		
88188	FLOWCYTOMETRY/READ 9-15	N		
88189	FLOWCYTOMETRY/READ 16 & >	N		
88199	CYTOPATHOLOGY PROCEDURE	N		
88230	TISSUE CULTURE LYMPHOCYTE	CONDITIONAL	Auth required for CCS members	
88233	TISSUE CULTURE SKIN/BIOPSY	N		
88235	TISSUE CULTURE PLACENTA	N		
88237	TISSUE CULTURE BONE MARROW	N		
88239	TISSUE CULTURE TUMOR	N		
88240	CELL CRYOPRESERVE/STORAGE	N		
88241	FROZEN CELL PREPARATION	N		
88245	CHROMOSOME ANALYSIS 20-25	CONDITIONAL	Auth required for CCS members	
88248	CHROMOSOME ANALYSIS 50-100	CONDITIONAL	Auth required for CCS members	
88249	CHROMOSOME ANALYSIS 100	CONDITIONAL	Auth required for CCS members	
88261	CHROMOSOME ANALYSIS 5	CONDITIONAL	Auth required for CCS members	
88262	CHROMOSOME ANALYSIS 15-20	CONDITIONAL	Auth required for CCS members	
88263	CHROMOSOME ANALYSIS 45	CONDITIONAL	Auth required for CCS members	
88264	CHROMOSOME ANALYSIS 20-25	CONDITIONAL	Auth required for CCS members	
88267	CHROMOSOME ANALYS PLACENTA	CONDITIONAL	Auth required for CCS members	
88269	CHROMOSOME ANALYS AMNIOTIC	N		
88271	CYTOGENETICS DNA PROBE	N		
88272	CYTOGENETICS 3-5	N		
88273	CYTOGENETICS 10-30	N		
88274	CYTOGENETICS 25-99	N		
88275	CYTOGENETICS 100-300	N		
88280	CHROMOSOME COUNT: ADDITIONAL	N		
88283	CHROMOSOME BANDING STUDY	N		
88285	CHROMOSOME COUNT ADDITIONAL	N		
88289	CHROMOSOME STUDY ADDITIONAL	N		
88291	CYTO/MOLECULAR REPORT	N		
88299	CYTOGENETIC STUDY	N		
88300	SURGICAL PATH GROSS	N		
88302	TISSUE EXAM BY PATHOLOGIST	N		
88304	TISSUE EXAM BY PATHOLOGIST	N		
88305	TISSUE EXAM BY PATHOLOGIST	N		
88307	TISSUE EXAM BY PATHOLOGIST	N		
88309	TISSUE EXAM BY PATHOLOGIST	N		
88311	DECALCIFY TISSUE	N		
88312	SPECIAL STAINS GROUP 1	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
88313	SPECIAL STAINS GROUP 2	N		
88314	HISTOCHEMICAL STAINS ADD-ON	N		
88318	CHEMICAL HISTOCHEMISTRY	N		
88319	ENZYME HISTOCHEMISTRY	N		
88321	MICROSLIDE CONSULTATION	N		
88323	MICROSLIDE CONSULTATION	N		
88325	COMPREHENSIVE REVIEW OF DATA	N		
88329	PATH CONSULT INTROP	N		
88331	PATH CONSULT INTRAOP 1 BLOC	N		
88332	PATH CONSULT INTRAOP ADDL	N		
88333	INTRAOP CYTO PATH CONSULT 1	N		
88334	INTRAOP CYTO PATH CONSULT 2	N		
88341	IMMUNOHISTO ANTIBODY SLIDE	N		
88342	IMMUNOHISTOCHEMISTRY	N		
88344	IMMUNOHISTO ANTIBODY SLIDE	N		
88346	IMMUNOFLUORESCENT STUDY	N		
88347	IMMUNOFLUORESCENT STUDY	N		
88348	ELECTRON MICROSCOPY	N		
88349	SCANNING ELECTRON MICROSCOPY	N		
88350	ImmuNofluor aNtb addl staiN	N		
88355	ANALYSIS SKELETAL MUSCLE	N		
88356	ANALYSIS NERVE	N		
88358	ANALYSIS TUMOR	N		
88360	TUMOR IMMUNOHISTOCHEM/MANUAL	N		
88361	TUMOR IMMUNOHISTOCHEM/COMPUT	N		
88362	NERVE TEASING PREPARATIONS	N		
88363	XM ARCHIVE TISSUE MOLEC ANAL	N		
88364	INSITU HYBRIDIZATION (FISH)	N		
88365	INsitu hYbridizatioN (fish)	N		
88366	INSITU HYBRIDIZATION (FISH)	N		
88367	INSITU HYBRIDIZATION AUTO	N		
88368	INSITU HYBRIDIZATION MANUAL	N		
88369	M/PHMTRC ALYSISHQUANT/SEMIQ	CONDITIONAL	Auth required for CCS members	
88371	PROTEIN WESTERN BLOT TISSUE	N		
88372	PROTEIN ANALYSIS W/PROBE	N		
88373	M/PHMTRC ALYS ISHQUANT/SEMIQ	N		
88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	N		
88375	OPTICAL ENDOMICROSCOPY INTERP	N		
88377	M/PHMTRC ALYS ISHQUANT/SEMIQ	N		
88380	MICRODISSECTION LASER	N		
88381	MICRODISSECTION MANUAL	N		
88387	TISS EXAM MOLECULAR STUDY	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
88388	TISS EX MOLECUL STUDY ADD-ON	N		
88399	SURGICAL PATHOLOGY PROCEDURE	N		
88400	BILIRUBIN TOTAL TRANSCUT	N		
88720	BILIRUBIN TOTAL TRANSCUT	N		
88741	TRANSCUTANEOUS METHB	N		
88749	IN VIVO LAB SERVICE	N		
89049	CHCT FOR MAL HYPERTHERMIA	N		
89050	BODY FLUID CELL COUNT	N		
89051	BODY FLUID CELL COUNT	N		
89055	LEUKOCYTE ASSESSMENT FECAL	N		
89060	EXAM SYNOVIAL FLUID CRYSTALS	N		
89100	SAMPLE INTESTINAL CONTENTS	N		
89105	SAMPLE INTESTINAL CONTENTS	N		
89125	SPECIMEN FAT STAIN	N		
89130	SAMPLE STOMACH CONTENTS	N		
89132	SAMPLE STOMACH CONTENTS	N		
89136	SAMPLE STOMACH CONTENTS	N		
89141	SAMPLE STOMACH CONTENTS	N		
89160	EXAM FECES FOR MEAT FIBERS	N		
89190	NASAL SMEAR FOR EOSINOPHILS	N		
89220	SPUTUM SPECIMEN COLLECTION	N		
89225	STARCH GRANULES, FECES	N		
89230	COLLECT SWEAT FOR TEST	N		
89235	WATER LOAD TEST	N		
89240	PATHOLOGY LAB PROCEDURE	N		
89350	SPUTUM SPECIMEN COLLECTION	N		
89355	EXAM FECES FOR STARCH	N		
89360	COLLECT SWEAT FOR TEST	N		
89365	WATER LOAD TEST	N		
89398	UNLISTED REPROD MED LAB PROC	Y		
90281	HUMAN IG IM	N		
90291	CMV IG IV	N		
90371	HEP B IG IM	N		
90376	RABIES IG HEAT TREATED	N		
90385	RH IG MINIDOSE IM	N		
90386	RH IG IV	N		
90389	TETANUS IG IM	N		
90396	VARICELLA-ZOSTER IG IM	N		
90399	IMMUNE GLOBULIN	N		
90461	IM ADMIN EACH ADDL COMPONENT	N		
90470	IMMUNE ADMIN H1N1 IM/NASAL	N		
90471	IMMUNIZATION ADMIN	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
90473	Immune admin oral/nasal	Y		
90474	Immune admin oral/nasal addl	Y		
90586	BCG VACCINE INTRAVESICAL	N		
90633	HEP A VACC PED/ADOL 2 DOSE	N		
90634	HEP A VACC PED/ADOL 3 DOSE	N		
90636	HEP A/HEP B VACC ADULT IM	N		
90648	HIB VACCINE PRP-T IM	N		
90649	HPV VACCINE 4 VALENT IM	N		
90650	HPV VACCINE 2 VALENT IM	N		
90654	FLU VACC IIV3 NO PRESERV ID	N		
90655	FLU VAC NO PRSV 3 VAL 6-35 M	N		
90656	FLU VACCINE NO PRESERV 3 & >	N		
90658	FLU VACCINE 3 YRS & > IM	N		
90660	FLU VACCINE NASAL	N		
90663	FLU VACC PANDEMIC H1N1	N		
90664	FLU VACC PANDEMIC INTRANASAL	N		
90665	LYME DISEASE VACCINE IM	N		
90668	FLU VAC PANDEMIC SPLT IM	N		
90669	PNEUMOCOCCAL VACC 7 VAL IM	N		
90670	PNEUMOCOCCAL VACC 13 VAL IM	N		
90672	FLU VACCINE 4 VALENT NASAL	N		
90675	RABIES VACCINE IM	N		
90676	RABIES VACCINE ID	N		
90680	ROTOVIRUS VACC 3 DOSE ORAL	N		
90681	ROTAVIRUS VACC 2 DOSE ORAL	N		
90682	Influenza virus vaccine, quadrivalent (riv4), derived from recombinant dna, hemagglutinin (ha) protein only, preservative and antibiotic free, for intramuscular use	N		
90693	TYPHOID VACCINE AKD SC	N		
90696	DTAP-IPV VACC 4-6 YR IM	N		
90698	DTAP-HIB-IP VACCINE IM	N		
90702	DT VACCINE < 7 YRS IM	N		
90703	TETANUS VACCINE IM	N		
90708	MEASLES-RUBELLA VACCINE SC	N		
90710	MMRV VACCINE SC	N		
90713	POLIOVIRUS IPV SC/IM	N		
90715	TDAP VACCINE 7 YRS/> IM	N		
90721	DTAP/HIB VACCINE IM	N		
90723	DTAP-HEP B-IPV VACCINE IM	N		
90725	CHOLERA VACCINE INJECTABLE	N		
90727	PLAGUE VACCINE IM	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
90733	MENINGOCOCCAL VACCINE SC	N		
90734	MENINGOCOCCAL VACCINE IM	N		
90740	HEPB VACC ILL PAT 3 DOSE IM	N		
90744	HEPB VACC PED/ADOL 3 DOSE IM	N		
90746	HEP B VACC ADULT 3 DOSE IM	N		
90747	HEPB VACC ILL PAT 4 DOSE IM	N		
90748	HEP B/HIB VACCINE IM	N		
90749	Vaccine Or Toxoid Injection Or Infusion Procedure	Y	only covered under CA benefit	
90750	Zoster (shingles) vaccine (hzv), recombinant, sub-unit, adjuvanted, for intramuscular injection	N		
90761	HYDRATE IV INFUSION, ADD-ON	N		
90768	THER/DIAG CONCURRENT INF	N		
90771	SC THER INFUSION, RESET PUMP	N		
90772	THER/PROPH/DIAG INJ, SC/IM	N		
90773	THER/PROPH/DIAG INJ, IA	N		
90775	TX/PRO/DX INJ NEW DRUG ADDON	N		
90779	THER/PROP/DIAG INJ/INF PROC	N		
90781	IV INFUSION ADDITIONAL HOUR QUA	N		
90782	INJECTION OF MEDICATION	N		
90799	THERAPEUTIC INJECTION	N		
90802	INTAC PSY DX INTERVIEW	N		
90819	PSYTX HOSP 45-50 MIN W/E&M	N		
90824	INTAC PSYTX HSP 20-30 W/E&M	N		
90829	INTAC PSYTX HSP 75-80 W/E&M	N		
90846	Family psytx w/o patient	Y	only covered under CA benefit	
90847	Family psytx w/patient	Y	only covered under CA benefit	
90849	Multiple family group psytx	Y		
90853	GROUP PSYCHOTHERAPY	N		
90862	MEDICATION MANAGEMENT	N		
90869	TCRAN MAGN STIM REDETERMINE	N		
90870	Electroconvulsive therapy (includes necessary monitoring)	Y		
90899	PSYCHIATRIC SERVICE/THERAPY	Y		
90925	ESRD RELATED SERVICES, DAY	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
90935	HEMODIALYSIS ONE EVALUATION	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
90937	HEMODIALYSIS REPEATED EVAL	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
90945	DIALYSIS ONE EVALUATION	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
90947	DIALYSIS REPEATED EVAL	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
90969	ESRD HOME PT SRV P DAY 12-19	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
90970	ESRD HOME PT SERV P DAY 20+	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
90989	DIALYSIS TRAINING COMPLETE	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
90993	DIALYSIS TRAINING INCOMPL	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
90999	ESRD PPS	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
91000	ESOPHAGEAL INTUBATION	N		
91010	ESOPHAGUS MOTILITY STUDY	N		
91012	ESOPHAGUS MOTILITY STUDY	N		
91013	ESOPHGL MOTIL W/STIM/PERFUS	N		
91020	GASTRIC MOTILITY STUDIES	N		
91022	DUODENAL MOTILITY STUDY	N		
91030	ACID PERFUSION OF ESOPHAGUS	N		
91033	PROLONGED ACID REFLUX TEST	N		
91035	G-ESOPH REFLX TST W/ELECTROD	N		
91038	ESOPH IMPED FUNCT TEST > 1HR	N		
91040	ESOPH BALLOON DISTENSION TST	N		9/1/2018
91052	GASTRIC ANALYSIS TEST	N		
91055	GASTRIC INTUBATION FOR SMEAR	N		
91060	GASTRIC SALINE LOAD TEST	N		
91065	BREATH HYDROGEN/METHANE TEST	N		
91100	PASS INTESTINE BLEEDING TUBE	N		
91105	GASTRIC INTUBATION TREATMENT	N		
91110	GI TRACT CAPSULE ENDOSCOPY	Y		
91117	COLON MOTILITY 6 HR STUDY	N		
91122	ANAL PRESSURE RECORD	N		
91123	IRRIGATE FECAL IMPACTION	N		
91133	ELECTROGASTROGRAPHY W/TEST	N		
91200	Fibroscan	N		6/1/18
91299	GASTROENTEROLOGY PROCEDURE	N		
92002	OPHTH MEDICAL XM&EVAL INTERMEDIATE NEW PT	N		
92004	OPHTH MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	N		
92012	OPHTH MEDICAL XM&EVAL INTERMEDIATE ESTAB PT	N		
92014	OPHTH MEDICAL XM&EVAL COMPRHNSV ESTAB PT 1/>	N		
92015	DETERMINE REFRACTIVE STATE	N		
92020	SPECIAL EYE EVALUATION	N		
92025	CORNEAL TOPOGRAPHY	N		
92060	SPECIAL EYE EVALUATION	N		
92070	FITTING OF CONTACT LENS	N		
92072	FIT CONTAC LENS FOR MANAGMNT	N		
92080	Humphrey visual field testing	N		
92082	visual field testing	N		6/1/18
92083	VISUAL FIELD EXAMINATION(S)	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
92100	SERIAL TONOMETRY EXAM(S)	N		
92120	TONOGRAPHY & EYE EVALUATION	N		
92130	WATER PROVOCATION TONOGRAPHY	N		
92134	CPTR OPHTH DX IMG POST SEGMT	N		
92135	OPHTH DX IMAGING POST SEG	N		
92136	OPHTHALMIC BIOMETRY	N		
92140	GLAUCOMA PROVOCATIVE TESTS	N		
92225	AN INITIAL OPHTHALMOSCOPY	N		
92226	SPECIAL EYE EXAM SUBSEQUENT	N		
92228	REMOTE RETINAL IMAGING MGMT	N		
92230	EYE EXAM WITH PHOTOS	N		
92235	EYE EXAM WITH PHOTOS	N		
92240	ICG ANGIOGRAPHY	N		
92242	FLUORESCEIN ICG ANGIOGRAPHY	Y		
92250	EYE EXAM WITH PHOTOS	N		
92260	OPHTHALMOSCOPY/DYNAMOMETRY	N		
92265	EYE MUSCLE EVALUATION	N		
92270	ELECTRO-OCULOGRAPHY	N		
92287	INTERNAL EYE PHOTOGRAPHY	N		
92317	RX CORNEOSCLERAL CNTACT LENS	N		
92326	REPLACEMENT OF CONTACT LENS	N		
92335	FITTING OF ARTIFICIAL EYE	N		
92342	FIT SPECTACLES MULTIFOCAL	N		
92355	FIT SPECTACLES COMPOUND LENS	N		
92358	APHAKIA PROSTH SERVICE TEMP	N		
92371	REPAIR & ADJUST SPECTACLES	N		
92499	EYE SERVICE OR PROCEDURE	N		
92502	OTOLARYNGOLOGIC EXAM UNDER GENERAL ANESTHESIA	N		
92504	EAR MICROSCOPY EXAMINATION	N		
92507	Speech/hearing therapy	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
92508	Speech/hearing therapy	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
92510	AURAL REHABILITATION FOLLOWING COCH	N		
92512	NASAL FUNCTION STUDIES	N		
92516	FACIAL NERVE FUNCTION TEST	N		
92520	LARYNGEAL FUNCTION STUDIES	N		
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
92522	Evaluation of speech sound production	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
92523	Evaluation of speech sound production	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
92524	Behavioral and qualitative analysis of voice and resonance	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
92526	Treatment of swallowing dysfunction and/or oral function for feeding	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
92534	OPTOKINETIC NYSTAGMUS TEST	N		
92540	BASIC VESTIBULAR EVALUATION	N		
92547	SUPPLEMENTAL ELECTRICAL TEST	N		
92550	TYMPANOMETRY & REFLEX THRESH	N		
92552	Pure tone audiometry air	N		1/1/2019
92553	AUDIOMETRY AIR & BONE	N		
92555	Speech audio reception threshold eval	N		
92556	Comprehensive hearing test	N		1/1/2019
92557	COMPREHENSIVE HEARING TEST	N		
92558	EVOKED AUDITORY TEST QUAL	N		
92565	STENGER TEST PURE TONE	N		
92567	TYMPANOMETRY	N		
92568	ACOUSTIC REFL THRESHOLD TST	N		
92569	ACOUSTIC REFLEX DECAY TEST	N		
92570	ACOUSTIC IMMITANCE TESTING	N		
92572	STAGGERED SPONDAIC WORD TEST	N		
92573	LOMBARD TEST	N		
92577	STENGER TEST SPEECH	N		
92579	VISUAL AUDIOMETRY (VRA)	N		
92582	CONDITIONING PLAY AUDIOMETRY	N		
92583	SELECT PICTURE AUDIOMETRY	N		
92587	Dist prod evoked otoacoustic emissions	N		
92588	EVOKED AUDITORY TST COMPLETE	N		
92589	AUDITORY FUNCTION TEST(S)	N		
92591	HEARING AID EXAM BOTH EARS	N		
92595	ELECTRO HEARNG AID TST BOTH	N		
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
92604	REPROGRAM COCHLEAR IMPLT 7/>	N		
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Y		
92609	Therapeutic services for the use of speech-generating device, including programming and modification	Y		
92612	ENDOSCOPY SWALLOW TST (FEES)	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
92617	INTERPRT FEES/LARYNGEAL TEST	N		
92618	EX FOR NONSPEECH DEV RX ADD	N		
92621	AUDITORY FUNCTION + 15 MIN	N		
92625	TINNITUS ASSESSMENT	N		
92627	EVAL AUD STATUS REHAB ADD-ON	N		
92630	AUD REHAB PRE-LING HEAR LOSS	N		
92633	AUD REHAB POSTLING HEAR LOSS	N		
92700	Otorhinolaryngological Service Or Procedure	Y		
92920	Prq cardiac angioplast 1 art	N		
92924	Prq card angio/athrect 1 art	N		
92928	Prq card stent w/angio 1 vsl	N		
92933	Prq card stent/ath/angio	N		
92937	Prq revasc byp graft 1 vsl	N		
92941	Prq card revasc mi 1 vsl	N		
92943	Prq card revasc chronic 1vsl	N		
92950	HEART/LUNG RESUSCITATION CPR	N		
92953	TEMPORARY EXTERNAL PACING	N		
92960	Cardioversion, electric	N		
92961	Cardioversion electric int	N		
92971	CARDIOASSIST EXTERNAL	N		
92975	DISSOLVE CLOT HEART VESSEL	N		
92978	Intravasc us heart add-on	N		
92979	Intravasc us heart add-on	N		
92982	CORONARY ARTERY DILATION	N		
92986	Revision of aortic valve	N		
92987	Revision of mitral valve	N		
92990	Revision of pulmonary valve	N		
92997	Pul art balloon repr percut	N		
92998	Pul art balloon repr percut	N		
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	N		
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	N		
93006	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	N		
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	N		
93012	TRANSMISSION OF ECG	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
93014	REPORT ON TRANSMITTED ECG	N		
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	N		
93017	Treadmill stress test	N		
93018	CARDIOVASCULAR STRESS TEST	N		
93025	MICROVOLT T-WAVE ASSESS	N		
93042	RHYTHM ECG REPORT	N		
93224	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	N		
93226	Cardiovascular Monitoring System	N		
93227	ECG MONIT/REPT UP TO 48 HRS	N		
93229	REMOTE 30 DAY ECG TECH SUPP	Y		
93233	ECG MONITOR/REVIEW, 24 HRS	N		
93237	ECG MONITOR/REVIEW, 24 HRS	N		
93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional	N		
93270	REMOTE 30 DAY ECG REV/REPORT	N		
93271	ECG/MONITORING AND ANALYSIS	N		
93272	ECG/REVIEW INTERPRET ONLY	N		
93278	ECG/SIGNAL-AVERAGED	N		
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	N		
93295	Cardiac device evaluation	N		6/1/18
93299	ICM/ILR REMOTE TECH SERV	N		
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	N		
93305	ECHOCARDIOGRAPHY, LIMITED	N		
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	N		
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	N		
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	N		
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	N		
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	N		
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	N		
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	N		
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	N		
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	N		
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display	N		
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; follow-up or limited study	N		
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	N		
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	N		
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	N		
93352	Use of echocardiographic contrast agent during stress echocardiography (list separately in addition to code for primary procedure)	N		
93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s)	N		
93451	Right heart cath	N		
93452	Left hrt cath w/ventriclgrphy	N		
93453	R&l hrt cath w/ventriclgrphy	N		
93454	Coronary artery angio s&i	N		
93455	Coronary art/grft angio s&i	N		
93456	R hrt coronary artery angio	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
93457	R hrt art/grft angio	N		
93458	L hrt artery/ventricle angio	N		
93459	L hrt art/grft angio	N		
93460	R&l hrt art/ventricle angio	N		
93461	R&l hrt art/ventricle angio	N		
93462	L hrt cath trnsptl puncture	N		
93464	EXERCISE W/HEMODYNAMIC MEAS	N		
93501	RIGHT HEART CATHETERIZATION	N		
93503	Insert/place heart catheter	N		
93505	Biopsy of heart lining	N		
93508	CATH PLACEMENT, ANGIOGRAPHY	N		
93511	LEFT HEART CATHETERIZATION	N		
93514	LEFT HEART CATHETERIZATION	N		
93524	LEFT HEART CATHETERIZATION	N		
93529	RT, LT HEART CATHETERIZATION	N		
93530	Rt heart cath congenital	N		
93531	R & l heart cath congenital	N		
93532	R & l heart cath congenital	N		
93533	R & l heart cath congenital	N		
93545	INJECT FOR CORONARY X-RAYS	N		
93556	IMAGING, CARDIAC CATH	N		
93562	CARD OUTPUT MEASURE SUBSQ	N		
93563	Inject congenital card cath	N		
93565	Inject r ventr/atrial angio	N		
93566	Inject r ventr/atrial angio	N		
93567	Inject suprvlv aortography	N		
93568	Inject pulm art hrt cath	N		
93571	Heart flow reserve measure	N		
93572	Heart flow reserve measure	N		
93580	Transcath closure of asd	N		
93581	Transcath closure of vsd	N		
93582	Perq transcath closure pda	N		
93590	PERQ TRANSCATH CLS MITRAL	Y		
93591	PERQ TRANSCATH CLS AORTIC	Y		
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (list separately in addition to code for primary procedure)	Y		
93600	BUNDLE OF HIS RECORDING	N		
93603	RIGHT VENTRICULAR RECORDING	N		
93609	Map tachycardia add-on	N		
93610	INTRA-ATRIAL PACING	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
93613	Electrophys map 3d add-on	N		
93616	ESOPHAGEAL RECORDING	N		
93620	Electrophysiology evaluation	N		
93621	Electrophysiology evaluation	N		
93622	Electrophysiology evaluation	N		
93623	Stimulation pacing heart	N		
93641	Electrophysiology evaluation	N		
93642	Electrophysiology evaluation	N		
93650	Ablate heart dysrhythm focus	N		
93653	Ep & ablate supravent arrhyt	Y		
93654	Ep & ablate ventric tachy	Y		
93655	Ablate arrhythmia add on	N		
93656	Tx atrial fib pulm vein isol	N		
93657	Tx l/r atrial fib addl	N		
93724	ANALYZE PACEMAKER SYSTEM	N		
93727	ANALYZE ILR SYSTEM	N		
93736	TELEPHONIC ANALY, PACEMAKER	N		
93740	TEMPERATURE GRADIENT STUDIES	N		
93744	ANALYZE HT PACE DEVICE DUAL	N		
93745	SET-UP CARDIOVERT-DEFIBRILL	N		
93750	INTERROGATION VAD IN PERSON	N		
93784	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report	N		
93799	Cardiovascular Service Or Procedure	Y		
93875	EXTRACRANIAL STUDY	N		
93880	EXTRACRANIAL BILAT STUDY	N		
93882	EXTRACRANIAL UNI/LTD STUDY	N		
93886	INTRACRANIAL COMPLETE STUDY	N		
93888	INTRACRANIAL LIMITED STUDY	N		
93890	TCD VASOREACTIVITY STUDY	N		
93892	TCD EMBOLI DETECT W/O INJ	N		
93893	TCD EMBOLI DETECT W/INJ	N		
93924	LWR XTR VASC STDY BILAT	N		
93925	Noninvasive Vascular Diagnostic Studies	N		
93926	LOWER EXTREMITY STUDY	N		
93930	Noninvasive Vascular Diagnostic Studies	N		
93931	UPPER EXTREMITY STUDY	N		
93965	EXTREMITY STUDY	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	N		
93971	EXTREMITY STUDY	N		
93976	VASCULAR STUDY	N		9/1/2018
93981	PENILE VASCULAR STUDY	N		
93982	Aneurysm pressure sens study	Y		
93990	DOPPLER FLOW TESTING	N		
93998	NONINVAS VASC DX STUDY PROC	N		
94003	VENT MGMT INPAT SUBQ DAY	N		
94010	BREATHING CAPACITY TEST	N		
94013	MEAS LUNG VOL THRU 2 YRS	N		
94016	REVIEW PATIENT SPIROMETRY	N		
94060	EVALUATION OF WHEEZING	N		
94150	VITAL CAPACITY TEST	N		
94200	LUNG FUNCTION TEST (MBC/MVV)	N		
94240	RESIDUAL LUNG CAPACITY	N		
94250	EXPIRED GAS COLLECTION	N		
94260	THORACIC GAS VOLUME	N		
94350	LUNG NITROGEN WASHOUT CURVE	N		
94360	MEASURE AIRFLOW RESISTANCE	N		
94375	RESPIRATORY FLOW VOLUME LOOP	N		
94400	CO2 BREATHING RESPONSE CURVE	N		
94450	HYPOXIA RESPONSE CURVE	N		
94621	PULMONARY STRESS TEST/COMPLEX	N		6/1/18
94640	AIRWAY INHALATION TREATMENT	N		
94642	AEROSOL INHALATION TREATMENT	N		
94645	CBT EACH ADDL HOUR	N		
94657	CONTINUED VENTILATOR MGMT	N		
94660	POS AIRWAY PRESSURE CPAP	N		
94662	NEG PRESS VENTILATION CNP	N		
94664	EVALUATE PT USE OF INHALER	N		
94668	CHEST WALL MANIPULATION	N		
94681	EXHALED AIR ANALYSIS O2/CO2	N		
94690	EXHALED AIR ANALYSIS	N		
94720	MONOXIDE DIFFUSING CAPACITY	N		
94725	MEMBRANE DIFFUSION CAPACITY	N		
94726	Respiratory Care Services	N		
94728	PULM FUNCT TEST OSCILLOMETRY	N		
94729	CO/MEMBANE DIFFUSE CAPACITY	N		
94750	PULMONARY COMPLIANCE STUDY	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	N		
94770	EXHALED CARBON DIOXIDE TEST	N		
94772	BREATH RECORDING INFANT	N		
94781	CAR SEAT/BED TEST + 30 MIN	N		
94799	Pulmonary Service/Procedure	Y		
95144	Allergy Test Antigen Prep	N		
95165	Allergy Test Antigen Prep	N		
95807	SLEEP STUDY ATTENDED	N		
95808	POLYSOM ANY AGE 1-3> PARAM	Y		
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	N		
95811	POLYSOM 6/>YRS CPAP 4/> PARM	N		6/1/18
95813	EEG OVER 1 HOUR	N		
95816	EEG AWAKE AND DROWSY	N		
95819	EEG AWAKE AND ASLEEP	N		
95822	EEG COMA OR SLEEP ONLY	N		
95824	EEG CEREBRAL DEATH ONLY	N		
95827	EEG ALL NIGHT RECORDING	N		
95830	INSERT ELECTRODES FOR EEG	N		
95831	LIMB MUSCLE TESTING MANUAL	N		
95834	BODY MUSCLE TESTING MANUAL	N		
95851	RANGE OF MOTION MEASUREMENTS	N		
95852	RANGE OF MOTION MEASUREMENTS	N		
95857	CHOLINESTERASE CHALLENGE	N		
95858	TENSILON TEST & MYOGRAM	N		
95860	Nerve Conduction testing	N		
95861	MUSCLE TEST 2 LIMBS	N		
95864	MUSCLE TEST 4 LIMBS	N		
95866	MUSCLE TEST HEMIDIAPHRAGM	N		
95870	MUSCLE TEST NONPARASPINAL	N		
95872	MUSCLE TEST ONE FIBER	N		
95875	LIMB EXERCISE TEST	N		
95887	MUSC TST DONE W/N TST NONEXT	N		
95900	MOTOR NERVE CONDUCTION TEST	N		
95904	SENSE NERVE CONDUCTION TEST	N		
95905	MOTOR &/ SENS NRVE CNDJ TEST	N		
95907	Nerve Conduction testing	N		
95920	INTRAOP NERVE TEST ADD-ON	N		
95927	SOMATOSENSORY TESTING	N		
95928	C MOTOR EVOKED UPPR LIMBS	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
95929	C MOTOR EVOKED LWR LIMBS	N		
95930	VISUAL EVOKED POTENTIAL TEST	N		
95934	H-REFLEX TEST	N		
95937	NEUROMUSCULAR JUNCTION TEST	N		
95939	C MOTOR EVOKED UPR&LWR LIMBS	N		
95951	EEG MONITORING/VIDEORECORD	N		
95953	EEG MONITORING/COMPUTER	N		
95958	EEG MONITORING/FUNCTION TEST	N		
95990	SPIN/BRAIN PUMP REFIL & MAIN	N		
95991	SPIN/BRAIN PUMP REFIL & MAIN	N		
95992	CANALITH REPOSITIONING PROC	N		
95999	Diagnostic Neurological Or Neuromuscular Procedure	Y		
96117	NEUROPSYCHOLOGICAL TESTING BATTERY(N		
96125	Standardized cognitive performance testing	Y	only covered under CA benefit	
96160	PT-FOCUSED HLTH RISK ASSMT	N	CareAdvantage only code	
96161	CAREGIVER HEALTH RISK ASSMT	N	CareAdvantage only code	
96360	HYDRATON INFUSION	N		
96361	HYDRATE IV INFUSION ADD-ON	N		
96365	Administration codes for injections and infusions	N		
96366	Administration codes for injections and infusions	N		
96372	Drug administration code	N		
96375	TX/PRO/DX INJ NEW DRUG ADDON	N		
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	Y		
96376	TX/PRO/DX INJ SAME DRUG ADON	N		
96379	THER/PROP/DIAG INJ/INF PROC	N		
96400	CHEMOTHERAPY-SUBCU.INTRAMUSCULAR	N		
96402	CHEMO HORMON ANTINEOPL SQ/IM	N		
96406	CHEMO INTRALESIONAL OVER 7	N		
96408	CHEMOTHERAPY INTRAVENOUS PUSH	N		
96409	CHEMO IV PUSH SNGL DRUG	N		
96410	CHEMOTHERAPY, INFUSION METHOD	N		
96411	CHEMO IV PUSH ADDL DRUG	N		
96412	CHEMOTHERAPY INFUS. 1 TO 8 HRS.	N		
96413	CHEMO IV INFUSION 1 HR	N		
96414	CHEMOTHERAPY INFUS. MORE THAN 8HRS.	N		
96415	CHEMO IV INFUSION SUBSEQUENT HOUR	N		
96417	CHEMO IV INFUS EACH ADDL SEQ	N		
96420	CHEMO IA PUSH TECHNIQUE	N		
96423	CHEMO IA INFUSE EACH ADDL HR	N		
96425	CHEMOTHERAPY INFUSION METHOD	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
96440	CHEMOTHERAPY INTRACAVITARY	N		
96445	CHEMOTHERAPY, INTRACAVITARY	N		
96446	CHEMOTX ADMN PRTL CAVITY	N		
96450	CHEMOTHERAPY INTO CNS	N		
96520	PORT PUMP REFILL & MAIN	N		
96523	IRRIG DRUG DELIVERY DEVICE	N		
96530	SYST PUMP REFILL & MAIN	N		
96542	CHEMOTHERAPY INJECTION	N		
96545	PROVIDE CHEMOTHERAPY AGENT	N		
96549	CHEMOTHERAPY UNSPECIFIED	N		
96900	ULTRAVIOLET LIGHT THERAPY	N		
96904	Whole body photography	Y		
96910	PHOTOCHEMOTHERAPY WITH UV-B	N		
96913	PHOTOCHEMOTHERAPY UV-A OR B	Y		
96922	LASER TX SKIN >500 SQ CM	Y		
96999	DERMATOLOGICAL PROCEDURE	N		
97001	Pt evaluation	Not valid	Code is no longer valid	
97002	Pt re-evaluation	Not valid	Code is no longer valid	
97003	Ot evaluation	Not valid	Code is no longer valid	
97004	Ot re-evaluation	Not valid	Code is no longer valid	
97010	Hot or cold packs therapy	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97012	Mechanical traction therapy	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97014	Electric stimulation therapy	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97016	Vasopneumatic device therapy	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97018	Paraffin bath therapy	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97020	MICROWAVE THERAPY	N		
97022	Whirlpool therapy	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97024	Diathermy eg microwave	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97026	Infrared therapy	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97028	Ultraviolet therapy	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97032	Electrical stimulation	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
97033	Electric current therapy	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97034	Contrast bath therapy	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97035	Ultrasound therapy	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97036	Hydrotherapy	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97039	Physical Therapy Modality	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97110	Therapeutic exercises	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97112	Neuromuscular reeducation	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97113	Aquatic therapy/exercises	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97116	Gait training therapy	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97124	Massage therapy	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97139	Therapeutic Procedure	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97140	Manual therapy 1/> regions	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97150	Group therapeutic procedures	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97161	PT EVAL LOW COMPLEX 20 MIN	Y	CareAdvantage only code	
97162	PT EVAL MOD COMPLEX 30 MIN	Y	CareAdvantage only code	
97163	PT EVAL HIGH COMPLEX 45 MIN	Y	CareAdvantage only code	
97164	PT RE-EVAL EST PLAN CARE	Y	CareAdvantage only code	
97165	OT EVAL LOW COMPLEX 30 MIN	Y	CareAdvantage only code	
97166	OT EVAL MOD COMPLEX 45 MIN	Y	CareAdvantage only code	
97167	OT EVAL HIGH COMPLEX 60 MIN	Y	CareAdvantage only code	
97168	OT RE-EVAL EST PLAN CARE	Y	CareAdvantage only code	
97530	Therapeutic activities	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97532	Cognitive skills development	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
97533	Sensory integration	Y		
97535	Self care mngment training	Y	only covered under CA benefit	
97537	Community/work reintegration	Y	only covered under CA benefit	
97542	Wheelchair mngment training	Y	only covered under CA benefit	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
97545	Work hardening	Y	only covered under CA benefit	
97546	Work hardening add-on	Y	only covered under CA benefit	
97597	RMVL DEVITAL TIS 20 CM/<	Y		
97598	RMVL DEVITAL TIS ADDL 20CM/<	N		
97750	PHYSICAL PERFORMANCE TEST	N		
97799	Physical Medicine procedure	Y		
97802	Nutrition consult visit	N		6/1/2018
97803	Med nutrition indiv subseq	N		9/1/2018
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes	N		
97811	ACUPUNCT W/O STIMUL ADDL 15M	N		
97813	ACUPUNCTURE PROCEDURE	N		
97814	ACUPUNCT W/STIMUL ADDL 15M	N		
99000	SPECIMEN HANDLING OFFICE-LAB	N		
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	N		
99070	SPECIAL SUPPLIES PHYS/QHP	N		
99142	SEDATION WITH OR WITHOUT ANALGESIA	N		
99145	MOD SEDAT PHYS/QHP EA 15 MIN	N		
99150	MOD SED DIFF PHYS/QHP ADD ON	N		
99151	MOD SED SAME PHYS/QHP <5 YRS	N		
99152	MOD SED SAME PHYS/QHP >5 YRS	N		
99153	MOD SED SAME PHYS/QHP ADD 15 MIN	N		
99155	MOD SED PHYS/QHP INITIAL 15 MIN <5 YRS	N		
99156	MOD SED PHYS/QHP INITIAL 15 MIN >5 YRS	N		
99157	MOD SED PHYS/QHP ADD 15 MIN	N		
99170	ANOGENITAL EXAM CHILD W IMAG	N		
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Y		
99186	TOTAL BODY HYPOTHERMIA	N		
99195	PHLEBOTOMY	N		
99201	Office/outpatient visit new	N		
99202	Office/outpatient visit new	N		
99203	Office/outpatient visit new	N		
99204	Office/outpatient visit new	N		
99205	Office/outpatient visit new	N		
99211	Office/outpatient visit est	N		
99212	Office/outpatient visit est	N		
99213	Office/outpatient visit est	N		
99214	Office/outpatient visit est	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
99215	Office/outpatient visit est	N		
99217	Observation care discharge	N		
99218	Initial observation care	N		
99219	Initial observation care	N		
99220	Initial observation care	N		
99221	Initial hospital care	N		
99222	Initial hospital care	N		
99223	Initial hospital care	N		
99224	Subsequent observation care	N		
99225	Subsequent observation care	N		
99226	Subsequent observation care	N		
99231	Subsequent hospital care	N		
99232	Subsequent hospital care	N		
99233	Subsequent hospital care	N		
99234	Inpatient hospital care including admission and discharge on same day	N		
99235	Inpatient hospital care including admission and discharge on same day	N		
99236	Inpatient hospital care including admission and discharge on same day	N		
99238	Hospital discharge day	N		
99239	Hospital discharge day	N		
99241	Office consultation	N		
99242	Office consultation	N		
99243	Office consultation	N		
99244	Office consultation	N		
99245	Office consultation	N		
99251	Inpatient consultation	N		
99252	Inpatient consultation	N		
99253	Inpatient consultation	N		
99254	Inpatient consultation	N		
99255	Inpatient consultation	N		
99263	INPATIENT CONSULTATION, FOLLOW-UP,	N		
99275	CONFIRMATORY CONSULT., LEVEL 5	N		
99281	Emergency dept visit	N		
99282	Emergency dept visit	N		
99283	Emergency dept visit	N		
99284	Emergency dept visit	N		
99285	Emergency dept visit	N		
99288	Direct advanced life support	N		
99290	PED CRIT CARE TRANSPORT ADDL	N		
99291	Critical care first hour	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
99292	Critical care addl 30 min	N		
99304	Nursing facility care init	N		
99305	Nursing facility care init	N		
99306	Nursing facility care init	CONDITIONAL	Prior auth required for Podiatry services only	
99307	Nursing fac care subseq	N		
99308	Nursing fac care subseq	N		
99309	Nursing fac care subseq	N		
99310	Nursing fac care subseq	N		
99315	Nursing fac discharge day	N		
99316	Nursing fac discharge day	N		
99324	Domicil/r-home visit new pat	N		
99325	Domicil/r-home visit new pat	N		
99326	Domicil/r-home visit new pat	N		
99327	Domicil/r-home visit new pat	N		
99328	Domicil/r-home visit new pat	N		
99334	Domicil/r-home visit est pat	N		
99335	Domicil/r-home visit est pat	N		
99336	Domicil/r-home visit est pat	N		
99337	Domicil/r-home visit est pat	N		
99339	Domicil/r-home care supervis	N		
99340	Domicil/r-home care supervis	N		
99341	Home visit new patient	N		
99342	Home visit new patient	N		
99343	Home visit new patient	N		
99344	Home visit new patient	N		
99345	Home visit new patient	N		
99347	Home visit est patient	N		
99348	Home visit est patient	N		
99349	Home visit est patient	N		
99350	Home visit est patient	N		
99354	Prolong e&m/psyctx serv o/p	N		
99355	Prolong e&m/psyctx serv o/p	N		
99356	Prolonged service inpatient	N		
99357	Prolonged service inpatient	N		
99358	Prolong service w/o contact	N		
99359	Prolong serv w/o contact add	N		
99360	Physician standby services	N		
99363	Anticoagulant mgmt initial	N		
99364	Anticoagulant mgmt subseq	N		
99366	Team conf w/pat by hc prof	N		
99367	Team conf w/o pat by phys	N		
99368	Team conf w/o pat by hc pro	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
99374	Home health care supervision	N		
99375	Home health care supervision	N		
99377	Hospice care supervision	N		
99378	Hospice care supervision	N		
99379	Nursing fac care supervision	N		
99380	Nursing fac care supervision	N		
99381	Init pm e/m new pat infant	N		
99382	Init pm e/m new pat 1-4 yrs	N		
99383	Prev visit new age 5-11	N		
99384	Prev visit new age 12-17	N		
99385	Prev visit new age 18-39	N		
99386	Prev visit new age 40-64	N		
99387	Init pm e/m new pat 65+ yrs	N		
99391	Per pm reeval est pat infant	N		
99392	Prev visit est age 1-4	N		
99393	Prev visit est age 5-11	N		
99394	Prev visit est age 12-17	N		
99395	Prev visit est age 18-39	N		
99396	Prev visit est age 40-64	N		
99397	Per pm reeval est pat 65+ yr	N		
99401	Preventive counseling indiv	N		
99402	Preventive counseling indiv	N		
99403	Preventive counseling indiv	N		
99404	Preventive counseling indiv	N		
99406	Behav chng smoking 3-10 min	N		
99407	Behav chng smoking > 10 min	N		
99411	Preventive counseling group	N		
99412	Preventive counseling group	N		
99415	Prolong clincl staff svc	N		
99416	Prolong clincl staff svc add	N		
99420	Health risk assessment test	N		
99429	Preventive Medicine Service	Y		
99436	ATTENDANCE, BIRTH	N		
99440	NEWBORN RESUSCITATION	N		
99441	Phone e/m phys/qhp 5-10 min	N		
99442	Phone e/m phys/qhp 11-20 min	N		
99443	Phone e/m phys/qhp 21-30 min	N		
99444	Online e/m by phys/qhp	N		
99446	Interprof phone/online 5-10	N		
99447	Interprof phone/online 11-20	N		
99448	Interprof phone/online 21-30	N		
99449	Interprof phone/online 31/>	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
99450	Basic life disability exam	N		
99455	Work related disability exam	Y	only covered under CA benefit	
99456	Disability examination	Y	only covered under CA benefit	
99460	Init nb em per day hosp	N		
99461	Init nb em per day non-fac	N		
99462	Sbsq nb em per day hosp	N		
99463	Same day nb discharge	N		
99464	Attendance at delivery	N		
99465	Nb resuscitation	N		
99466	Ped crit care transport	N		
99467	Ped crit care transport addl	N		
99468	Neonate crit care initial	N		
99469	Neonate crit care subsq	N		
99471	Ped critical care initial	N		
99472	Ped critical care subsq	N		
99475	Ped crit care age 2-5 init	N		
99476	Ped crit care age 2-5 subsq	N		
99477	Init day hosp neonate care	N		
99478	Ic lbw inf < 1500 gm subsq	N		
99479	Ic lbw inf 1500-2500 g subsq	N		
99480	Ic inf pbw 2501-5000 g subsq	N		
99485	Suprv interfacilty transport	N		
99486	Suprv interfac trnsport addl	N		
99487	Cmplx chron care w/o pt vsit	N		
99489	Cmplx chron care addl 30 min	N		
99490	Chron care mgmt srvc 20 min	N		
99495	Trans care mgmt 14 day disch	N		
99496	Trans care mgmt 7 day disch	N		
99497	Advncd care plan 30 min	N		
99498	Advncd care plan addl 30 min	N		
99499	Unlisted e&m service	Y		
99500	Home visit prenatal	Y		
99501	Home visit postnatal	Y		
99502	Home visit nb care	Y		
99503	Home visit resp therapy	Y		
99504	Home visit mech ventilator	Y		
99505	Home visit stoma care	Y		
99506	Home visit im injection	Y		
99507	Home visit cath maintain	Y		
99509	Home visit day life activity	Y		
99510	Home visit sing/m/fam couns	Y		
99511	Home visit fecal/enema mgmt	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
99512	Home visit for hemodialysis	Y		
99600	Home Visit Service Or Procedures	Y		
99601	Home infusion/visit 2 hrs	Y		
99602	Home infusion each addtl hr	Y		
99605	Mtms by pharm np 15 min	N		
99606	Mtms by pharm est 15 min	N		
99607	Mtms by pharm addl 15 min	N		
A0130	Non-emergency transportation: wheelchair van	N		
A0225	Ambulance service; neonatal transport, base rate, emergency transport, one way	N		
A0380	BLS mileage (per mile) (use for wheelchair and litter van transports only)	CONDITIONAL	Excluding: Hospital to home, Hospital to SNF, Hospital to hospital (added 11/3/16), Dialysis to home, Home to dialysis, SNF to dialysis, Dialysis to SNF, Home = SNF, LTC, or other residence LTC to ACUTE Hospital	
A0420	Ambulance waiting time (ALS or BLS) one half hour increment	N		
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	N		
A0424	Extra ambulance attendant, ground (ALS or BLS), (per hour)	N		
A0425	Ground mileage, per statute mile (use for ambulance transports only)	CONDITIONAL	Excluding: Hospital to home, Hospital to SNF, Hospital to hospital (added 11/3/16), Dialysis to home, Home to dialysis, SNF to dialysis, Dialysis to SNF, Home = SNF, LTC, or other residence LTC to ACUTE Hospital	
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1).	CONDITIONAL	Excluding: Hospital to home, Hospital to SNF Hospital to hospital (added 11/3/16) Dialysis to home Home to dialysis SNF to dialysis Dialysis to SNF, Home = SNF, LTC, or other residence LTC to ACUTE Hospital	
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency)	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
A0428	Ambulance service, basic life support, non-emergency transport (BLS)	CONDITIONAL	Excluding: Hospital to home, Hospital to SNF Hospital to hospital (added 11/3/16) Dialysis to home Home to dialysis SNF to dialysis Dialysis to SNF, Home = SNF, LTC, or other residence; Modifier E	
A0429	Ambulance service, basic life support, emergency transport (BLS-emergency)	N		
A0433	Advanced life support, level 2 (ALS2)	N		
A0434	Specialty care transport (SCT)	N		
A0999	Unlisted ambulance service	Y		
A4206	1 cc sterile syringe&needle	N		
A4207	2 cc sterile syringe&needle	N		
A4208	3 cc sterile syringe&needle	N		
A4209	5+ cc sterile syringe&needle	N		
A4210	Nonneedle injection device	N		
A4211	Supp for self-adm injections	N		
A4212	Non coring needle or stylet	N		
A4213	20+ cc syringe only	N		
A4215	Sterile needle	N		
A4216	Sterile water/saline, 10 ml	N		
A4217	Sterile water/saline, 500 ml	N		
A4218	Sterile saline or water	N		
A4220	Infusion pump refill kit	N		
A4221	Maint drug infus cath per wk	N		
A4222	Infusion supplies with pump	N		
A4223	Infusion supplies w/o pump	N		
A4224	SPL MAINT INSULIN INFUS CATH PER WK	Y	CareAdvantage only code	
A4225	SPL EXT INS INF PMP SYR T CART ST E	Y	CareAdvantage only code	
A4230	Infus insulin pump non needl	N		
A4231	Infusion insulin pump needle	N		
A4232	Syringe w/needle insulin 3cc	N		
A4233	Alkalin batt for glucose mon	N		
A4234	J-cell batt for glucose mon	N		
A4235	Lithium batt for glucose mon	N		
A4236	Silvr oxide batt glucose mon	N		
A4244	Alcohol or peroxide per pint	N		
A4245	Alcohol wipes per box	N		
A4246	Betadine/phisohex solution	N		
A4247	Betadine/iodine swabs/wipes	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
A4248	Chlorhexidine antisept	N		
A4250	Urine reagent strips/tablets	N		
A4252	Blood ketone test or strip	N		
A4253	Blood glucose/reagent strips	N		
A4255	Glucose monitor platforms	N		
A4256	Calibrator solution/chips	N		
A4257	Replace lensshield cartridge	N		
A4258	Lancet device each	N		
A4259	Lancets per box	N		
A4261	Cervical cap contraceptive	N		
A4262	Temporary tear duct plug	N		
A4263	Permanent tear duct plug	N		
A4264	Intratubal occlusion device	N		
A4265	Paraffin	N		
A4266	Diaphragm	N		
A4267	Male condom	N		
A4268	Female condom	N		
A4269	Spermicide	N		
A4270	Disposable endoscope sheath	N		
A4280	Brst prsths adhsv attchmnt	N		
A4281	Replacement breastpump tube	Y		9/1/2018
A4282	Replacement breastpump adpt	Y		9/1/2018
A4283	Replacement breastpump cap	Y		9/1/2018
A4284	Replcmnt breast pump shield	Y		9/1/2018
A4285	Replcmnt breast pump bottle	Y		9/1/2018
A4286	Replcmnt breastpump lok ring	Y		9/1/2018
A4290	Sacral nerve stim test lead	N		
A4300	Cath impl vasc access portal	N		
A4301	Implantable access syst perc	N		
A4305	Drug delivery system >=50 ml	N		
A4306	Drug delivery system <=50 ml	N		
A4310	Insert tray w/o bag/cath	N		
A4311	Catheter w/o bag 2-way latex	N		
A4312	Cath w/o bag 2-way silicone	N		
A4313	Catheter w/bag 3-way	N		
A4314	Cath w/drainage 2-way latex	N		
A4315	Cath w/drainage 2-way silcne	N		
A4316	Cath w/drainage 3-way	N		
A4320	Irrigation tray	N		
A4321	Cath therapeutic irrig agent	N		
A4322	Irrigation syringe	N		
A4326	Male external catheter	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
A4327	Fem urinary collect dev cup	N		
A4328	Fem urinary collect pouch	N		
A4330	Stool collection pouch	N		
A4331	Extension drainage tubing	N		
A4332	Lube sterile packet	N		
A4333	Urinary cath anchor device	N		
A4334	Urinary cath leg strap	N		
A4335	Incontinence supply	CONDITIONAL	See IC policy	
A4336	Urethral insert	N		
A4337	Incontinent rectal insert	N		
A4338	Indwelling catheter latex	N		
A4340	Indwelling catheter special	N		
A4344	Cath indw foley 2 way silicn	N		
A4346	Cath indw foley 3 way	N		
A4349	Disposable male external cat	N		
A4351	Straight tip urine catheter	N		
A4352	Coude tip urinary catheter	N		
A4353	Intermittent urinary cath	N		
A4354	Cath insertion tray w/bag	N		
A4355	Bladder irrigation tubing	N		
A4356	Ext ureth clmp or compr dvc	N		
A4357	Bedside drainage bag	N		
A4358	Urinary leg or abdomen bag	N		
A4360	Disposable ext urethral dev	N		
A4361	Ostomy face plate	N		
A4362	Solid skin barrier	N		
A4363	Ostomy clamp, replacement	N		
A4364	Adhesive, liquid or equal	N		
A4366	Ostomy vent	N		
A4367	Ostomy belt	N		
A4368	Ostomy filter	N		
A4369	Skin barrier liquid per oz	N		
A4371	Skin barrier powder per oz	N		
A4372	Skin barrier solid 4x4 equiv	N		
A4373	Skin barrier with flange	N		
A4375	Drainable plastic pch w fcpl	N		
A4376	Drainable rubber pch w fcpl	N		
A4377	Drainable plstic pch w/o fp	N		
A4378	Drainable rubber pch w/o fp	N		
A4379	Urinary plastic pouch w fcpl	N		
A4380	Urinary rubber pouch w fcpl	N		
A4381	Urinary plastic pouch w/o fp	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
A4382	Urinary hvy plstc pch w/o fp	N		
A4383	Urinary rubber pouch w/o fp	N		
A4384	Ostomy faceplt/silicone ring	N		
A4385	Ost skn barrier sld ext wear	N		
A4387	Ost clsd pouch w att st barr	N		
A4388	Drainable pch w ex wear barr	N		
A4389	Drainable pch w st wear barr	N		
A4390	Drainable pch ex wear convex	N		
A4391	Urinary pouch w ex wear barr	N		
A4392	Urinary pouch w st wear barr	N		
A4393	Urine pch w ex wear bar conv	N		
A4394	Ostomy pouch liq deodorant	N		
A4395	Ostomy pouch solid deodorant	N		
A4396	Peristomal hernia supprt blt	N		
A4397	Irrigation supply sleeve	N		
A4398	Ostomy irrigation bag	N		
A4399	Ostomy irrig cone/cath w brs	N		
A4400	Ostomy irrigation set	N		
A4402	Lubricant per ounce	N		
A4404	Ostomy ring each	N		
A4405	Nonpectin based ostomy paste	N		
A4406	Pectin based ostomy paste	N		
A4407	Ext wear ost skn barr <=4sq"	N		
A4408	Ext wear ost skn barr >4sq"	N		
A4409	Ost skn barr convex <=4 sq i	N		
A4410	Ost skn barr extnd >4 sq	N		
A4411	Ost skn barr extnd =4sq	N		
A4412	Ost pouch drain high output	N		
A4413	2 pc drainable ost pouch	N		
A4414	Ost sknbar w/o conv<=4 sq in	N		
A4415	Ost skn barr w/o conv >4 sqi	N		
A4416	Ost pch clsd w barrier/fltr	N		
A4417	Ost pch w bar/bltinconv/fltr	N		
A4418	Ost pch clsd w/o bar w fltr	N		
A4419	Ost pch for bar w flange/flt	N		
A4420	Ost pch clsd for bar w lk fl	N		
A4421	Ostomy supply misc	N		
A4422	Ost pouch absorbent material	N		
A4423	Ost pch for bar w lk fl/fltr	N		
A4424	Ost pch drain w bar & filter	N		
A4425	Ost pch drain for barrier fl	N		
A4426	Ost pch drain 2 piece system	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
A4427	Ost pch drain/barr lk flng/f	N		
A4428	Urine ost pouch w faucet/tap	N		
A4429	Urine ost pouch w bltinconv	N		
A4430	Ost urine pch w b/bltin conv	N		
A4431	Ost pch urine w barrier/tapv	N		
A4432	Os pch urine w bar/fange/tap	N		
A4433	Urine ost pch bar w lock fln	N		
A4434	Ost pch urine w lock flng/ft	N		
A4435	1pc ost pch drain hgh output	N		
A4450	Non-waterproof tape	N		
A4452	Waterproof tape	N		
A4455	Adhesive remover per ounce	N		
A4456	Adhesive remover, wipes	N		
A4458	Reusable enema bag	N		
A4459	Manual pump enema, reusable	N		
A4461	Surgicl dress hold non-reuse	N		
A4463	Surgical dress holder reuse	N		
A4465	Non-elastic extremity binder	N		
A4466	Elastic garment/covering	N		
A4470	Gravlee jet washer	N		
A4480	Vabra aspirator	N		
A4481	Tracheostoma filter	N		
A4483	Moisture exchanger	N		
A4490	Above knee surgical stocking	N		
A4495	Thigh length surg stocking	N		
A4500	Below knee surgical stocking	N		
A4510	Full length surg stocking	N		
A4520	Incontinence garment anytype	CONDITIONAL	See IC policy	
A4550	Surgical trays	N		
A4554	Disposable underpads	CONDITIONAL	See IC policy	
A4555	Ca tx e-stim electr/transduc	N		
A4556	Electrodes, pair	N		
A4557	Lead wires, pair	N		
A4558	Conductive gel or paste	N		
A4559	Coupling gel or paste	N		
A4561	Pessary rubber, any type	N		
A4562	Pessary, non rubber,any type	N		
A4565	Slings	N		
A4566	Should sling/vest/abrestrain	N		
A4570	Splint	N		
A4575	Hyperbaric o2 chamber disps	N		
A4580	Cast supplies (plaster)	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
A4590	Special casting material	N		
A4595	Tens suppl 2 lead per month	N		
A4600	Sleeve, inter limb comp dev	N		
A4601	Lith ion non prosth recharge	N		
A4602	Replace lithium battery 1.5v	N		
A4604	Tubing with heating element	N		
A4605	Trach suction cath close sys	N		
A4606	Oxygen probe used w oximeter	N		
A4608	Transtracheal oxygen cath	N		
A4611	Heavy duty battery	N		
A4612	Battery cables	N		
A4613	Battery charger	N		
A4614	Hand-held pefr meter	N		
A4615	Cannula nasal	N		
A4616	Tubing (oxygen) per foot	N		
A4617	Mouth piece	N		
A4618	Breathing circuits	N		
A4619	Face tent	N		
A4620	Variable concentration mask	N		
A4623	Tracheostomy inner cannula	N		
A4624	Tracheal suction tube	N		
A4625	Trach care kit for new trach	N		
A4626	Tracheostomy cleaning brush	N		
A4627	Spacer bag/reservoir	N		
A4628	Oropharyngeal suction cath	N		
A4629	Tracheostomy care kit	N		
A4630	Repl bat t.e.n.s. own by pt	N		
A4633	Uvl replacement bulb	N		
A4634	Replacement bulb th lightbox	N		
A4635	Underarm crutch pad	N		
A4636	Handgrip for cane etc	N		
A4637	Repl tip cane/crutch/walker	N		
A4638	Repl batt pulse gen sys	N		
A4639	Infrared ht sys replcmnt pad	N		
A4640	Alternating pressure pad	N		
A4641	Radiopharm dx agent noc	N		
A4642	In111 satumomab	N		
A4648	Implantable tissue marker	N		
A4649	Surgical Supplies	Y		
A4650	Implant radiation dosimeter	N		
A4651	Calibrated microcap tube	N		
A4652	Microcapillary tube sealant	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
A4653	Pd catheter anchor belt	N		
A4657	Syringe w/wo needle	N		
A4660	Sphyg/bp app w cuff and stet	N		
A4663	Dialysis blood pressure cuff	N		
A4670	Automatic bp monitor, dial	N		
A4671	Disposable cyclor set	N		
A4672	Drainage ext line, dialysis	N		
A4673	Ext line w easy lock connect	N		
A4674	Chem/antisept solution, 8oz	N		
A4680	Activated carbon filter, ea	N		
A4690	Dialyzer, each	N		
A4706	Bicarbonate conc sol per gal	N		
A4707	Bicarbonate conc pow per pac	N		
A4708	Acetate conc sol per gallon	N		
A4709	Acid conc sol per gallon	N		
A4714	Treated water per gallon	N		
A4719	"y set" tubing	N		
A4720	Dialysat sol fld vol > 249cc	N		
A4721	Dialysat sol fld vol > 999cc	N		
A4722	Dialys sol fld vol > 1999cc	N		
A4723	Dialys sol fld vol > 2999cc	N		
A4724	Dialys sol fld vol > 3999cc	N		
A4725	Dialys sol fld vol > 4999cc	N		
A4726	Dialys sol fld vol > 5999cc	N		
A4728	Dialysate solution, non-dex	N		
A4730	Fistula cannulation set, ea	N		
A4736	Topical anesthetic, per gram	N		
A4737	Inj anesthetic per 10 ml	N		
A4740	Shunt accessory	N		
A4750	Art or venous blood tubing	N		
A4755	Comb art/venous blood tubing	N		
A4760	Dialysate sol test kit, each	N		
A4765	Dialysate conc pow per pack	N		
A4766	Dialysate conc sol add 10 ml	N		
A4770	Blood collection tube/vacuum	N		
A4771	Serum clotting time tube	N		
A4772	Blood glucose test strips	N		
A4773	Occult blood test strips	N		
A4774	Ammonia test strips	N		
A4802	Protamine sulfate per 50 mg	N		
A4860	Disposable catheter tips	N		
A4870	Plumb/elec wk hm hemo equip	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
A4890	Repair/maint cont hemo equip	Y		
A4911	Drain bag/bottle	N		
A4913	Misc Dialysis Supplies	Y		
A4918	Venous pressure clamp	N		
A4927	Non-sterile gloves	N		
A4928	Surgical mask	N		
A4929	Tourniquet for dialysis, ea	N		
A4930	Sterile, gloves per pair	N		
A4931	Reusable oral thermometer	N		
A4932	Reusable rectal thermometer	N		
A5051	Pouch clsd w barr attached	N		
A5052	Clsd ostomy pouch w/o barr	N		
A5053	Clsd ostomy pouch faceplate	N		
A5054	Clsd ostomy pouch w/flange	N		
A5055	Stoma cap	N		
A5056	1 pc ost pouch w filter	N		
A5057	1 pc ost pou w built-in conv	N		
A5061	Pouch drainable w barrier at	N		
A5062	Drnble ostomy pouch w/o barr	N		
A5063	Drain ostomy pouch w/flange	N		
A5071	Urinary pouch w/barrier	N		
A5072	Urinary pouch w/o barrier	N		
A5073	Urinary pouch on barr w/flng	N		
A5081	Stoma plug or seal, any type	N		
A5082	Continent stoma catheter	N		
A5083	Stoma absorptive cover	N		
A5093	Ostomy accessory convex inse	N		
A5102	Bedside drain btl w/wo tube	N		
A5105	Urinary suspensory	N		
A5112	Urinary leg bag	N		
A5113	Latex leg strap	N		
A5114	Foam/fabric leg strap	N		
A5120	Skin barrier, wipe or swab	N		
A5121	Solid skin barrier 6x6	N		
A5122	Solid skin barrier 8x8	N		
A5126	Disk/foam pad +- adhesive	N		
A5131	Appliance cleaner	N		
A5200	Percutaneous catheter anchor	N		
A5500	Diab shoe for density insert	Y		
A5501	Diabetic custom molded shoe	Y		
A5503	Diabetic shoe w/roller/rockr	Y		
A5504	Diabetic shoe with wedge	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
A5505	Diab shoe w/metatarsal bar	Y		
A5506	Diabetic shoe w/off set heel	Y		
A5507	Modification diabetic shoe	Y		
A5508	Diabetic deluxe shoe	N		
A5510	Compression form shoe insert	N		
A5512	Multi den insert direct form	Y		
A5513	Multi den insert custom mold	Y		
A6000	Wound warming wound cover	N		
A6010	Collagen based wound filler	N		
A6011	Collagen gel/paste wound fil	N		
A6021	Collagen dressing <=16 sq in	N		
A6022	Collagen drsg>16<=48 sq in	N		
A6023	Collagen dressing >48 sq in	N		
A6024	Collagen dsg wound filler	N		
A6025	Silicone gel sheet, each	N		
A6154	Wound pouch each	N		
A6196	Alginate dressing <=16 sq in	N		
A6197	Alginate drsg >16 <=48 sq in	N		
A6198	Alginate dressing > 48 sq in	N		
A6199	Alginate drsg wound filler	N		
A6203	Composite drsg <= 16 sq in	N		
A6204	Composite drsg >16<=48 sq in	N		
A6205	Composite drsg > 48 sq in	N		
A6206	Contact layer <= 16 sq in	N		
A6207	Contact layer >16<= 48 sq in	N		
A6208	Contact layer > 48 sq in	N		
A6209	Foam drsg <=16 sq in w/o bdr	N		
A6210	Foam drg >16<=48 sq in w/o b	N		
A6211	Foam drg > 48 sq in w/o brdr	N		
A6212	Foam drg <=16 sq in w/border	N		
A6213	Foam drg >16<=48 sq in w/bdr	N		
A6214	Foam drg > 48 sq in w/border	N		
A6215	Foam dressing wound filler	N		
A6216	Non-sterile gauze<=16 sq in	N		
A6217	Non-sterile gauze>16<=48 sq	N		
A6218	Non-sterile gauze > 48 sq in	N		
A6219	Gauze <= 16 sq in w/border	N		
A6220	Gauze >16 <=48 sq in w/bordr	N		
A6221	Gauze > 48 sq in w/border	N		
A6222	Gauze <=16 in no w/sal w/o b	N		
A6223	Gauze >16<=48 no w/sal w/o b	N		
A6224	Gauze > 48 in no w/sal w/o b	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
A6228	Gauze <= 16 sq in water/sal	N		
A6229	Gauze >16<=48 sq in watr/sal	N		
A6230	Gauze > 48 sq in water/salne	N		
A6231	Hydrogel dsg<=16 sq in	N		
A6232	Hydrogel dsg>16<=48 sq in	N		
A6233	Hydrogel dressing >48 sq in	N		
A6234	Hydrocolld drg <=16 w/o bdr	N		
A6235	Hydrocolld drg >16<=48 w/o b	N		
A6236	Hydrocolld drg > 48 in w/o b	N		
A6237	Hydrocolld drg <=16 in w/bdr	N		
A6238	Hydrocolld drg >16<=48 w/bdr	N		
A6239	Hydrocolld drg > 48 in w/bdr	N		
A6240	Hydrocolld drg filler paste	N		
A6241	Hydrocolloid drg filler dry	N		
A6242	Hydrogel drg <=16 in w/o bdr	N		
A6243	Hydrogel drg >16<=48 w/o bdr	N		
A6244	Hydrogel drg >48 in w/o bdr	N		
A6245	Hydrogel drg <= 16 in w/bdr	N		
A6246	Hydrogel drg >16<=48 in w/b	N		
A6247	Hydrogel drg > 48 sq in w/b	N		
A6248	Hydrogel drsg gel filler	N		
A6250	Skin seal protect moisturizr	CONDITIONAL	See IC policy	
A6251	Absorpt drg <=16 sq in w/o b	N		
A6252	Absorpt drg >16 <=48 w/o bdr	N		
A6253	Absorpt drg > 48 sq in w/o b	N		
A6254	Absorpt drg <=16 sq in w/bdr	N		
A6255	Absorpt drg >16<=48 in w/bdr	N		
A6256	Absorpt drg > 48 sq in w/bdr	N		
A6257	Transparent film <= 16 sq in	N		
A6258	Transparent film >16<=48 in	N		
A6259	Transparent film > 48 sq in	N		
A6260	Wound cleanser any type/size	N		
A6261	Wound filler gel/paste /oz	N		
A6262	Wound filler dry form / gram	N		
A6266	Impreg gauze no h20/sal/yard	N		
A6402	Sterile gauze <= 16 sq in	N		
A6403	Sterile gauze>16 <= 48 sq in	N		
A6404	Sterile gauze > 48 sq in	N		
A6407	Packing strips, non-impreg	N		
A6410	Sterile eye pad	N		
A6411	Non-sterile eye pad	N		
A6412	Occlusive eye patch	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
A6413	Adhesive bandage, first-aid	N		
A6441	Pad band w>=3" <5"/yd	N		
A6442	Conform band n/s w<3"/yd	N		
A6443	Conform band n/s w>=3"<5"/yd	N		
A6444	Conform band n/s w>=5"/yd	N		
A6445	Conform band s w <3"/yd	N		
A6446	Conform band s w>=3" <5"/yd	N		
A6447	Conform band s w >=5"/yd	N		
A6448	Lt compres band <3"/yd	N		
A6449	Lt compres band >=3" <5"/yd	N		
A6450	Lt compres band >=5"/yd	N		
A6451	Mod compres band w>=3"<5"/yd	N		
A6452	High compres band w>=3"<5"yd	N		
A6453	Self-adher band w <3"/yd	N		
A6454	Self-adher band w>=3" <5"/yd	N		
A6455	Self-adher band >=5"/yd	N		
A6456	Zinc paste band w >=3"<5"/yd	N		
A6457	Tubular dressing	N		
A6501	Compres burngarment bodysuit	Y		
A6502	Compres burngarment chinstrp	Y		
A6503	Compres burngarment facehood	Y		
A6504	Cmprsburngarment glove-wrist	Y		
A6505	Cmprsburngarment glove-elbow	Y		
A6506	Cmprsburngrmnt glove-axilla	Y		
A6507	Cmprs burngarment foot-knee	Y		
A6508	Cmprs burngarment foot-thigh	Y		
A6509	Compres burn garment jacket	Y		
A6510	Compres burn garment leotard	Y		
A6511	Compres burn garment panty	Y		
A6512	Compres burn garment, noc	Y		
A6513	Compress burn mask face/neck	Y		
A6530	Compression stocking bk18-30	N		
A6531	Compression stocking bk30-40	N		
A6532	Compression stocking bk40-50	N		
A6533	Gc stocking thighlngh 18-30	N		
A6534	Gc stocking thighlngh 30-40	N		
A6535	Gc stocking thighlngh 40-50	N		
A6536	Gc stocking full lngth 18-30	N		
A6537	Gc stocking full lngth 30-40	N		
A6538	Gc stocking full lngth 40-50	N		
A6539	Gc stocking waistlngh 18-30	N		
A6540	Gc stocking waistlngh 30-40	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
A6541	Gc stocking waistlngh 40-50	N		
A6544	Gc stocking garter belt	Y	Not covered by CA	
A6545	Compression stockings	N		6/1/18
A6549	G compression stocking	Y	Not covered by CA	
A6550	Neg pres wound ther drsg set	N		
A7000	Disposable canister for pump	N		
A7001	Nondisposable pump canister	N		
A7002	Tubing used w suction pump	N		
A7003	Nebulizer administration set	N		
A7004	Disposable nebulizer sml vol	N		
A7005	Nondisposable nebulizer set	N		
A7006	Filtered nebulizer admin set	N		
A7007	Lg vol nebulizer disposable	N		
A7008	Disposable nebulizer prefill	N		
A7009	Nebulizer reservoir bottle	N		
A7010	Disposable corrugated tubing	N		
A7011	Nondispos corrugated tubing	N		
A7012	Nebulizer water collec devic	N		
A7013	Disposable compressor filter	N		
A7014	Compressor nondispos filter	N		
A7015	Aerosol mask used w nebulize	N		
A7016	Nebulizer dome & mouthpiece	N		
A7017	Nebulizer not used w oxygen	N		
A7018	Water distilled w/nebulizer	N		
A7020	Interface, cough stim device	N		
A7025	Replace chest compress vest	N		
A7026	Replace chst cmprss sys hose	N		
A7027	Combination oral/nasal mask	N		
A7028	Repl oral cushion combo mask	N		
A7029	Repl nasal pillow comb mask	N		
A7030	Cpap full face mask	N		
A7031	Replacement facemask interfa	N		
A7032	Replacement nasal cushion	N		
A7033	Replacement nasal pillows	N		
A7034	Nasal application device	N		
A7035	Pos airway press headgear	N		
A7036	Pos airway press chinstrap	N		
A7037	Pos airway pressure tubing	N		
A7038	Pos airway pressure filter	N		
A7039	Filter, non disposable w pap	N		
A7040	One way chest drain valve	N		
A7041	Water seal drain container	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
A7042	Implanted pleural catheter	N		
A7043	Vacuum drainagebottle/tubing	N		
A7044	Pap oral interface	N		
A7045	Repl exhalation port for pap	N		
A7046	Repl water chamber, pap dev	N		
A7047	Resp suction oral interface	N		
A7048	Vacuum drain bottle/tube kit	N		
A7501	Tracheostoma valve w diaphra	N		
A7502	Replacement diaphragm/fplate	N		
A7503	Hmes filter holder or cap	N		
A7504	Tracheostoma hmes filter	N		
A7505	Hmes or trach valve housing	N		
A7506	Hmes/trachvalve adhesivedisk	N		
A7507	Integrated filter & holder	N		
A7508	Housing & integrated adhesiv	N		
A7509	Heat & moisture exchange sys	N		
A7520	Trach/laryn tube non-cuffed	N		
A7521	Trach/laryn tube cuffed	N		
A7522	Trach/laryn tube stainless	N		
A7523	Tracheostomy shower protect	N		
A7524	Tracheostoma stent/stud/bttn	N		
A7525	Tracheostomy mask	N		
A7526	Tracheostomy tube collar	N		
A7527	Trach/laryn tube plug/stop	N		
A8000	Soft protect helmet prefab	Y		
A8001	Hard protect helmet prefab	Y		
A8002	Soft protect helmet custom	Y		
A8003	Hard protect helmet custom	Y		
A8004	Repl soft interface, helmet	Y		
A9150	Misc/exper non-prescript dru	N		
A9152	Single Vitamin/Mineral/Trace Element, Oral, Per Dose	Y		
A9153	Multi-vitamin nos	N		
A9155	Artificial saliva	N		
A9180	Lice treatment, topical	N		
A9270	Non-covered item or service	N		
A9272	Disp wound suct, drsg/access	N		
A9273	Hot/cold h2obot/cap/col/wrap	N		
A9274	Ext amb insulin delivery sys	N		
A9275	Disp home glucose monitor	N		
A9276	Disposable sensor, cgm sys	Y		
A9277	External transmitter, cgm	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
A9278	External receiver, cgm sys	Y		
A9279	Monitoring feature/devicenoc	N		
A9280	Alert device, noc	N		
A9281	Reaching/grabbing device	N		
A9282	Wig any type	N		
A9283	Foot press off load supp dev	N		
A9284	Non-electronic spirometer	Y		
A9300	Exercise equipment	N		
A9500	Tc99m sestamibi	N		
A9501	Technetium tc-99m teboroxime	N		
A9502	Tc99m tetrofosmin	N		
A9503	Tc99m medronate	N		
A9504	Tc99m apcitide	N		
A9505	Tl201 thallium	N		
A9507	In111 capromab	N		
A9508	I131 iodobenguante, dx	N		
A9509	Iodine i-123 sod iodide mil	N		
A9510	Tc99m disofenin	N		
A9512	Tc99m pertechnetate	N		
A9513	LUTETIUM LU 177 DOTATAT THER	Y		4/1/2019
A9515	Choline c-11, diagnostic, per study dose up to 20 millicuries	N		9/1/2018
A9516	Iodine i-123 sod iodide mic	N		
A9517	I131 iodide cap, rx	N		
A9520	Tc99 tilmanocept diag 0.5mci	N		9/1/2018
A9521	Tc99m exametazime	N		
A9524	I131 serum albumin, dx	N		
A9526	Nitrogen n-13 ammonia	N		
A9527	Iodine i-125 sodium iodide	N		
A9528	Iodine i-131 iodide cap, dx	N		
A9529	I131 iodide sol, dx	N		
A9530	I131 iodide sol, rx	N		
A9531	I131 max 100uci	N		
A9532	I125 serum albumin, dx	N		
A9536	Tc99m depreotide	N		
A9537	Tc99m mebrofenin	N		
A9538	Tc99m pyrophosphate	N		
A9539	Tc99m pentetate	N		
A9540	Tc99m maa	N		
A9541	Tc99m sulfur colloid	N		
A9542	In111 ibritumomab, dx	N		
A9543	Y90 ibritumomab, rx	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
A9544	I131 tositumomab, dx	N		
A9545	I131 tositumomab, rx	N		
A9546	Co57/58	N		
A9547	In111 oxyquinoline	N		
A9548	In111 pentetate	N		
A9550	Tc99m gluceptate	N		
A9551	Tc99m succimer	N		
A9552	F18 fdg	N		
A9553	Cr51 chromate	N		
A9554	I125 iothalamate, dx	N		
A9555	Rb82 rubidium	N		
A9556	Ga67 gallium	N		
A9557	Tc99m bicisate	N		
A9558	Xe133 xenon 10mci	N		
A9559	Co57 cyano	N		
A9560	Tc99m labeled rbc	N		
A9561	Tc99m oxidronate	N		
A9562	Tc99m mertiatide	N		
A9563	P32 na phosphate	N		
A9564	P32 chromic phosphate	N		
A9565	INDIUM IN-111 PENTETREOTIDE DX MCI	N		
A9566	Tc99m fanolesomab	N		
A9567	Technetium tc-99m aerosol	N		
A9568	Technetium tc99m arcitumomab	N		
A9569	Technetium tc-99m auto wbc	N		
A9570	Indium in-111 auto wbc	N		
A9571	Indium in-111 auto platelet	N		
A9572	Indium in-111 pentetreotide	N		
A9575	Inj gadoterate meglumi 0.1ml	N		
A9576	Inj prohance multipack	N		
A9577	Inj multihance	N		
A9578	Inj multihance multipack	N		
A9579	Injection, Gadolinium-Based Magnetic Resonance Contrast Agent	N		
A9580	Sodium fluoride f-18	N		
A9581	Gadoxetate disodium inj	N		
A9582	Iodine i-123 iobenguane	N		
A9583	Gadofosveset trisodium inj	N		
A9584	Iodine i-123 ioflupane	N		
A9585	Gadobutrol injection	N		
A9586	Florbetapir f18	N		
A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie	N		9/1/2018

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
A9588	Fluciclovine f-18, diagnostic, 1 millicurie	N		9/1/2018
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified	Y		
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified	Y		
A9599	Radiopharm dx beta amyloid pet	Y		
A9600	Sr89 strontium	N		
A9604	Sm 153 lexidronam	Y		
A9605	SAMARIUM SM-153 LEXIDRONM TX 50 MCI	N		
A9606	Radium ra223 dichloride ther	N		
A9698	Non-rad contrast materialnoc	N		
A9699	Radiopharm rx agent noc	N		
A9700	Echocardiography contrast	N		
A9900	Miscellaneous Dme Supply, Accessory, And/Or Service Component Of Another Hcpcs Code	CONDITIONAL	When billing for wipes using A9900, the code must be submitted with modifier CG and DOES NOT require prior authorization. When billed w/o modifier, the code will require prior authorization	
A9901	Delivery/set up/dispensing	N		
A9999	Dme supply or accessory, nos	Y		
B4034	Enter feed supkit syr by day	N		
B4035	Enteral feed supp pump per d	N		
B4036	Enteral feed sup kit grav by	N		
B4081	Enteral ng tubing w/ stylet	N		
B4082	Enteral ng tubing w/o stylet	N		
B4083	Enteral stomach tube levine	N		
B4087	Gastro/jejuno tube, std	N		
B4088	Gastro/jejuno tube, low-pro	N		
B4100	Food thickener oral	N		
B4102	Ef adult fluids and electro	Y		
B4103	Ef ped fluid and electrolyte	N		
B4104	Additive for enteral formula	Y		
B4149	Ef blenderized foods	Y		
B4150	Ef complet w/intact nutrient	Y		
B4152	Ef calorie dense>=1.5kcal	Y		
B4153	Ef hydrolyzed/amino acids	Y		
B4154	Ef spec metabolic noninherit	Y		
B4155	Ef incomplete/modular	Y		
B4157	Ef special metabolic inherit	Y		
B4158	Ef ped complete intact nut	N		
B4159	Ef ped complete soy based	N		
B4160	Ef ped caloric dense>=0.7kc	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
B4161	Ef ped hydrolyzed/amino acid	N		
B4162	Ef ped specmetabolic inherit	N		
B4164	Parenteral 50% dextrose solu	N		
B4168	Parenteral sol amino acid 3.	N		
B4172	Parenteral sol amino acid 5.	N		
B4176	Parenteral sol amino acid 7-	N		
B4178	Parenteral sol amino acid >	N		
B4180	Parenteral sol carb > 50%	N		
B4185	Parenteral sol 10 gm lipids	N		
B4189	Parenteral sol amino acid &	N		
B4193	Parenteral sol 52-73 gm prot	N		
B4197	Parenteral sol 74-100 gm pro	N		
B4199	Parenteral sol > 100gm prote	N		
B4216	Parenteral nutrition additiv	N		
B4220	Parenteral supply kit premix	N		
B4222	Parenteral supply kit homemi	N		
B4224	Parenteral administration ki	N		
B5000	Parenteral sol renal-amirosoy	N		
B5100	Parenteral solution hepatic	N		
B5200	Parenteral sol hepatic fream	N		
B9000	Enter infusion pump w/o alrm	Y		
B9002	Enteral infusion pump w/ ala	Y		
B9004	Parenteral infus pump portab	N		
B9006	Parenteral infus pump statio	N		
B9998	Enteral supp not otherwise c	N		
B9999	Parenteral supp not othrws c	N		
C1204	Tc 99m tilmanocept	N		
C1300	Hyperbaric oxygen	N		
C1713	Anchor/screw bn/bn,tis/bn	N		
C1714	Cath, trans atherectomy, dir	N		
C1715	Brachytherapy needle	N		
C1716	Brachytx, non-str, gold-198	N		
C1717	Brachytx, non-str,hdr ir-192	N		
C1719	Brachytx, ns, non-hdrir-192	N		
C1721	Aicd, dual chamber	N		
C1722	Aicd, single chamber	N		
C1724	Cath, trans atherrec,rotation	N		
C1725	Cath, translumin non-laser	N		
C1726	Cath, bal dil, non-vascular	N		
C1727	Cath, bal tis dis, non-vas	N		
C1728	Cath, brachytx seed adm	N		
C1729	Cath, drainage	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
C1730	Cath, ep, 19 or few elect	N		
C1731	Cath, ep, 20 or more elec	N		
C1732	Cath, ep, diag/abl, 3d/vect	N		
C1733	Cath, ep, othr than cool-tip	N		
C1749	Endo, colon, retro imaging	N		
C1750	Cath, hemodialysis,long-term	N		
C1751	Cath, inf, per/cent/midline	N		
C1752	Cath,hemodialysis,short-term	N		
C1753	Cath, intravas ultrasound	N		
C1754	Catheter, intradiscal	N		
C1755	Catheter, intraspinal	N		
C1756	Cath, pacing, transesoph	N		
C1757	Cath, thrombectomy/embolect	N		
C1758	Catheter, ureteral	N		
C1759	Cath, intra echocardiography	N		
C1760	Closure dev, vasc	N		
C1762	Conn tiss, human(inc fascia)	N		
C1763	Conn tiss, non-human	N		
C1764	Event recorder, cardiac	N		
C1765	Adhesion barrier	N		
C1766	Intro/sheath,strble,non-peel	N		
C1767	Generator, neuro non-recharg	N		
C1768	Graft, vascular	N		
C1769	Guide wire	N		
C1770	Imaging coil, mr, insertable	N		
C1771	Rep dev, urinary, w/sling	N		
C1772	Infusion pump, programmable	N		
C1773	Ret dev, insertable	N		
C1776	Joint device (implantable)	N		
C1777	Lead, aicd, endo single coil	N		
C1778	Lead, neurostimulator	N		
C1779	Lead, pmkr, transvenous vdd	N		
C1780	Lens, intraocular (new tech)	N		
C1781	Mesh (implantable)	N		
C1782	Morcellator	N		
C1783	Ocular imp, aqueous drain de	N		
C1784	Ocular dev, intraop, det ret	N		
C1785	Pmkr, dual, rate-resp	N		
C1786	Pmkr, single, rate-resp	N		
C1787	Patient progr, neurostim	N		
C1788	Port, indwelling, imp	N		
C1789	Prosthesis, breast, imp	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
C1813	Prosthesis, penile, inflatab	N		
C1814	Retinal tamp, silicone oil	N		
C1815	Pros, urinary sph, imp	N		
C1816	Receiver/transmitter, neuro	N		
C1817	Septal defect imp sys	N		
C1818	Integrated keratoprosthesis	N		
C1819	Tissue localization-excision	N		
C1820	Gen, neuro, non-hf rechg bat	N		
C1821	Interspinous implant	N		
C1822	Gen, neuro, hf, rechg bat	N		
C1830	Power bone marrow bx needle	N		
C1840	Telescopic intraocular lens	N		
C1841	Retinal prosth int/ext comp	N		
C1874	Stent, coated/cov w/del sys	N		
C1875	Stent, coated/cov w/o del sy	N		
C1876	Stent, non-coa/non-cov w/del	N		
C1877	Stent, non-coat/cov w/o del	N		
C1878	Matrl for vocal cord	N		
C1879	Tissue marker, implantable	N		
C1880	Vena cava filter	N		
C1881	Dialysis access system	N		
C1882	Aicd, other than sing/dual	N		
C1883	Adapt/ext, pacing/neuro lead	N		
C1884	Embolization protect syst	N		
C1885	Cath, translumin angio laser	N		
C1886	Catheter, ablation	N		
C1887	Catheter, guiding	N		
C1888	Endovas non-cardiac abl cath	N		
C1891	Infusion pump,non-prog, perm	N		
C1892	Intro/sheath,fixed,peel-away	N		
C1893	Intro/sheath, fixed,non-peel	N		
C1894	Intro/sheath, non-laser	N		
C1895	Lead, aicd, endo dual coil	N		
C1896	Lead, aicd, non sing/dual	N		
C1897	Lead, neurostim test kit	N		
C1898	Lead, pmkr, other than trans	N		
C1899	Lead, pmkr/aicd combination	N		
C1900	Lead, coronary venous	N		
C2613	Lung bx plug w/del sys	N		
C2614	Probe, perc lumb disc	N		
C2615	Sealant, pulmonary, liquid	N		
C2616	Brachytx, non-str,yttrium-90	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
C2617	Stent, non-cor, tem w/o del	N		
C2618	Probe/needle, cryo	N		
C2619	Pmkr, dual, non rate-resp	N		
C2620	Pmkr, single, non rate-resp	N		
C2621	Pmkr, other than sing/dual	N		
C2622	Prosthesis, penile, non-inf	N		
C2623	Cath, translumin, drug-coat	N		
C2624	Wireless pressure sensor	N		
C2625	Stent, non-cor, tem w/del sy	N		
C2626	Infusion pump, non-prog,temp	N		
C2627	Cath, suprapubic/cystoscopic	N		
C2628	Catheter, occlusion	N		
C2629	Intro/sheath, laser	N		
C2630	Cath, ep, cool-tip	N		
C2631	Rep dev, urinary, w/o sling	N		
C2634	Brachytx, non-str, ha, i-125	N		
C2635	Brachytx, non-str, ha, p-103	N		
C2636	Brachy linear, non-str,p-103	N		
C2637	Brachy,non-str,ytterbium-169	N		
C2638	Brachytx, stranded, i-125	N		
C2639	Brachytx, non-stranded,i-125	N		
C2640	Brachytx, stranded, p-103	N		
C2641	Brachytx, non-stranded,p-103	N		
C2642	Brachytx, stranded, c-131	N		
C2643	Brachytx, non-stranded,c-131	N		
C2644	Brachytx cesium-131 chloride	N		
C2645	Brachytx planar, p-103	N		
C2698	Brachytx, stranded, nos	N		
C2699	Brachytx, non-stranded, nos	N		
C5271	Low cost skin substitute app	N		
C5272	Low cost skin substitute app	N		
C5273	Low cost skin substitute app	N		
C5274	Low cost skin substitute app	N		
C5275	Low cost skin substitute app	N		
C5276	Low cost skin substitute app	N		
C5277	Low cost skin substitute app	N		
C5278	Low cost skin substitute app	N		
C8900	Mra w/cont, abd	N		
C8901	Mra w/o cont, abd	N		
C8902	Mra w/o fol w/cont, abd	N		
C8903	MRI w/cont, breast, uni	N		
C8905	MRI w/o fol w/cont, brst, un	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
C8906	MRI w/cont, breast, bi	N		
C8908	MRI w/o fol w/cont, breast,	N		
C8909	Mra w/cont, chest	N		
C8910	Mra w/o cont, chest	N		
C8911	Mra w/o fol w/cont, chest	N		
C8912	Mra w/cont, lwr ext	N		
C8913	Mra w/o cont, lwr ext	N		
C8914	Mra w/o fol w/cont, lwr ext	N		
C8918	Mra w/cont, pelvis	N		
C8919	Mra w/o cont, pelvis	N		
C8920	Mra w/o fol w/cont, pelvis	N		
C8921	Tte w or w/o fol w/cont, com	N		
C8922	Tte w or w/o fol w/cont, f/u	N		
C8923	2d tte w or w/o fol w/con,co	N		
C8924	2d tte w or w/o fol w/con,fu	N		
C8925	2d tee w or w/o fol w/con,in	N		
C8926	Tee w or w/o fol w/cont,cong	N		
C8927	Tee w or w/o fol w/cont, mon	N		
C8928	Tte w or w/o fol w/con,stres	N		
C8929	Tte w or wo fol wcon,doppler	N		
C8930	Tte w or w/o contr, cont ecg	N		
C8931	Mra, w/dye, spinal canal	N		
C8932	Mra, w/o dye, spinal canal	N		
C8933	Mra, w/o&w/dye, spinal canal	N		
C8934	Mra, w/dye, upper extremity	N		
C8935	Mra, w/o dye, upper extr	N		
C8936	Mra, w/o&w/dye, upper extr	N		
C8957	Prolonged iv inf, req pump	N		
C9021	Injection, obinutuzumab	N		
C9022	Injection, elosulfase alfa	N		
C9023	Inj testosterone undecanoate	N		
C9025	Injection, ramucirumab	N		
C9026	Injection, vedolizumab	N		
C9027	Injection, pembrolizumab	N		
C9036	INJECTION, PATISIRAN	Y		4/1/2019
C9038	INJ MOGAMULIZUMAB-KPKC	Y		4/1/2019
C9113	Inj pantoprazole sodium, via	N		
C9121	Injection, argatroban	N		
C9130	Injection, ivig bivigam	N		
C9131	In ado-trastuzumab emtansine	N		
C9132	Kcentra, per i.u.	N		
C9133	Factor ix recombinant	N		

RELEASED 4/1/2019**IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>**

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
C9134	Factor xiii a-subunit recomb	N		
C9135	Factor ix (alprolix)	N		
C9136	Factor viii (eloctate)	N		
C9225	INJ FLUOCNOLONE ACETONIDE 0.59 MG	N		
C9232	INJ IDURSULFASE 1 MG	N		
C9233	INJ RANIBIZUMAB 0.5 MG	N		
C9234	INJECTION ALGLUCOSIDASE ALFA 10 MG	N		
C9241	Injection, doripenem	N		
C9242	Injection, fosaprepitant	N		
C9247	IOBENGUANE I-123 DX DOSE TO 10 MCI	N		
C9248	Inj, clevidipine butyrate	N		
C9249	INJECTION, CERTOLIZUMAB PEGOL, 1 MG	N		
C9250	Artiss fibrin sealant	N		
C9252	INJ PLERIXAFOR	N		
C9254	Injection, lacosamide	N		
C9255	INJECTION, PALIPERIDONE PALMITATE,	N		
C9256	INJ DEXAMETH INTRAVITRL IMPL 0.1 MG	N		
C9257	Bevacizumab injection	N		
C9259	INJ PRALATREXATE 1 MG	N		
C9264	TOCILIZUMAB, 1 MG, INJECTION	N		
C9270	INJECTION, IMMUNE GLOBULIN (GAMMAPL	N		
C9272	INJECTION, DENOSUMAB, 1 MG	N		
C9274	CROTALIDAE POLYVALENT IMMUNE FAB (O	N		
C9277	INJECTION, ALGLUCOSIDASE ALFA (LUMI	N		
C9279	Injection, ibuprofen	N		
C9280	INJECTION,ERIBULIN MESYLATE, 1 MG	N		
C9285	Patch, lidocaine/tetracaine	N		
C9286	Injection, belatacept	N		
C9287	Inj, brentuximab vedotin	N		
C9288	Inj, centruroides (scorpion)	N		
C9289	Inj, erwinia chrysanthemi	N		
C9290	Inj, bupivacaine liposome	N		
C9291	Injection, aflibercept	N		
C9292	Injection, pertuzumab	N		
C9293	Injection, glucarpidase	N		
C9294	Inj, taliglucerase alfa	N		
C9295	Injection, carfilzomib	N		
C9296	Injection, ziv-aflibercept	N		
C9297	Omacetaxine mepesuccinate	N		
C9298	Injection, ocriplasmin	N		
C9349	Puraply, puraply antimic	N		
C9352	Neuragen nerve guide, per cm	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
C9353	Neurawrap nerve protector,cm	N		
C9354	Veritas collagen matrix, cm2	N		
C9355	Neuromatrix nerve cuff, cm	N		
C9356	Tenoglide tendon prot, cm2	N		
C9358	Surgimend, fetal	N		
C9359	Implnt,bon void filler-putty	N		
C9360	Surgimend, neonatal	N		
C9361	Neuromend nerve wrap	N		
C9362	Implnt,bon void filler-strip	N		
C9363	Integra meshed bil wound mat	N		
C9364	Porcine implant, permacol	N		
C9366	Epifix wound cover	N		
C9367	Endoform dermal template	N		
C9368	Grafix core	N		
C9369	Grafix prime	N		
C9399	Drugs Or Biologicals	Y		
C9441	Inj, ferric carboxymaltose	N		
C9442	Injection, belinostat	N		
C9443	Injection, dalbavancin	N		
C9444	Injection, oritavancin	N		
C9445	C-1 esterase, ruconest	N		
C9446	Inj, tedizolid phosphate	N		
C9447	Inj, phenylephrine ketorolac	N		
C9448	Oral netupitant palonosetron	N		
C9449	Inj, blinatumomab	N		
C9450	Fluocinolone acetonide implt	N		
C9451	Injection, peramivir	N		
C9452	Inj, ceftolozane/tazobactam	N		
C9453	Injection, nivolumab	N		
C9454	Inj, pasireotide long acting	Y		
C9455	Injection, siltuximab, 10 mg	Not Vaild	Code is no longer vaild	
C9456	Inj, isavuconazonium sulfate	N		
C9457	Lumason contrast agent	Y		
C9458	Florbetaben f18	N		
C9459	Flutemetamol f18	N		
C9460	Injection, cangrelor	N		
C9481	INJECTION, RESLIZUMAB, 1MG	Y	Medi-Cal only code	
C9482	INJECTION, SOTALOL HYDROCHLORIDE, 1MG	Y	Medi-Cal only code	
C9483	INJECTION, ATEZOLIZUMAB, 10MG	Y	Medi-Cal only code	
C9484	Injection, eteplirsen, 10 mg	N		
C9485	Injection, olaratumab, 10 mg	Y		
C9486	Injection, granisetron ext release, 0.1 mg	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
C9487	Ustekinumab for intravenous injection 1 mg	Y		
C9488	Injection, conivaptan hydrochloride, 1 mg	Y		
C9489	INJECTION, NUSINERSEN, 0.1MG, TO TREAT SPINAL MUSCULAR ATROPHY	Y		
C9490	INJECTION, BEZLOTOXUMAB, 10MG, USED FOR PREVENTION OF RECURRENCE OF CLOSTRIDIUM DIFFICILE INFECTIONS	Y		
C9600	Perc drug-el cor stent sing	N		
C9601	Perc drug-el cor stent bran	N		
C9602	Perc d-e cor stent ather s	N		
C9603	Perc d-e cor stent ather br	N		
C9604	Perc d-e cor revasc t cabg s	N		
C9605	Perc d-e cor revasc t cabg b	N		
C9606	Perc d-e cor revasc w ami s	N		
C9607	Perc d-e cor revasc chro sin	N		
C9608	Perc d-e cor revasc chro add	N		
C9724	Eps stomach plic	N		
C9725	Place endorectal app	N		
C9726	Rxt breast appl place/remov	N		
C9727	Insert palate implants	N		
C9728	Place device/marker, non pro	N		
C9729	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY	N		
C9732	Insert ocular telescope pros	N		
C9733	Non-ophthalmic fva	N		
C9734	U/s trtmt, not leiomyomata	N		
C9735	Anoscopy, submucosal inj	N		
C9736	Lap ablate uteri fibroid rf	N		
C9737	Lap esoph augmentation	N		
C9739	Cystoscopy prostatic imp 1-3	Y		
C9740	Cysto impl 4 or more	Y		
C9742	Laryngoscopy with injection	N		
C9743	Bulking/spacer material impl	N		
C9800	Dermal filler inj px/suppl	N		
C9898	Inpnt stay radiolabeled item	N		
C9899	Inpt implant pros dev,no cov	N		
D0600	NON-IONIZING DIAG PROC	Y	CareAdvantage only code	
D1575	DIST SPACE MAINT, FIXED UNIL	Y	CareAdvantage only code	
E0100	CANE	N		6/1/18
E0105	CANE QUAD/3-PRONG ALL MATL W/TIPS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0110	CRTCHES FORARM VARIOUS MATL PAIR	Y		
E0112	CRTCHS UNDARM WOOD PAIR ADJSTBL/FIX	Y		
E0114	CRTCHES UNDARM OTH THAN WOOD PAIR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
E0117	CRTCH UNDERARM ARTIC SPRNG ASSTD EA	Y		
E0130	WALKER RIGID ADJUSTBLE/FIXED HEIGHT	Y		
E0135	WALKER FOLDING ADJUSTBLE/FIX HEIGHT	Y		
E0140	WALK W/TRNK SUPP ADJUSTBL/FIX HT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0141	WALKER RIGID WHEELD ADJUSTBL/FIX HT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0143	STANDARD WALKER	N		6/1/18
E0144	WALKER ENCLOS 4 SIDE WHL POST SEAT	Y		
E0147	WALKR HEVY DUTY MX BRAKE VARIBL WHL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0148	WALK HEVY DUTY NO WHLS RIGD/FOLD EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0149	WALKER HEVY DUTY WHEELD ANY TYPE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0153	PLATFORM ATTCH FOREARM CRUTCH EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0154	PLATFORM ATTACHMENT WALKER EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0155	WHL ATTCH PCK-UP WLK- PER PAIR SEAT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0156	SEAT ATTACHMENT WALKER	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0157	CRUTCH ATTACHMENT WALKER EACH	Y		
E0158	LEG EXTENSIONS WALKER PER SET FOUR	Y		
E0159	BRAKE ATTCH WHEELED WALK REPLCMT EA	Y		
E0163	STANDARD COMMODE	N		6/1/18
E0165	COMMODE CHAIR WITH DETACHABLE ARMS	Y		
E0167	PAIL/PAN USE W/COMMODE CHAIR REPL	Y		
E0168	COMMODE CHAIR XTRA WIDE&/HEVY DUTY	Y		
E0170	COMMODE CHAIR SEAT LIFT MECH ELEC	Y		
E0171	COMMODE CHAIR SEAT LIFT MCH NONELEC	Y		
E0181	PWR PRESS RED MATTRESS PAD W/PUMP	Y		
E0182	PUMP ALTERNATING PRESSURE PAD REPL	Y		
E0184	DRY PRESSURE MATTRESS	Y		
E0185	GEL/GEL-LIKE PRSS PAD MATTRSS STD	Y		
E0186	AIR PRESSURE MATTRESS	Y		
E0187	WATER PRESSURE MATTRESS	Y		
E0188	SYNTHETIC SHEEPSKIN PAD	Y		
E0189	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0193	POWERED AIR FLOTATION BED	Y		
E0194	AIR FLUIDIZED BED	Y		
E0196	GEL PRESSURE MATTRESS	Y		
E0197	AIR PRSS PAD MATTRSS STD LEN&WDTH	Y		
E0198	WATR PRSS PAD MATTRSS STD LEN&WDTH	Y		
E0199	DRY PRSS PAD MATTRSS STD LEN&WDTH	Y		
E0210	ELECTRIC HEAT PAD STANDARD	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0240	BATH/SHOWER CHAIR W/WO WHLS ANY SZ	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0241	BATHTUB WALL RAIL EACH	Y	Not covered by CA	
E0242	BATHTUB RAIL FLOOR BASE	Y	Not covered by CA	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
E0243	TOILET RAIL EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0244	RAISED TOILET SEAT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0245	TUB STOOL OR BENCH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0246	TRANSFER TUB RAIL ATTACHMENT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0247	TRNSF BENCH TUB/TOILET W/WO COMMUNE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0248	TRNSF BENCH HEVY DUTY TUB/TOILET	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0260	HOSPITAL BED	Y		
E0271	MATTRESS INNER SPRING	Y		
E0272	MATTRESS FOAM RUBBER	Y		
E0273	BED BOARD	Y	Not covered by CA	
E0277	POWER PRESSURE-REDUCING AIR MATTRSS	Y		
E0291	HOS BED FIX HT W/O RAIL W/O MATTRSS	Y		
E0293	HOS BED VARIBL HT W/O RAIL/MATTRSS	Y		
E0295	HOS BED SEMI-ELEC W/O RAIL/MATTRSS	Y		
E0297	HOS BED TOT ELEC W/O RAIL/MATTRSS	Y		
E0300	PED CRIB HOS GRADE ENC W/WO TOP ENC	Y		
E0303	HOS BED HEVY DUTY WT CAP >350<=600	Y		
E0304	HOS BED XTRA HD WT CAP>600 MTRSS	Y		
E0305	BEDSIDE RAILS HALF-LENGTH	Y		
E0310	BEDSIDE RAILS FULL-LENGTH	Y		
E0316	SFTY ENCLOS FRME/CANOPY W/HOSP BED	Y		
E0328	HOSP BED PED MANUAL INCL MATTRESS	Y		
E0329	HOSP BED PED ELECTRIC INCL MATTRESS	Y		
E0350	CNTRL U ELEC BOWEL IRRIG/EVAC SYS	Y		
E0352	DISPBL PACK W/ELEC BOWEL IRRIG/EVAC	Y		
E0371	NONPWR PRSS RDOC OVRLAY MATTRSS STD	Y		
E0372	PWR AIR OVRLAY MATTRSS STD LEN&WDTH	Y		
E0373	NONPWR ADVD PRESS REDUCING MATTRSS	Y		
E0424	STATION COMPRS GASOUS O2 SYS RENT;	Y		
E0425	STATION COMPRS GAS SYS PURCHASE;	Y		
E0430	PRTBLE GASEOUS O2 SYS PURCHASE;	Y		
E0431	PRTBLE GASEOUS O2 SYS RENTAL;	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0433	PORTBL LIQ O2 SYS RENT; HOME LIQUIF	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0434	PRTBLE LIQUID O2 SYS RENTAL;	Y		
E0435	PRTBLE LIQUID O2 SYS PURCHASE;	Y		
E0439	STATION LIQUID O2 SYS RENTAL;	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
E0440	STATION LIQUID O2 SYS PURCHASE;	Y		
E0441	STATIONARY O2 CONT GAS 1 MO SPL=1 U	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0442	STATIONARY O2 CONT LQD 1 MO SPL=1 U	Y		
E0443	PORTBL O2 CONTENT GAS 1 MO SPL= 1 U	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0444	PORTBL O2 CONTENT LIQ 1 MO SPL=1 U	Y		
E0445	OXIMETER MSR BLD O2 LEVL NON-INVASV	Y		
E0446	TOPICAL OXYGEN DELIVERY SYSTEM NOS	N		
E0465	Home vent invasive interface	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0466	Home vent non-invasive inter	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0470	RESP ASST DEVC BI-LEVL PRSS CAPABIL	Y		
E0471	RESP ASST DEVC BI-LEVL PRSS CAPABIL	Y		
E0472	RESP ASST DEVC BI-LEVL PRSS CAPABIL	Y		
E0480	PERCUSSOR ELEC/PNEUMAT HOME MODEL	Y		
E0481	INTRAPULM PERCUSS VENT SYS&REL ACSS	Y	Not covered by CA	
E0482	COUGH STIM DEVC ALTRNAT POS&NEG	Y		
E0483	HI FREQ CHST WALL AIR-PULSE GEN EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0484	OSCILLAT POS EXPIRTORY PRSS NO-ELEC	Y		
E0487	SPIROMETER ELECTRONIC INCL ACCESS	Y		
E0555	HUMDIFR GLASS/AUTOCLVBL PLSTC BOTTL	Y		
E0561	HUMDIFIR NON-HEAT USED W/POS AIRWAY	Y		
E0562	HUMDIFIR HEAT USED W/POS ARWAY PRSS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0565	COMPRS AIR PWR EQP NOT SLF-CONTAIND	Y		
E0570	NEBULIZER WITH COMPRESSOR	N		
E0600	RESP SUCTN PUMP HOME MODEL ELEC	Y		
E0601	CONTINUOUS POS AIRWAY PRESSURE DEVC	Y		
E0602	BREAST PUMP MANUAL ANY TYPE	N		4/1/2019
E0603	BREAST PUMP ELECTRIC ANY TYPE	N		4/1/2019
E0604	BREAST PUMP HEVY DUTY HOSP GRADE	Y		
E0605	VAPORIZER ROOM TYPE	Y		
E0607	HOME BLOOD GLUCOSE MONITOR	Y		
E0616	IMPL CARD EVNT REC MEM ACTVTR&PRGMR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0618	APNEA MONITOR W/O RECORDING FEATURE	Y		
E0619	APNEA MONITOR W/RECORDING FEATURE	Y		
E0621	SLING/SEAT PT LIFT CANVAS/NYLON	Y		
E0625	PATIENT LIFT BATHROOM OR TOILET NOC	Y	Not covered by CA	
E0627	SEAT LIFT MECH COMB LIFT-CHAIR MECH	Y	CareAdvantage only code	
E0629	SEAT LIFT MECH NON-ELECTRIC ANY TYP	Y	CareAdvantage only code	
E0630	PATIENT LIFT HYRAULIC/MECH	Y		
E0635	PATIENT LIFT ELECTRIC W/SEAT/SLING	Y		
E0637	COMB SIT STAND FRAME/TABLE SEATLIFT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0638	STAND FRAME/TABLE SYS 1 POS ANY SZ	Y	Not covered by CA	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
E0639	PT LIFT MOVEABLE DISASSMBL&REASSMBL	Y		
E0641	STAND FRAME/TABLE SYS MX-POS ANY SZ	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0642	STAND FRAME/TABLE SYS MOBILE ANY SZ	Y		
E0650	PNEUMAT COMPRS NONSEG HOME MODEL	Y		
E0651	PNEUMAT COMPRS NO CALBRT GRDNT PRSS	Y		
E0655	NONSEG PNEUMAT APPLINC HALF ARM	Y		
E0656	SEG PNEUMAT APPLINC W/COMPRS TRUNK	Y		
E0657	SEG PNEUMAT APPLINC W/COMPRS CHEST	Y		
E0660	NONSEG PNEUMAT APPLINC FULL LEG	Y		
E0665	NONSEG PNEUMAT APPLINC FULL ARM	Y		
E0666	NONSEG PNEUMAT APPLINC HALF LEG	Y		
E0667	SEG PNEUMAT APPLINC COMPRS FULL LEG	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0668	SEG PNEUMAT APPLINC COMPRS FULL ARM	Y		
E0669	SEG PNEUMAT APPLINC COMPRS HALF LEG	Y		
E0670	SEG PNEU APPL P C INT 2 F LEG TRNK	Y		
E0671	SEG GRAD PRSS PNUMAT APPLNC FUL LEG	Y		
E0672	SEG GRAD PRSS PNUMAT APPLNC FUL ARM	Y		
E0673	SEG GRAD PRSS PNUMAT APPLNC HLF LEG	Y		
E0705	TRANSFER DEVICE ANY TYPE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0710	RESTRAINT ANY TYPE	Y		
E0720	TENS DEVICE 2 LEAD LOCALIZED STIM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0730	TENS DEVICE 4/> LEADS MX NERVE STIM	Y		
E0747	OSTOGNS STIM NONINVASV NOT SP APPLC	Y		
E0748	OSTOGNS STIM NONINVASV SP APPLIC	Y		
E0760	OSTOGNS STIM LW INTENS US NONINVASV	Y		
E0766	ELEC STM DVC CA TX ALL ACC ANY TYPE	Y		
E0770	FES TRANSQ STIM NERV&/MUSC CMPL NOS	Y		
E0776	IV POLE	Y		
E0779	AMB INFUS PUMP MECH INFUS 8 HR/>	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0780	AMB INFUS PUMP MECH INFUS < 8 HR	Y		
E0781	AMB INFUS PUMP 1/MX CHANNL W/ADMIN	Y		
E0783	INFUS PUMP SYSTEM IMPL PROGMABLE	Y		
E0784	EXTERNAL AMB INFUSION PUMP INSULIN	Y		
E0785	IMPLANT INTRASPINL CATH PUMP-REPL	Y		
E0786	IMPLNT PROGRAM INFUSION PUMP-REPL	Y		
E0791	PAR INFUS PUMP STAT SINGLE/MXCHANNEL	Y		
E0840	TRACTION FRAME HEADBOARD CERV TRACT	Y		
E0849	TRAC EQP CERV FREESTND FRME PNEUMAT	Y		
E0850	TRACT STAND FREESTAND CERV TRACT	Y		
E0860	TRACTION EQUIPMENT OVERDOOR CERV	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
E0870	TRACT FRAME FOOTBOARD EXTREM TRACT	Y		
E0880	TRACT STAND FREESTAND EXTREM TRACT	Y		
E0890	TRAC FRAME ATTCH FOOTBRD PELV TRAC	Y		
E0900	TRACT STAND FREESTAND PELV TRACT	Y		
E0910	TRAPEZ BAR PT HLPR ATTCH BED W/GRAB	Y		
E0911	TRAPEZ BAR PT WT >250 LBS BED GRAB	Y		
E0912	TRAPEZ BAR PT WT >250 LBS FREE STND	Y		
E0920	FX FRAME ATTCH BED INCL WEIGHTS	Y		
E0930	FX FRAME FREESTANDING INCL WEIGHTS	Y		
E0935	CONT PSV MOT EXER DEVC KNEE ONLY	Y		
E0936	CONT PASS MOTION EXER DEVC NOT KNEE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0940	TRAPEZ BAR FREESTND CMPL W/GRAB BAR	Y		
E0942	CERVICAL HEAD HARNESS/HALTER	Y		
E0944	PELVIC BELT/HARNESS/BOOT	Y		
E0945	EXTREMITY BELT/HARNESS	Y		
E0947	FX FRAME ATTCH CMPLX PELV TRAC	Y		
E0948	FX FRAME ATTCH CMPLX CERV TRAC	Y		
E0950	WHEELCHAIR ACCESSORY TRAY EACH	Y		
E0951	HEEL LOOP/HOLDER ANY TYPE EACH	Y		
E0955	WC ACSS HEADREST CUSHND HARDWARE EA	Y		
E0956	WC ACSS LAT TRNK/HIP HARDWARE EA	Y		
E0957	WC ACSS MED THI SUPP HARDWARE EA	Y		
E0958	MNL WC ACCESS 1-ARM DRIVE ATTCH EA	Y		
E0959	MNL WC ACCSS ADAPTER FOR AMPUTEE EA	Y		
E0960	WC ACSS SHLDR HRNSS/STRAPS/CHST STR	Y		
E0961	MNL WC ACCESS WHL LOCK BRAKE EXT EA	Y		
E0966	MNL WC ACCESS HEADREST EXTENSION EA	Y		
E0967	MANUAL WC ACCESS HAND RIM W/PROJ EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0970	NO 2 FOOTPLATES EXCEPT ELEV LEGREST	Y		
E0971	MNL WC ACSS ANTI-TIPPING DEVC EA	Y		
E0973	WC ACCSS ADJ HT DTACH ARMST EA	Y		
E0974	MNL WC ACCESS ANTI-ROLLBACK DEVC EA	Y		
E0978	WC ACSS PSTN/SFTY BELT/PELV STRP EA	Y		
E0981	WC ACSS SEAT UPHLSTER REPL ONLY EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0982	WC ACSS BACK UPHLSTER REPL ONLY EA	Y		
E0983	MNL WC ACSS PWR ADD-ON CNVRT MNL WC	Y		
E0984	MNL WC ACSS PWR ADD-ON CNVRT MNL WC	Y		
E0985	WHEELCHAIR ACCESS SEAT LIFT MECH	Y		
E0986	MNL WC ACSS PSH-RM ACT PWR ASST SYS	Y		
E0988	MNL WC ACSS LEVR-ACT WHL DRIVE PAIR	Y		
E0990	WC ACCSS ELEV LEG REST CMPL ASSMBL	Y		
E0992	MNL WHLCHAIR ACCSS SOLID SEAT INSRT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
E0995	WHEELCHAIR ACCESS CALF REST/PAD EA	Y		
E1002	WC ACSS PWR SEATING SYS TILT ONLY	Y		
E1003	WC ACSS RECLINE ONLY NO SHEAR RDUC	Y		
E1004	WC ACSS RECLINE W/MECH SHEAR RDUC	Y		
E1005	WC ACSS RECLINE W/PWR SHEAR RDUC	Y		
E1006	WC ACSS TILT&RECLINE NO SHEAR RDUC	Y		
E1007	WC ACSS TILT&RECLIN MECH SHEAR RDUC	Y		
E1008	WC ACSS TILT&RECLINE PWR SHEAR RDUC	Y		
E1009	WC ACCSS MECH LINKD LEG ELEV EA	Y		
E1010	WC ACCSS PWR LEG ELEV SYS PAIR	Y		
E1011	MOD PED SIZE WC WIDTH ADJ PACKAGE	Y		
E1012	Ctr mount pwr elev leg rest	Y		
E1014	RECLIN BACK ADD PED SIZE WHLCHAIR	Y		
E1015	SHOCK ABSORBER MANUAL WHEELCHAIR EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E1016	SHOCK ABSORBER POWER WHEELCHAIR EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E1017	HEAVY DUTY SHOCK ABSORBR MNL WC EA	Y		
E1018	HEAVY DUTY SHOCK ABSORBR PWR WC EA	Y		
E1020	RES LIMB SUP SYS WHEELCHAIR ANY TYP	Y		
E1028	WC ACCSS MANL SWINGAWAY OTH CNTRL	Y		
E1029	WHEELCHAIR ACCESS VENT TRAY FIX	Y		
E1030	WHLCHAIR ACCESS VENT TRAY GIMBALED	Y		
E1031	ROLLABOUT CHAIR W/CASTRS 5 IN/GT	Y		
E1035	MX-PSTN PT TRNSF SYS PT </= 300 LBS	Y		
E1036	MX-PSTN PT TRNSF SYS PT > 300 LBS	Y		
E1037	TRANSPORT CHAIR PEDIATRIC SIZE	Y		
E1038	TRNSPRT CHAIR PT WT CAP TO&= 300 LB	Y		
E1039	TRNSPRT CHAIR ADLT PT WT CAP>300 LB	Y		
E1065	POWER ATTACHMENT (TO CONVERT ANY WH	Y		
E1161	MANUAL ADLT SZ WC INCL TILT SPACE	Y		
E1220	WHEELCHAIR; SPCL SIZED/CONSTRUCTED	Y		
E1225	WC ACCESS MNL SEMIRECLINING BACK EA	Y		
E1226	WC ACCESS MNL FULL RECLIN BACK EA	Y		
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	Y		
E1229	WHEELCHAIR PEDIATRIC SIZE NOS	Y		
E1230	PWR OP VEH SPEC BRAND&MODEL NUMBER	Y		
E1231	WC PED SZ TILT-IN-SPACE RIGD W/SEAT	Y		
E1232	WC PED SZ TILT-IN-SPACE FOLD W/SEAT	Y		
E1233	WC PED SZ TILT-IN-SPCE RIGD NO SEAT	Y		
E1234	WC PED SZ TILT-IN-SPCE FOLD NO SEAT	Y		
E1235	WC PED SZ RIGD ADJUSTBL W/SEAT SYS	Y		
E1236	WC PED SZ FOLD ADJUSTBL W/SEAT SYS	Y		
E1237	WC PED SZ RIGD ADJUSTBL NO SEAT SYS	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
E1238	WC PED SZ FOLD ADJUSTBL NO SEAT SYS	Y		
E1239	POWER WHEELCHAIR PEDIATRIC SIZE NOS	Y		
E1296	SPECIAL WHEELCHAIR SEAT HT FROM FLR	Y		
E1297	SPECIAL WHLCHAIR SEAT DEPTH UPHLSTR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E1298	SPCL WHLCHAIR SEAT DPTH&/WDTH CNSTR	Y		
E1353	REGULATOR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E1354	O2 ACCESS CART PRTBLE CYL/CONC REPL	Y		
E1355	STAND/RACK	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E1356	O2 ACCESS BTTRY PACK/CRTRDGE REPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E1357	O2 ACCESS BATTERY CHARGER REPL EA	Y		
E1358	O2 ACCESS DC POWER ADAPTER REPL EA	Y		
E1390	O2 CONC 85%/>O2 CONC PRSC FLW RATE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E1391	O2 CONC 2 DEL 85%/>O2 CONC FLW RATE	Y		
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E1399	DME MISCELLANEOUS	Y		
E1810	DYN ADJUSTABLE KNEE EXT/FLX DEVC	Y		
E1902	CMNCT BD NON-ELEC AUG/ALTRNTV DEVC	Y		
E2000	GASTR SUCTN PUMP HOME MODEL ELEC	Y		
E2100	BLD GLU MON INTEGRT VOICE SYNTHESZR	Y		
E2101	BLD GLU MON INTGRT LANCING/BLD SAMP	Y		
E2201	MNL WC ACSS SEAT WIDTH >/=20 IN &<24	Y		
E2202	MNL WC ACSS SEAT WIDTH 24-27 IN	Y		
E2203	MNL WC ACSS SEAT DEPTH 20 < 11 IN	Y		
E2204	MNL WC ACSS SEAT DEPTH 22-25 IN	Y		
E2205	MNL WC HANDRIM W/O PROJ REPL EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2206	MNL WC ACSS WHL LOCK ASSMBL CMPL EA	Y		
E2207	WHLCHAIR ACCESS CRUTCH&CANE HLDR EA	Y		
E2208	WHEELCHAIR ACCESS CYL TANK CARR EA	Y		
E2209	ARM TROUGH W/WO HAND SUPPORT EACH	Y		
E2210	WC ACCESS BEARINGS ANY TYPE REPL EA	Y		
E2211	MNL WC ACCESS PNEUMAT PROPULSN TIRE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2212	MNL WC TUBE PNEUMAT PROPULSION TIRE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2213	MNL WC INSRT PNEUMAT PROPULSN TIRE	Y		
E2214	MNL WC ACCESS PNEUMAT CASTER TIRE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2215	MNL WC ACSS TUBE PNEUMAT CASTR TIRE	Y		
E2218	MNL WC ACCSS FOAM PROPULSION TIRE	Y		
E2219	MNL WC ACSS FOAM CASTER TIRE ANY SZ	Y		
E2220	MNL WC ACCESS SOLID PROPULSION TIRE	Y		
E2221	MNL WHLCHAIR ACSS SOLID CASTER TIRE	Y		
E2222	MNL WC SOLID CASTR TIRE INTGR WHL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2224	MNL WC PROPULSION WHL EXCLD TIRE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2225	MNL WC CASTR WHL EXCLD TIRE REPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
E2226	MNL WC ACSS CASTR FORK REPL ONLY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2227	MNL WC GEAR RED DRIVE WHEEL EACH	Y		
E2228	MNL WC WHL BRAKE SYS&LOCK COMPL EA	Y		
E2231	MNL WC ACCESS SOLID SEAT SUPP BASE	Y		
E2291	BACK PLANR PED WC FIX ATTCH HARDWRE	Y		
E2292	SEAT PLANR PED WC FIX ATTCH HARDWRE	Y		
E2293	BACK CONTRD PED WC ATTCH HARDWARE	Y		
E2294	SEAT CONTRD PED WC ATTCH HARDWARE	Y		
E2295	MNL WC ACCESS PED SIZE WC SEAT FRME	Y		
E2300	WC ACC PWR SEAT ELEV SYS ANY TYPE	Y		
E2301	WHEELCHAIR ACC PWR STND SYS ANY TYP	Y		
E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTR	Y		
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTR	Y		
E2312	POWER WC HAND/CHIN CONTRL INTERFACE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2313	POWER AC HARNESS UPGRD EXP CONTRLLR	Y		
E2321	PWR WC ACSS HND CNTRL NO PRPRTNL	Y		
E2322	PWR WC ACSS MX MECH SWTCH NOPRPTNL	Y		
E2323	PWR WC ACSS SPCLTY JOYSTCK HND PRFB	Y		
E2324	PWR WC ACSS CHIN CUP CHIN CNTRL INT	Y		
E2325	PWR WC ACSS SIP&PUFF NONPRPTNL	Y		
E2326	PWR WC ACSS BREATH TUBE KIT SIP&PUF	Y		
E2327	PWR WC ACSS HEAD CNTRL MECH PRPRTNL	Y		
E2328	PWR WC ACSS HEAD/EXT ELEC PRPRTNL	Y		
E2329	PWR WC ACSS CNTC SWTCH NOPRPTNL	Y		
E2330	PWR WC ACCSS PROX SWTCH NOPROPRTNL	Y		
E2331	PWR WC ACSS ATDANT CNTRL PROPRTNAL	Y		
E2340	POWER WC NONSTAND SEAT WD 20-23 IN	Y		
E2341	PWR WC ACSS NONSTD SEAT W 24-27 IN	Y		
E2342	PWR WC NONSTD SEAT DEPTH 20/21 IN	Y		
E2343	PWR WC NONSTD SEAT DEPTH 22-25 IN	Y		
E2351	PWR WC ACSS ELEC OP SPCH GEN DEVC	Y		
E2358	PWR WC GRP 34 NONSEALED LA BATT EA	Y		
E2359	PWR WC GRP 34 SEALED LA BATT EA	Y		
E2360	PWR WC ACSS 22 NF NON-SEALED BATTERY	Y		
E2361	PWR WC ACSS 22NF SEALED LEAD BATTERY	Y		
E2362	PWR WC ACSS GRP 24 NON-SEALED BATT	Y		
E2363	PWR WC ACSS GRP 24 SEALED BATTERY	Y		
E2364	PWR WC ACSS U-1 NON-SEALED BATTERY	Y		
E2365	PWR WC ACSS U-1 SEALED BATTERY	Y		
E2366	PWR WC ACSS BATTERY CHARGER 1 MODE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2367	PWR WC ACSS BATTERY CHARGER DUL MODE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2368	PWR WC CMPNT DR WHEEL MTR REPL ONLY	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
E2369	PWR WC CMPNNT DR WHL GR BX RPL ONLY	Y		
E2370	P WC CMP INT DR WHL MTR&GB CMB RPL	Y		
E2371	PWR WC GRP 27 SEALED LEAD ACID BATT	Y		
E2372	PWR WC GRP 27 NONSEAL LED ACID BATT	Y		
E2373	PWR WC MINI COMPACT REMOTE JOYSTICK	Y		
E2374	PWR WC STANDRD REMOTE JOYSTICK REPL	Y		
E2375	PWR WC NONEXPANDBLE CONTROLLER REPL	Y		
E2376	PWR WC EXPANDABLE CONTROLLER REPL	Y		
E2377	PWR WC EXPANDBL CONTROLLER UPGRADE	Y		
E2378	POWER WC CMPNT ACTUATOR REPL ONLY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2381	PWR WC PNEUMATIC WHEEL TIRE REPL EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2382	PWR WC TUBE WHEEL TIRE REPL EA	Y		
E2383	PWR WC INSERT WHEEL TIRE REPL EA	Y		
E2384	PWR WC PNEUMATIC CASTR TIRE REPL EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2385	PWR WC TUBE CASTER TIRE REPL EA	Y		
E2386	PWR WC FOAM FILL WHEEL TIRE REPL EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2387	PWR WC FOAM FILL CASTR TIRE REPL EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2388	PWR WC FOAM WHEEL TIRE REPL ONLY EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2389	PWR WC FORM CASTER TIRE REPL EACH	Y		
E2390	PWR WC SOLID WHEEL TIRE REPL EACH	Y		
E2391	PWR WC SOLID CASTER TIRE REPL EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2392	PWR WC S CASTR TIRE INTEGRT REPL EA	Y		
E2394	PWR WC DRIVE WHEEL EXCL TIRE REPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2395	PWR WC CASTER WHEEL EXCL TIRE REPL	Y		
E2396	PWR WC CASTER FORK REPL ONLY EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2397	POWER WC LITHIUM BASED BATTERY EACH	Y		
E2402	NEGATIVE PRESSURE WOUND THERAPY PUMP	Y		
E2500	SPEECH GEN DEV DIGTIZD<=/8 MINS REC	Y		
E2502	SPCH GEN DEVC DGTZD>8<= 20 MINS REC	Y		
E2504	SPCH GEN DEVC DGTZD>20<=/40 MIN REC	Y		
E2506	SPCH GEN DEVC DIGTIZD>40 MINS REC	Y		
E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS	Y		
E2510	SPCH GEN DVC SYNTHSIZD MX METH MESS	Y		
E2511	SPEECH GENERATING SOFTWARE PROGRAM	Y		
E2512	ACSS SPCH GEN DEVICE MOUNTING SYS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2599	ACCESS SPEECH GENERATING DEVICE NOC	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2601	GEN WC SEAT CUSHN WIDTH < 22 DEPTH	Y		
E2602	GEN WC SEAT CSHN WDTH 22 IN/GT DPTH	Y		
E2603	SKN PROTCT WC SEAT WDTH<22IN DPTH	Y		
E2604	SKN PROTECT WC SEAT WDTH 22 IN/GT	Y		
E2605	PSTN WC SEAT CUSHN WIDTH < 22 DEPTH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2606	PSTN WC SEAT CSHN WDTH 22IN/GT DPTH	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
E2607	SKN PROTCT&PSTN WC SEAT WIDTH <22IN	Y		
E2608	SKN PROTCT&PSTN WC SEAT WIDTH 22IN/>	Y		
E2609	CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2610	WHEELCHAIR SEAT CUSHION POWERED	Y		
E2611	GEN WC BACK CUSHN WIDTH < 22 IN HT	Y		
E2612	GEN WC BACK CUSHN WIDTH 22 IN/GT HT	Y		
E2613	PSTN WC BACK CUSHN POST WIDTH <22 IN	Y		
E2614	PSTN WC BACK CUSHN POST WD 22 IN/>	Y		
E2615	PSTN WC BACK CUSHN POSTLAT WD<22 IN	Y		
E2616	PSTN WC BACK CUSH POSTLAT WD 22IN/>	Y		
E2617	CSTM FAB WC BACK CUSHION ANY SIZE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2619	REPL COVER WC SEAT/BACK CUSHN EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2620	PSTN WC BACK CUSHN PLANAR WD <22 IN	Y		
E2621	PSTN WC BACK CUSHN PLANAR WD 22IN/>	Y		
E2622	SKIN PROTECT WC CUSH WIDTH <22 IN	Y		
E2623	SKIN PROTECT WC CUSH WIDTH 22 IN/>	Y		
E2624	SKIN PROTCT&POSITION WC CUSH WD <22	Y		
E2625	SKIN PROTCT&POSITION WC CUSH W 22/>	Y		
E2626	WC SHLDR ELB MOBL ARM SUPP ADJUSTBL	Y		
E2627	WC SHLDR ELB M SUPP ADJUSTBL RANCHO	Y		
E2628	WC SHLDR ELB MOBIL SUPP RECLINING	Y		
E2629	WC SHLDR ELB M SUPP FRICTN ARM SUPP	Y		
E2630	WC SHLDR ELB M SUP MONOSUSP ARM HND	Y		
E2631	WC ADD MOBIL ARM SUPP ELEV PROX ARM	Y		
E2632	WC ADD MOBIL SUP OFFSET/LAT RCKR ARM	Y		
E2633	WC ACSS ADD MOBIL ARM SUPP SUPINATR	Y		
E8000	GAIT TRAINER PED SZ POST SUPP	Y		
E8001	GAIT TRAINER PED SZ UPRIGHT SUPP	Y		
E8002	GAIT TRAINER PED SZ ANT SUPP	Y		
G0008	Admin influenza virus vac	N		
G0009	Admin pneumococcal vaccine	N		
G0010	Admin hepatitis b vaccine	N		
G0027	Semen analysis	N		
G0101	Ca screen;pelvic/breast exam	N		
G0102	Prostate ca screening; dre	N		
G0103	Psa screening	N		
G0104	Ca screen;flexi sigmoidscope	N		
G0105	Colorectal scrn; hi risk ind	N		
G0106	Colon ca screen;barium enema	N		
G0108	Diab manage trn per indiv	N		
G0109	Diab manage trn ind/group	N		
G0117	Glaucoma scrn hgh risk direc	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
G0118	Glaucoma scrn hgh risk direc	N		
G0120	Colon ca scrn; barium enema	N		
G0121	Colon ca scrn not hi rsk ind	N		
G0122	Colon ca scrn; barium enema	N		
G0123	Screen cerv/vag thin layer	N		
G0124	Screen c/v thin layer by md	N		
G0127	Trim nail(s)	Y		
G0128	Corf skilled nursing service	Y		
G0129	Partial hosp prog service	N		
G0130	Single energy x-ray study	N		
G0141	Scr c/v cyto,autosys and md	N		
G0143	Scr c/v cyto,thinlayer,rescr	N		
G0144	Scr c/v cyto,thinlayer,rescr	N		
G0145	Scr c/v cyto,thinlayer,rescr	N		
G0147	Scr c/v cyto, automated sys	N		
G0148	Scr c/v cyto, autosys, rescr	N		
G0151	Hhcp-serv of pt,ea 15 min	Y		
G0152	Hhcp-serv of ot,ea 15 min	Y		
G0153	Hhcp-svs of s/l path,ea 15mn	Y		
G0154	Hhcp-svs of rn,ea 15 min	Y		
G0155	Hhcp-svs of csw,ea 15 min	Y		
G0156	Hhcp-svs of aide,ea 15 min	Y		
G0157	Hhc pt assistant ea 15	Not valid	Code is no longer valid	
G0158	Hhc ot assistant ea 15	Y		
G0159	Hhc pt maint ea 15 min	Y		
G0160	Hhc occup therapy ea 15	Y		
G0161	Hhc slp ea 15 min	Y		
G0162	Hhc rn e&m plan svcs, 15 min	Y		
G0166	Extrnl counterpulse, per tx	N		
G0168	Wound closure by adhesive	N		
G0173	Linear acc stereo radsur com	N		
G0175	Opps service,sched team conf	N		
G0176	Opps/php;activity therapy	N		
G0177	Opps/php; train & educ serv	N		
G0179	Md recertification hha pt	N		
G0180	Md certification hha patient	N		
G0181	Home health care supervision	N		
G0182	Hospice care supervision	N		
G0186	Dstry eye lesn,fdr vssl tech	N		
G0202	Screeningmammographydigital	N		
G0204	Diagnosticmammographydigital	N		
G0206	Diagnosticmammographydigital	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
G0219	Pet img wholbod melano nonco	N		
G0235	Pet not otherwise specified	N		
G0237	Therapeutic procd strg endur	N		
G0238	Oth resp proc, indiv	N		
G0239	Oth resp proc, group	N		
G0245	Initial foot exam pt lops	Y		
G0246	Followup eval of foot pt lop	Y		
G0247	Routine footcare pt w lops	Y		
G0248	INR training at home	N		6/1/18
G0249	INR test equipment	N		6/1/18
G0250	MD review of INR monitor	N		6/1/18
G0251	Linear acc based stero radio	N		
G0252	Pet imaging initial dx	N		
G0255	Current percep threshold tst	N		
G0257	Unsched dialysis esrd pt hos	N		
G0259	Inject for sacroiliac joint	N		
G0260	Inj for sacroiliac jt anesth	N		
G0268	Removal of impacted wax md	N		
G0269	Occlusive device in vein art	N		
G0270	Mnt subs tx for change dx	N		
G0271	Group mnt 2 or more 30 mins	N		
G0275	Renal angio, cardiac cath	N		
G0276	Pild/placebo control clin tr	Y		
G0277	Hbot, full body chamber, 30m	N		
G0278	Iliac art angio,cardiac cath	N		
G0279	Tomosynthesis, mammo	N		
G0281	Elec stim unattend for press	Y		
G0282	Elect stim wound care not pd	Y		
G0283	Elec stim other than wound	Y		
G0288	Recon, cta for surg plan	N		
G0289	Arthro, loose body + chondro	N		
G0290	Drug-eluting stents, single	N		
G0291	Drug-eluting stents,each add	N		
G0293	Non-cov surg proc,clin trial	N		
G0294	Non-cov proc, clinical trial	N		
G0295	Electromagnetic therapy onc	N		
G0296	Visit to determ ldct elig	N		
G0297	Ldct for lung ca screen	N		
G0298	Hiv combination assay	N		
G0299	Hhs/hospice of rn ea 15 min	Y		
G0300	Hhs/hospice of lpn ea 15 min	Y		
G0302	Pre-op service lvrs complete	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
G0303	Pre-op service lvrs 10-15dos	N		
G0304	Pre-op service lvrs 1-9 dos	N		
G0305	Post op service lvrs min 6	N		
G0306	Cbc/diffwbc w/o platelet	N		
G0307	Cbc without platelet	N		
G0328	Fecal blood scrn immunoassay	N		
G0329	Electromagntic tx for ulcers	Y		
G0333	Dispense fee initial 30 day	N		
G0337	Hospice evaluation preelecti	N		
G0339	Robot lin-radsurg com, first	N		
G0340	Robt lin-radsurg fractx 2-5	N		
G0341	Percutaneous islet celltrans	N		
G0342	Laparoscopy islet cell trans	N		
G0343	Laparotomy islet cell transp	N		
G0364	Bone marrow aspirate &biopsy	N		
G0365	Vessel mapping hemo access	N		
G0372	Md service required for pmd	N		
G0378	Hospital observation per hr	N		
G0379	Direct refer hospital observ	N		
G0380	Lev 1 hosp type b ed visit	N		
G0381	Lev 2 hosp type b ed visit	N		
G0382	Lev 3 hosp type b ed visit	N		
G0383	Lev 4 hosp type b ed visit	N		
G0384	Lev 5 hosp type b ed visit	N		
G0389	Ultrasound exam aaa screen	N		
G0390	Trauma respons w/hosp criti	N		
G0396	Alcohol/subs interv 15-30mn	Y	Covered benefit for CA	
G0397	Alcohol/subs interv >30 min	Y	Covered benefit for CA	
G0398	Home sleep test/type 2 porta	N		
G0399	Home sleep test/type 3 porta	N		
G0400	Home sleep test/type 4 porta	N		
G0402	Initial preventive exam	N		
G0403	Ekg for initial prevent exam	N		
G0404	Ekg tracing for initial prev	N		
G0405	Ekg interpret & report preve	N		
G0406	Inpt/tele follow up 15	N		
G0407	Inpt/tele follow up 25	N		
G0408	Inpt/tele follow up 35	N		
G0409	Corf related serv 15 mins ea	Y		
G0410	Grp psych partial hosp 45-50	N		
G0411	Inter active grp psych parti	N		
G0412	Open tx iliac spine uni/bil	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
G0413	Pelvic ring fracture uni/bil	N		
G0414	Pelvic ring fx treat int fix	N		
G0415	Open tx post pelvic fxture	N		
G0416	Prostate biopsy, any mthd	N		
G0417	Sat biopsy prostate 21-40	N		
G0418	Sat biopsy prostate 41-60	N		
G0419	Sat biopsy prostate: >60	N		
G0420	Ed svc ckd ind per session	N		
G0421	Ed svc ckd grp per session	N		
G0422	Intens cardiac rehab w/exerc	Y		9/1/2018
G0423	Intens cardiac rehab no exer	Y		9/1/2018
G0424	Pulmonary rehab w exer	N		
G0425	Inpt/ed teleconsult30	N		
G0426	Inpt/ed teleconsult50	N		
G0427	Inpt/ed teleconsult70	N		
G0428	Collagen meniscus implant	N		
G0429	Dermal filler injection(s)	N		
G0430	DRUG SCR QUAL NOT CHROMATOGRAPH EA	N		
G0431	Drug screen multiple class	N		
G0432	Eia hiv-1/hiv-2 screen	N		
G0433	Elisa hiv-1/hiv-2 screen	N		
G0434	Drug screen multi drug class	N		
G0435	Oral hiv-1/hiv-2 screen	N		
G0436	Tobacco-use counsel 3-10 min	N		
G0437	Tobacco-use counsel>10min	N		
G0438	Ppps, initial visit	N		
G0439	Ppps, subseq visit	N		
G0442	Annual alcohol screen 15 min	N		
G0443	Brief alcohol misuse counsel	N		
G0444	Depression screen annual	N		
G0445	High inten beh couns std 30m	N		
G0446	Intens behave ther cardio dx	N		
G0447	Behavior counsel obesity 15m	N		
G0448	Place perm pacing cardiovert	N		
G0451	Devlopment test interpt&rep	N		
G0452	Molecular pathology interpr	N		
G0453	Cont intraop neuro monitor	N		
G0454	Md document visit by npp	N		
G0455	Fecal microbiota prep instil	N		
G0456	Neg pre wound <=50 sq cm	N		
G0457	Neg pres wound >50 sq cm	N		
G0458	Ldr prostate brachy comp rat	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
G0459	Telehealth inpt pharm mgmt	N		
G0460	Autologous prp for ulcers	N		
G0461	Immunohisto/cyto chem 1st st	N		
G0462	Immunohisto/cyto chem add	N		
G0463	Hospital outpt clinic visit	N		
G0464	Colorec ca scr, sto bas dna	N		
G0475	HIV ANTIGEN/ANTIBODY COMB ASSAY SCR	N		
G0476	INF AGT DTCT DNA/RNA; HPV ADD PAP T	N	CareAdvantage only code	
G0480	DR TST DEFIN DR ID M P D 1-7 DR CL	Y		
G0481	DR TST DEFIN DR ID M P D 8-14 DR CL	Y		
G0482	DR TST DEFN DR ID M P D 15-21 DR CL	Y		
G0483	DR TST DEFIN DR ID M P D 22/M DR CL	Y		
G0492	Dialysis procedure with single evaluation by a physician or other qualified health care professional for acute kidney injury without esrd	Y		
G0493	SKILLED SERVICES OF A REGISTERED NURSE (RN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES	Y		
G0494	SKILLED SERVICES OF A LICENSED PRACTIAL NURSE (LPN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES	Y		
G0495	SKILLED SERVICES OF A REGISTERED NURSE (RN), IN TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER IN THE HOME HEALTH OR HOSPICE SETTING, 15 MINUTES	Y		
G0496	SKILLED SERVICES OF A LICENSED PRACTIAL NURSE (LPN), IN TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER IN THE HOME HEALTH OR HOSPICE SETTING, 15 MINUTES	Y		
G0499	Hepatitis b screening in non-pregnant, high risk individual includes hepatitis b surface antigen (hbsag) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to hbsag (anti-hbs) and hepatitis b core antigen (anti-hbc)	N		
G0500	MOD SED SVC PRV SM PHYS PER GI ENDO	N		
G0502	INT PS CCM 1ST 70 M 1ST CAL M B HCM	Y	CareAdvantage only code	
G0503	SB PS CCM 1ST 60 M SB MO BEH HCM AC	Y	CareAdvantage only code	
G0504	INIT/SB PS CCM E ADD 30 MN CM B HCM	Y	CareAdvantage only code	
G0505	CF ASMT STD INST OFF/OTH OP/HOME	Y	CareAdvantage only code	
G0506	CMP ASMT & C PLN PT RQR CC MGMT SVC	Y	CareAdvantage only code	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
G0507	CM BH CND AL 20 M CL STF TM PER CM	Y	CareAdvantage only code	
G0508	TH C CC INT PHYS 60 M CMNCT PT&PROV	Y		
G0509	TH C CC SB PHYS 50 M CMNCT PT&PROV	Y		
G0659	DRUG TEST DEF SIMPLE ALL CL	Y		
G3001	ADMIN AND SUPPLY TOSITUMOMAB 450MG	N		
G6023	Sigmoidoscopy w/stent	N		
G6024	Lesion removal colonoscopy	N		
G6025	Colonoscopy w/stent	N		
G6027	Anoscopy hra w/spec collect	N		
G6028	Anoscopy hra w/biopsy	N		
G8693	TOBACCO USE NOT ASSESSED, REASON NO	N		
G9148	Medical home level 1	Y		
G9149	Medical home level ii	Y		
G9150	Medical home level iii	Y		
G9151	Mapcp demo state	Y		
G9152	Mapcp demo community	Y		
G9153	Mapcp demo physician	Y		
G9156	Evaluation for wheelchair	Y		
H0001	Alcohol and/or drug assess	N		
H0002	Alcohol and/or drug screenin	N		
H0003	Alcohol and/or drug screenin	N		
H0004	Alcohol and/or drug services	N		
H0005	Alcohol and/or drug services	N		
H0006	Alcohol and/or drug services	N		
H0007	Alcohol and/or drug services	N		
H0008	Alcohol and/or drug services	N		
H0009	Alcohol and/or drug services	N		
H0010	Alcohol and/or drug services	N		
H0011	Alcohol and/or drug services	N		
H0012	Alcohol and/or drug services	N		
H0013	Alcohol and/or drug services	N		
H0014	Alcohol and/or drug services	N		
H0015	Alcohol and/or drug services	N		
H0016	Alcohol and/or drug services	N		
H0017	Alcohol and/or drug services	N		
H0018	Alcohol and/or drug services	N		
H0019	Alcohol and/or drug services	N		
H0020	Alcohol and/or drug services	N		
H0021	Alcohol and/or drug training	N		
H0022	Alcohol and/or drug interven	N		
H0023	Alcohol and/or drug outreach	N		
H0024	Alcohol and/or drug preventi	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
H0025	Alcohol and/or drug preventi	N		
H0026	Alcohol and/or drug preventi	N		
H0027	Alcohol and/or drug preventi	N		
H0028	Alcohol and/or drug preventi	N		
H0029	Alcohol and/or drug preventi	N		
H0030	Alcohol and/or drug hotline	N		
H0031	Mh health assess by non-md	N		
H0032	Mh svc plan dev by non-md	N		
H0033	Oral med adm direct observe	N		
H0034	Med trng & support per 15min	N		
H0035	Mh partial hosp tx under 24h	N		
H0036	Comm psy face-face per 15min	N		
H0037	Comm psy sup tx pgm per diem	N		
H0038	Self-help/peer svc per 15min	N		
H0039	Asser com tx face-face/15min	N		
H0040	Assert comm tx pgm per diem	N		
H0041	Fos c chld non-ther per diem	N		
H0042	Fos c chld non-ther per mon	N		
H0043	Supported housing, per diem	N		
H0044	Supported housing, per month	N		
H0045	Respite not-in-home per diem	N		
H0046	Mental health service, nos	N		
H0047	Alcohol/drug abuse svc nos	N		
H0048	Spec coll non-blood:a/d test	N		
H0049	Alcohol/drug screening	N		
H0050	Alcohol/drug service 15 min	N		
H1000	Prenatal care atrisk assessm	N		
H1001	Antepartum management	N		
H1002	Carecoordination prenatal	N		
H1003	Prenatal at risk education	N		
H1004	Follow up home visit/prental	N		
H1005	Prenatalcare enhanced srv pk	N		
H1010	Nonmed family planning ed	N		
H1011	Family assessment	N		
H2000	CBAS	N		
H2001	Rehabilitation program 1/2 d	N		
H2010	Comprehensive med svc 15 min	N		
H2011	Crisis interven svc, 15 min	N		
H2012	Behav hlth day treat, per hr	N		
H2013	Psych hlth fac svc, per diem	N		
H2014	Skills train and dev, 15 min	N		
H2015	Comp comm supp svc, 15 min	N		

RELEASED 4/1/2019**IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>**

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
H2016	Comp comm supp svc, per diem	N		
H2017	Psysoc rehab svc, per 15 min	N		
H2018	Psysoc rehab svc, per diem	N		
H2019	Ther behav svc, per 15 min	N		
H2020	Ther behav svc, per diem	N		
H2021	Com wrap-around sv, 15 min	N		
H2022	Com wrap-around sv, per diem	N		
H2023	Supported employ, per 15 min	N		
H2024	Supported employ, per diem	N		
H2025	Supp maint employ, 15 min	N		
H2026	Supp maint employ, per diem	N		
H2027	Psychoed svc, per 15 min	N		
H2028	Sex offend tx svc, 15 min	N		
H2029	Sex offend tx svc, per diem	N		
H2030	Mh clubhouse svc, per 15 min	N		
H2031	Mh clubhouse svc, per diem	N		
H2032	Activity therapy, per 15 min	N		
H2033	Multisys ther/juvenile 15min	N		
H2034	A/d halfway house, per diem	N		
H2035	A/d tx program, per hour	N		
H2036	A/d tx program, per diem	N		
H2037	Dev delay prev dp ch, 15 min	N		
J0120	Tetracyclin injection	N		
J0129	Abatacept injection	N		
J0130	Abciximab injection	N		
J0131	Acetaminophen injection	N		
J0132	Acetylcysteine injection	N		
J0133	Acyclovir injection	N		
J0135	Adalimumab injection	N		
J0150	Injection adenosine 6 mg	N		
J0151	Inj adenosine diag 1mg	N		
J0152	Adenosine injection	N		
J0153	Adenosine inj 1mg	N		
J0171	Adrenalin epinephrine inject	N		
J0178	Aflibercept injection	N		
J0180	Agalsidase beta injection	N		
J0190	Inj biperiden lactate/5 mg	N		
J0200	Alatrofloxacin mesylate	N		
J0202	Injection, alemtuzumab	Y		
J0205	Alglucerase injection	N		
J0207	Amifostine	N		
J0210	Methyldopate hcl injection	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J0215	Alefacept	N		
J0220	Alglucosidase alfa injection	N		
J0221	Lumizyme injection	N		
J0256	Alpha 1 proteinase inhibitor	N		
J0257	Glassia injection	N		
J0270	Alprostadil for injection	N		
J0275	Alprostadil urethral suppos	N		
J0278	Amikacin sulfate injection	N		
J0280	Aminophyllin 250 mg inj	N		
J0282	Amiodarone hcl	N		
J0285	Amphotericin b	N		
J0287	Amphotericin b lipid complex	N		
J0288	Ampho b cholesteryl sulfate	N		
J0289	Amphotericin b liposome inj	N		
J0290	Ampicillin 500 mg inj	N		
J0295	Ampicillin sodium per 1.5 gm	N		
J0300	Amobarbital 125 mg inj	N		
J0330	Succinylcholine chloride inj	N		
J0348	Anidulafungin injection	Y		
J0350	Injection anistreplase 30 u	N		
J0360	Hydralazine hcl injection	N		
J0364	Apomorphine hydrochloride	N		
J0365	Aprotonin, 10,000 kiu	N		
J0380	Inj metaraminol bitartrate	N		
J0390	Chloroquine injection	N		
J0395	Arbutamine hcl injection	N		
J0400	Aripiprazole injection	N		
J0401	Inj aripiprazole ext rel 1mg	N		
J0456	Azithromycin	N		
J0460	INJ ATROPINE SULFATE UP 0.3 MG	N		
J0461	Atropine sulfate injection	N		
J0470	Dimecaprol injection	N		
J0475	Baclofen 10 mg injection	N		
J0476	Baclofen intrathecal trial	N		
J0480	Basiliximab	N		
J0485	Belatacept injection	Y		
J0490	Belimumab injection	Y		
J0500	Dicyclomine injection	N		
J0515	Inj benztropine mesylate	N		
J0517	INJ., BENRALIZUMAB, 1 MG	Y		4/1/2019
J0520	Bethanechol chloride inject	N		
J0558	Peng benzathine/procaine inj	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J0559	INJ PCN G BENZATHINE PROCAIN 2500 U	N		
J0560	INJ PCN G BENZ TO 600000 UNITS	N		
J0561	Penicillin g benzathine inj	N		
J0567	INJ., CERLIPONASE ALFA 1 MG	Y		4/1/2019
J0570	INJ PCN G BENZATHINE TO 1200000 U	N		
J0571	Buprenorphine oral 1mg	N		
J0572	Bupren/nal up to 3mg bupreno	N		
J0573	Bupren/nal 3.1 to 6mg bupren	N		
J0574	Bupren/nal 6.1 to 10mg bupre	N		
J0575	Bupren/nal over 10mg bupreno	N		
J0580	INJ PCN G BENZATHINE TO 2400000 U	N		
J0583	Bivalirudin	N		
J0585	Injection,onabotulinumtoxina	Y		
J0586	Abobotulinumtoxina	Y		
J0587	Inj, rimabotulinumtoxinb	Y		
J0588	Incobotulinumtoxin a	Y		
J0592	Buprenorphine hydrochloride	N		
J0594	Busulfan injection	N		
J0595	Butorphanol tartrate 1 mg	Y		
J0596	Injection, ruconest	N		
J0597	C-1 esterase, berinert	Y		
J0598	C-1 esterase, cinryze	N		
J0600	Edetate calcium disodium inj	N		
J0604	Oral Cinacalcet ESRD dialysis	N		1/1/2018
J0606	Injection, Etelcalcetide 0.1 mg	N		1/1/2018
J0610	Calcium gluconate injection	N		
J0620	Calcium glycer & lact/10 ml	N		
J0630	Calcitonin salmon injection	N		
J0636	Inj calcitriol per 0.1 mcg	N		
J0637	Caspofungin acetate	N		
J0638	Canakinumab injection	Y		
J0640	Leucovorin calcium injection	N		
J0641	Levoleucovorin injection	N		
J0670	Inj mepivacaine hcl/10 ml	N		
J0690	Cefazolin sodium injection	N		
J0692	Cefepime hcl for injection	N		
J0694	Cefoxitin sodium injection	N		
J0695	Inj ceftolozane tazobactam	N		
J0696	Ceftriaxone sodium injection	N		
J0697	Sterile cefuroxime injection	N		
J0698	Cefotaxime sodium injection	N		
J0702	Betamethasone acet&sod phosp	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J0706	Caffeine citrate injection	N		
J0710	Cephapirin sodium injection	N		
J0712	Ceftaroline fosamil inj	N		
J0713	Inj ceftazidime per 500 mg	N		
J0714	Ceftazidime and avibactam	N		
J0715	Ceftizoxime sodium / 500 mg	N		
J0716	Centruroides immune f(ab)	N		
J0717	Certolizumab pegol inj 1mg	Y		
J0718	Certolizumab pegol inj	N		
J0720	Chloramphenicol sodium injec	N		
J0725	Chorionic gonadotropin/1000u	N		
J0735	Clonidine hydrochloride	N		
J0740	Cidofovir injection	N		
J0743	Cilastatin sodium injection	N		
J0744	Ciprofloxacin iv	N		
J0745	Inj codeine phosphate /30 mg	N		
J0760	Colchicine injection	N		
J0770	Colistimethate sodium inj	N		
J0775	Collagenase, clost hist inj	N		
J0780	Prochlorperazine injection	N		
J0795	Corticotropin ovine triflutal	N		
J0800	Corticotropin injection	N		
J0834	Cosyntropin cortrosyn inj	N		
J0840	Crotalidae poly immune fab	N		
J0850	Cytomegalovirus imm iv /vial	N		
J0875	Injection, dalbavancin	N		
J0878	Daptomycin injection	N		
J0881	Darbepoetin alfa, non-esrd	Y		
J0882	Darbepoetin alfa, esrd use	N		
J0883	Injection, argatroban, 1 mg (for non-esrd use)	Y		
J0884	Injection, argatroban, 1 mg (for esrd on dialysis)	Y		
J0885	Epoetin alfa, non-esrd	Y		
J0886	Epoetin alfa 1000 units esrd	N		
J0887	Epoetin beta esrd use	N		
J0888	Epoetin beta non esrd	N		
J0890	Peginesatide injection	N		
J0894	Decitabine injection	Y		
J0895	Deferoxamine mesylate inj	N		
J0897	Denosumab injection	Y		
J0900	Testosterone enanthate inj	N		
J0945	Brompheniramine maleate inj	N		
J1000	Depo-estradiol cypionate inj	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J1020	Methylprednisolone 20 mg inj	N		
J1030	Methylprednisolone 40 mg inj	N		
J1040	Methylprednisolone 80 mg inj	N		
J1050	Medroxyprogesterone acetate	N		
J1051	Medroxyprogesterone inj	N		
J1055	Medroxyprogester acetate inj	N		
J1056	Ma/ec contraceptiveinjection	N		
J1060	Testosterone cypionate 1 ml	N		
J1070	Testosterone cypionat 100 mg	N		
J1071	Inj testosterone cypionate	Y		
J1080	Testosterone cypionat 200 mg	N		
J1094	Inj dexamethasone acetate	N		
J1100	Dexamethasone sodium phos	N		
J1110	Inj dihydroergotamine mesylt	N		
J1120	Acetazolamid sodium injectio	N		
J1130	Injection, diclofenac sodium, 0.5 mg	Y		
J1160	Digoxin injection	N		
J1162	Digoxin immune fab (ovine)	N		
J1165	Phenytoin sodium injection	N		
J1170	Hydromorphone injection	N		
J1180	Dyphylline injection	N		
J1190	Dexrazoxane hcl injection	N		
J1200	Diphenhydramine hcl injectio	N		
J1205	Chlorothiazide sodium inj	N		
J1212	Dimethyl sulfoxide 50% 50 ml	N		
J1230	Methadone injection	N		
J1240	Dimenhydrinate injection	N		
J1245	Dipyridamole injection	N		
J1250	Inj dobutamine hcl/250 mg	N		
J1260	Dolasetron mesylate	N		
J1265	Dopamine injection	N		
J1267	Doripenem injection	Y		
J1270	Injection, doxercalciferol	N		
J1290	Ecallantide injection	Y		
J1300	Eculizumab injection	Y		
J1301		Y		4/1/2019
J1320	Amitriptyline injection	N		
J1322	Elosulfase alfa, injection	Y		
J1324	Enfuvirtide injection	N		
J1325	Epoprostenol injection	N		
J1327	Eptifibatide injection	N		
J1330	Ergonovine maleate injection	N		

RELEASED 4/1/2019**IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>**

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J1335	Ertapenem injection	N		
J1364	Erythro lactobionate /500 mg	N		
J1380	Estradiol valerate 10 mg inj	N		
J1410	Inj estrogen conjugate 25 mg	N		
J1430	Ethanolamine oleate 100 mg	N		
J1435	Injection estrone per 1 mg	N		
J1436	Etidronate disodium inj	N		
J1438	Etanercept injection	N		
J1439	Inj ferric carboxymaltos 1mg	Y		
J1440	Filgrastim 300 mcg injection	N		
J1441	Filgrastim 480 mcg injection	N		
J1442	Inj filgrastim excl biosimil	Y		
J1443	Inj ferric pyrophosphate cit	Y		
J1446	Inj, tbo-filgrastim, 5 mcg	Y		
J1447	Inj tbo filgrastim 1 microg	Y		
J1450	Fluconazole	N		
J1451	Fomepizole, 15 mg	N		
J1452	Intraocular fomivirsen na	N		
J1453	Fosaprepitant injection	Y		
J1455	Foscarnet sodium injection	Y		
J1457	Gallium nitrate injection	N		
J1458	Galsulfase injection	N		
J1459	Inj ivig privigen 500 mg	Y		
J1460	Gamma globulin 1 cc inj	Y		
J1556	Inj, imm glob bivigam, 500mg	Y		
J1557	Gammplex injection	Y		
J1559	Hizentra injection	N		
J1560	Gamma globulin > 10 cc inj	N		
J1561	Gamunex-c/gammaked	Y		
J1562	Vivaglobin, inj	N		
J1566	Immune globulin, powder	Y		
J1568	Octagam injection	Y		
J1569	Gammagard liquid injection	Y		
J1570	Ganciclovir sodium injection	N		
J1571	Hepagam b im injection	N		
J1572	Flebogamma injection	Y		
J1573	Hepagam b intravenous, inj	N		
J1575	Hyqvia 100mg immunoglobulin	Y		
J1580	Garamycin gentamicin inj	N		
J1590	Gatifloxacin injection	N		
J1595	Injection glatiramer acetate	N		
J1599	Ivig non-lyophilized, nos	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J1600	Gold sodium thiomaleate inj	N		
J1602	Golimumab for iv use 1mg	Y		
J1610	Glucagon hydrochloride/1 mg	N		
J1620	Gonadorelin hydroch/ 100 mcg	N		
J1626	Granisetron hcl injection	N		
J1628		Y		4/1/2019
J1630	Haloperidol injection	N		
J1631	Haloperidol decanoate inj	N		
J1640	Hemin, 1 mg	N		
J1642	Inj heparin sodium per 10 u	N		
J1644	Inj heparin sodium per 1000u	N		
J1645	Dalteparin sodium	N		
J1650	Inj enoxaparin sodium	N		
J1652	Fondaparinux sodium	N		
J1655	Tinzaparin sodium injection	N		
J1670	Tetanus immune globulin inj	N		
J1675	Histrelin acetate	N		
J1680	Human fibrinogen conc inj	N		
J1700	Hydrocortisone acetate inj	N		
J1710	Hydrocortisone sodium ph inj	N		
J1720	Hydrocortisone sodium succ i	N		
J1725	Hydroxyprogesterone caproate	N		
J1730	Diazoxide injection	N		
J1740	Ibandronate sodium injection	Y		
J1741	Ibuprofen injection	N		
J1742	Ibutilide fumarate injection	N		
J1743	Idursulfase injection	N		
J1744	Icatibant injection	N		
J1745	Infliximab injection	Y		
J1746		Y		4/1/2019
J1750	Inj iron dextran	Y		
J1752	INJECTION IRON DEXTRAN 267 50 MG	N		
J1756	Iron sucrose injection	N		
J1785	INJECTION IMIGLUCERASE PER UNIT	N		
J1786	Imuglucerase injection	N		
J1790	Droperidol injection	N		
J1800	Propranolol injection	N		
J1810	Droperidol/fentanyl inj	N		
J1815	Insulin injection	N		
J1817	Insulin for insulin pump use	N		
J1826	Interferon beta-1a inj	N		
J1830	Interferon beta-1b / .25 mg	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J1833	Injection, isavuconazonium	N		
J1835	Itraconazole injection	N		
J1840	Kanamycin sulfate 500 mg inj	N		
J1850	Kanamycin sulfate 75 mg inj	N		
J1885	Ketorolac tromethamine inj	N		
J1890	Cephalothin sodium injection	N		
J1930	Lanreotide injection	N		
J1931	Laronidase injection	N		
J1940	Furosemide injection	N		
J1942	Injection, aripiprazole lauroxil, 1 mg	Y		
J1945	Lepirudin	N		
J1950	Leuprolide acetate /3.75 mg	Y	For children under 21	
J1953	Levetiracetam injection	N		
J1955	Inj levocarnitine per 1 gm	N		
J1956	Levofloxacin injection	N		
J1960	Levorphanol tartrate inj	N		
J1980	Hyoscyamine sulfate inj	N		
J1990	Chlordiazepoxide injection	N		
J2001	Lidocaine injection	N		
J2010	Lincomycin injection	N		
J2020	Linezolid injection	N		
J2060	Lorazepam injection	N		
J2150	Mannitol injection	N		
J2170	Mecasermin injection	N		
J2175	Meperidine hydrochl /100 mg	N		
J2180	Meperidine/promethazine inj	N		
J2182	Injection, mepolizumab, 1 mg	Y		
J2185	Meropenem	N		
J2210	Methylergonovin maleate inj	N		
J2212	Methylnaltrexone injection	N		
J2248	Micafungin sodium injection	Y		
J2250	Inj midazolam hydrochloride	N		
J2260	Inj milrinone lactate / 5 mg	N		
J2265	Minocycline hydrochloride	N		
J2270	Morphine sulfate injection	N		
J2271	Morphine so4 injection 100mg	N		
J2274	In morphine preservativ free	N		
J2275	Morphine sulfate injection	N		
J2278	Ziconotide injection	N		
J2280	Inj, moxifloxacin 100 mg	N		
J2300	Inj nalbuphine hydrochloride	N		
J2310	Inj naloxone hydrochloride	N		

RELEASED 4/1/2019**IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>**

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J2315	Naltrexone, depot form	N		
J2320	Nandrolone decanoate 50 mg	N		
J2322	INJ NANDROLONE DECANOATE TO 200 MG	N		
J2323	Natalizumab injection	N		
J2325	Nesiritide injection	N		
J2353	Octreotide injection, depot	Y		
J2354	Octreotide inj, non-depot	Y		
J2355	Oprelvekin injection	N		
J2357	Omalizumab injection	Y		
J2358	Olanzapine long-acting inj	N		
J2360	Orphenadrine injection	N		
J2370	Phenylephrine hcl injection	N		
J2400	Chloroprocaine hcl injection	N		
J2405	Ondansetron hcl injection	N		
J2407	Injection, oritavancin	N		
J2410	Oxymorphone hcl injection	N		
J2425	Palifermin injection	N		
J2426	Paliperidone palmitate inj	N		
J2430	Pamidronate disodium /30 mg	Y		
J2440	Papaverin hcl injection	N		
J2460	Oxytetracycline injection	N		
J2469	Palonosetron hcl	N		
J2501	Paricalcitol	N		
J2502	Inj, pasireotide long acting	N		
J2503	Pegaptanib sodium injection	N		
J2504	Pegademase bovine, 25 iu	N		
J2505	Injection, pegfilgrastim 6mg	Y		
J2507	Pegloticase injection	N		
J2510	Penicillin g procaine inj	N		
J2513	Pentastarch 10% solution	N		
J2515	Pentobarbital sodium inj	N		
J2540	Penicillin g potassium inj	N		
J2543	Piperacillin/tazobactam	N		
J2545	Pentamidine non-comp unit	N		
J2547	Injection, peramivir	N		
J2550	Promethazine hcl injection	N		
J2560	Phenobarbital sodium inj	N		
J2562	Plerixafor injection	Y		
J2590	Oxytocin injection	N		
J2597	Inj desmopressin acetate	N		
J2650	Prednisolone acetate inj	N		
J2670	Totazoline hcl injection	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J2675	Inj progesterone per 50 mg	N		
J2680	Fluphenazine decanoate 25 mg	N		
J2690	Procainamide hcl injection	N		
J2700	Oxacillin sodium injeciton	N		
J2704	Inj, propofol, 10 mg	N		
J2710	Neostigmine methylsulfate inj	N		
J2720	Inj protamine sulfate/10 mg	N		
J2724	Protein c concentrate	N		
J2725	Inj protirelin per 250 mcg	N		
J2730	Pralidoxime chloride inj	N		
J2760	Phentolaine mesylate inj	N		
J2765	Metoclopramide hcl injection	N		
J2770	Quinupristin/dalfopristin	N		
J2778	Ranibizumab injection	Y		
J2780	Ranitidine hydrochloride inj	N		
J2783	Rasburicase	N		
J2785	Regadenoson injection	N		
J2786	Injection, reslizumab, 1 mg	Y		
J2788	Rho d immune globulin 50 mcg	N		
J2790	Rho d immune globulin inj	N		
J2791	Rhophylac injection	N		
J2792	Rho(d) immune globulin h, sd	N		
J2793	Rilonacept injection	Y		
J2794	Risperidone, long acting	N		
J2795	Ropivacaine hcl injection	N		
J2796	Romiplostim injection	Y		
J2800	Methocarbamol injection	N		
J2805	Sinacalide injection	N		
J2810	Inj theophylline per 40 mg	N		
J2820	Sargramostim injection	Y		
J2840	Injection, sebelipase alfa, 1 mg	Y		
J2850	Inj secretin synthetic human	N		
J2860	Injection, siltuximab, 10 mg	Y		
J2910	Aurothioglucose injeciton	N		
J2916	Na ferric gluconate complex	N		
J2920	Methylprednisolone injection	N		
J2930	Methylprednisolone injection	N		
J2940	Somatrem injection	N		
J2941	Somatropin injection	N		
J2950	Promazine hcl injection	N		
J2993	Reteplase injection	N		
J2995	Inj streptokinase /250000 iu	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J2997	Alteplase recombinant	N		
J3000	Streptomycin injection	N		
J3010	Fentanyl citrate injeciton	N		
J3030	Sumatriptan succinate / 6 mg	N		
J3060	Inj, taliglucerace alfa 10 u	Y		
J3070	Pentazocine injection	N		
J3090	Inj tedizolid phosphate	N		
J3095	Telavancin injection	Y		
J3101	Tenecteplase injection	N		
J3105	Terbutaline sulfate inj	N		
J3110	Teriparatide injection	N		
J3120	Testosterone enanthate inj	N		
J3121	Inj testostero enanthate 1mg	N		
J3130	Testosterone enanthate inj	N		
J3140	Testosterone suspension inj	N		
J3145	Testosterone undecanoate 1mg	Y		
J3150	Testosteron propionate inj	N		
J3230	Chlorpromazine hcl injection	N		
J3240	Thyrotropin injection	N		
J3243	Tigecycline injection	Y		
J3246	Tirofiban hcl	N		
J3250	Trimethobenzamide hcl inj	N		
J3260	Tobramycin sulfate injection	N		
J3262	Tocilizumab injection	N		
J3265	Injection torsemide 10 mg/ml	N		
J3280	Thiethylperazine maleate inj	N		
J3285	Treprostinil injection	N		
J3300	Triamcinolone a inj prs-free	N		
J3301	Injection, Triamcinolone Acetonide	N		
J3302	Triamcinolone diacetate inj	N		
J3303	Triamcinolone hexacetonl inj	N		
J3305	Inj trimetrexate glucuronate	N		
J3310	Perphenazine injeciton	N		
J3315	Triptorelin pamoate	N		
J3316	INJ., TRIPTORELIN XR 3.75 MG	Y		4/1/2019
J3320	Spectinomycn di-hcl inj	N		
J3350	Urea injection	N		
J3355	Urofollitropin, 75 iu	N		
J3357	Ustekinumab injection	Y		
J3360	Diazepam injection	N		
J3364	Urokinase 5000 iu injection	N		
J3365	Urokinase 250,000 iu inj	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J3370	Vancomycin hcl injection	N		
J3380	Injection, vedolizumab	Y		
J3385	Velaglucerase alfa	Y		
J3396	Verteporfin injection	N		
J3398	INJ LUXTURNA 1 BILLION VEC G	Y		4/1/2019
J3400	Triflupromazine hcl inj	N		
J3410	Hydroxyzine hcl injection	N		
J3411	Thiamine hcl 100 mg	N		
J3415	Pyridoxine hcl 100 mg	N		
J3420	Vitamin b12 injection	N		
J3430	Vitamin k phytonadione inj	N		
J3465	Injection, voriconazole	N		
J3470	Hyaluronidase injection	N		
J3471	Ovine, up to 999 usp units	N		
J3472	Ovine, 1000 usp units	N		
J3473	Hyaluronidase recombinant	N		
J3475	Inj magnesium sulfate	N		
J3480	Inj potassium chloride	N		
J3485	Zidovudine	N		
J3486	Ziprasidone mesylate	N		
J3487	Zoledronic acid	N		
J3488	Reclast injection	N		
J3489	Zoledronic acid 1mg	N		
J3490	Drugs unclassified injection	Y		
J3520	Edetate disodium per 150 mg	N		
J3530	Nasal vaccine inhalation	N		
J3535	Metered dose inhaler drug	N		
J3570	Laetrile amygdalin vit b17	N		
J3590	Unclassified biologics	Y	Not a Medi-Cal code	
J7030	Normal saline solution infus	N		
J7040	Normal saline solution infus	N		
J7042	5% dextrose/normal saline	N		
J7050	Normal saline solution infus	N		
J7060	5% dextrose/water	N		
J7070	D5w infusion	N		
J7100	Dextran 40 infusion	N		
J7110	Dextran 75 infusion	N		
J7120	Ringers lactate infusion	N		
J7121	5% dextrose in lac ringers	N		
J7131	Hypertonic saline sol	N		
J7170	INJ., EMICIZUMAB-KXWH 0.5 MG	Y		4/1/2019
J7178	Human fibrinogen conc inj	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J7180	Factor xiii anti-hem factor	N		
J7181	Factor xiii recomb a-subunit	N		
J7182	Factor viii recomb novoeight	N		
J7183	Wilate injection	N		
J7184	INJECTION, VON WILLEBRAND FACTOR CO	N		
J7185	Xyntha inj	N		
J7186	Antihemophilic viii/vwf comp	N		
J7187	Humate-p, inj	N		
J7188	Factor viii recomb obizur	N		
J7189	Factor viia	N		
J7190	Factor viii	N		
J7191	Factor viii (porcine)	N		
J7192	Factor viii recombinant nos	N		
J7193	Factor ix non-recombinant	N		
J7194	Factor ix complex	N		
J7195	Factor ix recombinant nos	N		
J7196	Antithrombin recombinant	N		
J7197	Antithrombin iii injection	N		
J7198	Anti-inhibitor	N		
J7199	Hemophilia clot factor noc	N		
J7200	Factor ix recombinan rixubis	N		
J7201	Factor ix fc fusion recomb	N		
J7205	Factor viii fc fusion recomb	N		
J7297	Levonorgestrel iu 52mg 3 yr	N		
J7298	Levonorgestrel iu 52mg 5 yr	N		
J7300	Intraut copper contraceptive	N		
J7301	Levonorgestrel iu 13.5 mg	N		
J7302	Levonorgestrel iu 52 mg	N		
J7303	Contraceptive vaginal ring	N		
J7304	Contraceptive hormone patch	N		
J7306	Levonorgestrel implant sys	N		
J7307	Etonogestrel implant system	N		
J7308	Aminolevulinic acid hcl top	Y		
J7309	Methyl aminolevulinate, top	N		
J7310	Ganciclovir long act implant	Y		
J7311	Fluocinolone acetone implt	N		
J7312	Dexamethasone intra implant	N		
J7313	Fluocinol acet intravit imp	Y		
J7315	Ophthalmic mitomycin	N		
J7316	Inj, ocriplasmin, 0.125 mg	N		
J7321	Hyalgan/supartz inj per dose	Y		
J7320	HYALN/DERIV GENVISC 850 IA INJ 1 MG	Y		

RELEASED 4/1/2019**IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>**

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J7322	HYALURONAN/DERIV SYNVISIC IA INJ PD	N		
J7323	Euflexxa inj per dose	Y		
J7324	Orthovisc inj per dose	Y		
J7325	Synvisc or synvisc-one	Y		
J7326	Gel-one	N		
J7327	Monovisc inj per dose	Y		
J7328	Gel-syn injection 0.1 mg	Y		
J7330	Cultured chondrocytes implnt	N		
J7335	Capsaicin 8% patch	N		
J7336	Capsaicin 8% patch	N		
J7340	Carbidopa levodopa enteral	Y		
J7342	Installation, ciprofloxacin otic suspension, 6 mg	Y		
J7500	Azathioprine oral 50mg	N		
J7501	Azathioprine parenteral	N		
J7502	Cyclosporine oral 100 mg	N		
J7503	Tacrol envarsus ex rel oral	N		
J7504	Lymphocyte immune globulin	N		
J7505	Monoclonal antibodies	N		
J7506	Prednisone oral	N		
J7507	Tacrolimus imme rel oral 1mg	N		
J7508	Tacrol astagraf ex rel oral	N		
J7509	Methylprednisolone oral	N		
J7510	Prednisolone oral per 5 mg	N		
J7511	Antithymocyte globuln rabbit	N		
J7512	Prednisone ir or dr oral 1mg	N		
J7513	Daclizumab, parenteral	N		
J7515	Cyclosporine oral 25 mg	N		
J7516	Cyclosporin parenteral 250mg	N		
J7517	Mycophenolate mofetil oral	N		
J7518	Mycophenolic acid	N		
J7520	Sirolimus, oral	N		
J7525	Tacrolimus injection	N		
J7527	Oral everolimus	N		
J7599	Immunosuppressive drug noc	N		
J7604	Acetylcysteine comp unit	N		
J7605	Arformoterol non-comp unit	N		
J7606	Formoterol fumarate, inh	N		
J7607	Levalbuterol comp con	N		
J7608	Acetylcysteine non-comp unit	N		
J7609	Albuterol comp unit	N		
J7610	Albuterol comp con	N		
J7611	Albuterol non-comp con	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J7612	Levalbuterol non-comp con	N		
J7613	Albuterol non-comp unit	N		
J7614	Levalbuterol non-comp unit	N		
J7615	Levalbuterol comp unit	N		
J7620	Albuterol ipratrop non-comp	N		
J7622	Beclomethasone comp unit	N		
J7624	Betamethasone comp unit	N		
J7626	Budesonide non-comp unit	N		
J7627	Budesonide comp unit	N		
J7628	Bitolterol mesylate comp con	N		
J7629	Bitolterol mesylate comp unt	N		
J7631	Cromolyn sodium noncomp unit	N		
J7632	Cromolyn sodium comp unit	N		
J7633	Budesonide non-comp con	N		
J7634	Budesonide comp con	N		
J7635	Atropine comp con	N		
J7636	Atropine comp unit	N		
J7637	Dexamethasone comp con	N		
J7638	Dexamethasone comp unit	N		
J7639	Dornase alfa non-comp unit	N		
J7640	Formoterol comp unit	N		
J7641	Flunisolide comp unit	N		
J7642	Glycopyrrolate comp con	N		
J7643	Glycopyrrolate comp unit	N		
J7644	Ipratropium bromide non-comp	N		
J7645	Ipratropium bromide comp	N		
J7647	Isoetharine comp con	N		
J7648	Isoetharine non-comp con	N		
J7649	Isoetharine non-comp unit	N		
J7650	Isoetharine comp unit	N		
J7657	Isoproterenol comp con	N		
J7658	Isoproterenol non-comp con	N		
J7659	Isoproterenol non-comp unit	N		
J7660	Isoproterenol comp unit	N		
J7665	Mannitol for inhaler	N		
J7667	Metaproterenol comp con	N		
J7668	Metaproterenol non-comp con	N		
J7669	Metaproterenol non-comp unit	N		
J7670	Metaproterenol comp unit	N		
J7674	Methacholine chloride, neb	N		
J7676	Pentamidine comp unit dose	N		
J7680	Terbutaline sulf comp con	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J7681	Terbutaline sulf comp unit	N		
J7682	Tobramycin non-comp unit	N		
J7683	Triamcinolone comp con	N		
J7684	Triamcinolone comp unit	N		
J7685	Tobramycin comp unit	N		
J7686	Treprostinil, non-comp unit	N		
J7699	Inhalation solution for dme	N		
J7799	Non-inhalation drug for dme	N		
J7999	Compounded drug, noc	N		
J8498	Antiemetic rectal/supp nos	N		
J8499	Prescription Drug, Oral	Y	Not covered by CA	
J8501	Oral aprepitant	N		
J8510	Oral busulfan	N		
J8515	Cabergoline, oral 0.25mg	N		
J8520	Capecitabine, oral, 150 mg	N		
J8521	Capecitabine, oral, 500 mg	N		
J8530	Cyclophosphamide oral 25 mg	N		
J8540	Oral dexamethasone	N		
J8560	Etoposide oral 50 mg	N		
J8561	Oral everolimus	N		
J8562	Oral fludarabine phosphate	N		
J8565	Gefitinib oral	N		
J8597	Antiemetic Drug, Oral	Y		
J8600	Melphalan oral 2 mg	N		
J8610	Methotrexate oral 2.5 mg	N		
J8650	Nabilone oral	N		
J8655	Netupitant palonosetron oral	N		
J8670	Rolapitant, oral, 1 mg	Y		
J8700	Temozolomide	N		
J8705	Topotecan oral	N		
J8999	Oral prescription drug chemo	N		
J9000	Doxorubicin hcl injection	N		
J9001	Doxorubicin hcl liposome inj	N		
J9002	Doxil injection	N		
J9010	Alemtuzumab injection	Y		
J9015	Aldesleukin injection	N		
J9017	Arsenic trioxide injection	N		
J9019	Erwinaze injection	Y		
J9020	Asparaginase, nos	Y		
J9025	Azacitidine injection	N		
J9027	Clofarabine injection	N		
J9031	Bcg live intravesical vac	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J9032	Injection, belinostat, 10mg	Y		
J9033	Bendamustine injection	Y		
J9034	INJ BENDAMUSTINE HCL BENDEKA 1 MG	Y		
J9035	Bevacizumab injection	Y		
J9039	Injection, blinatumomab	Y		
J9040	Bleomycin sulfate injection	N		
J9041	Bortezomib injection	Y		
J9042	Brentuximab vedotin inj	Y		
J9043	Cabazitaxel injection	Y		
J9044	INJ, BORTEZOMIB, NOS, 0.1 MG	Y		4/1/2019
J9045	Carboplatin injection	N		
J9047	Injection, carfilzomib, 1 mg	Y		
J9050	Carmustine injection	N		
J9055	Cetuximab injection	Y		
J9060	Cisplatin 10 mg injection	N		
J9062	CISPLATIN 50 MG	N		
J9065	Inj cladribine per 1 mg	N		
J9070	Cyclophosphamide 100 mg inj	N		
J9098	Cytarabine liposome inj	N		
J9100	Cytarabine hcl 100 mg inj	N		
J9120	Dactinomycin injection	N		
J9130	Dacarbazine 100 mg inj	N		
J9145	INJECTION DARATUMUMAB 10 MG	Y		
J9150	Daunorubicin injection	N		
J9151	Daunorubicin citrate inj	N		
J9155	Degarelix injection	Y		
J9057	INJ., COPANLISIB, 1 MG	Y		4/1/2019
J9160	Denileukin diftitox inj	N		
J9165	Diethylstilbestrol injection	N		
J9171	Docetaxel injection	N		
J9173	NJ., DURVALUMAB, 10 MG	Y		4/1/2019
J9175	Elliotts b solution per ml	N		
J9176	INJECTION ELOTUZUMAB 1 MG	Y		
J9178	Inj, epirubicin hcl, 2 mg	N		
J9179	Eribulin mesylate injection	N		
J9181	Etoposide injection	N		
J9185	Fludarabine phosphate inj	N		
J9190	Fluorouracil injection	N		
J9200	Floxuridine injection	N		
J9201	Gemcitabine hcl injection	N		
J9202	Goserelin acetate implant	N		
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J9206	Irinotecan injection	N		
J9207	Ixabepilone injection	Y		
J9208	Ifosfamide injection	N		
J9209	Mesna injection	N		
J9211	Idarubicin hcl injection	N		
J9212	Interferon alfacon-1 inj	N		
J9213	Interferon alfa-2a inj	N		
J9214	Interferon alfa-2b inj	N		
J9215	Interferon alfa-n3 inj	N		
J9216	Interferon gamma 1-b inj	N		
J9217	Leuprolide acetate suspnsion	N		
J9218	Leuprolide acetate injeciton	N		
J9219	Leuprolide acetate implant	N		
J9225	Vantas implant	Y		
J9226	Supprelin la implant	Y		
J9228	Ipilimumab injection	Y		
J9230	Mechlorethamine hcl inj	N		
J9245	Inj melphalan hydrochl 50 mg	N		
J9250	Methotrexate sodium inj	N		
J9260	Methotrexate sodium inj	N		
J9261	Nelarabine injection	Y		
J9262	Inj, omacetaxine mep, 0.01mg	N		
J9263	Oxaliplatin	N		
J9264	Paclitaxel protein bound	N		
J9265	Paclitaxel injection	N		
J9266	Pegaspargase injection	N		
J9267	Paclitaxel injection	N		
J9268	Pentostatin injection	N		
J9270	Plicamycin (mithramycin) inj	N		
J9271	Inj pembrolizumab	Y		
J9280	Mitomycin injection	N		
J9293	Mitoxantrone hydrochl / 5 mg	N		
J9295	INJECTION NECITUMUMAB 1 MG	Y		
J9299	Injection, nivolumab	Y		
J9300	Gemtuzumab ozogamicin inj	N		
J9301	Obinutuzumab inj	Y		
J9302	Ofatumumab injection	Y		
J9303	Panitumumab injection	Y		
J9305	Pemetrexed injection	N		
J9306	Injection, pertuzumab, 1 mg	Y		
J9307	Pralatrexate injection	N		
J9308	Injection, ramucirumab	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
J9311	INJ RITUXIMAB, HYALURONIDASE	Y		4/1/2019
J9312	INJ., RITUXIMAB, 10 MG	Y		4/1/2019
J9315	Romidepsin injection	Y		
J9320	Streptozocin injection	N		
J9325	INJ T-VEC PER 1 M PLAQUE FORM UNITS	Y		
J9328	Temozolomide injection	Y		
J9330	Temsirolimus injection	Y		
J9340	Thiotepa injection	N		
J9350	INJECTION TOPOTECAN 4 MG	N		
J9351	Topotecan injection	N		
J9352	INJECTION TRABECTEDIN 0.1 MG	Y		
J9354	Inj, ado-trastuzumab emt 1mg	Y		
J9355	Trastuzumab injection	Y		
J9357	Valrubicin injection	N		
J9360	Vinblastine sulfate inj	N		
J9370	Vincristine sulfate 1 mg inj	N		
J9371	Inj, vincristine sul lip 1mg	Y		
J9390	Vinorelbine tartrate inj	N		
J9395	Injection, fulvestrant	N		
J9400	Inj, ziv-aflibercept, 1mg	Y		
J9600	Porfimer sodium injection	N		
J9999	Chemotherapy drug	Y		
K0001	STANDARD WHEELCHAIR	Y		
K0002	STANDARD HEMI WHEELCHAIR	Y		
K0003	LIGHTWEIGHT WHEELCHAIR	Y		
K0004	HIGH STRENGTH LIGHTWEIGHT WHLCHAIR	Y		
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Y		
K0006	HEAVY-DUTY WHEELCHAIR	Y		
K0007	EXTRA HEAVY-DUTY WHEELCHAIR	Y		
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	Y		
K0009	OTHER MANUAL WHEELCHAIR/BASE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0010	STD-WT FRME MOTRIZED/PWR WHLCHAIR	Y		
K0011	STD FRME MOTRIZD WHLCHAIR W/PROG	Y		
K0012	LGHTWT PRTBLE MOTRIZED/PWR WHLCHAIR	Y		
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR B	Y		
K0014	OTH MOTORIZED/POWER WHEELCHAIR BASE	Y		
K0015	DETACHBLE NONADJUSTBL HT ARMREST EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0017	DTACHBL ADJUSTBL HT ARMREST BASE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0018	DTACHBL ADJUSTBL ARMREST UP PRTN EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0019	ARM PAD EACH	Y		
K0020	FIXED ADJUSTBLE HEIGHT ARMREST PAIR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0037	HIGH MOUNT FLIP-UP FOOTREST EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
K0038	LEG STRAP EACH	Y		
K0039	LEG STRAP H STYLE EACH	Y		
K0040	ADJUSTABLE ANGLE FOOTPLATE EACH	Y		
K0041	LARGE SIZE FOOTPLATE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0042	STANDARD SIZE FOOTPLATE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0043	FOOTREST LOWER EXTENSION TUBE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0044	FOOTREST UPPER HANGER BRACKET EACH	Y		
K0045	FOOTREST COMPLETE ASSEMBLY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0046	ELEV LEGREST LOWER EXT TUBE EA	Y		
K0047	ELEV LEGREST UP HANGER BRACKET EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0050	RATCHET ASSEMBLY	Y		
K0051	CAM RLSE ASSMBL FOOTREST/LEGREST EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0052	SWINGAWAY DETACHABLE FOOTRESTS EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0053	ELEVATING FOOTRESTS ARTICULATING EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0056	SEAT HT<17/=>21 IN LTWT/ULTRLT WC	Y		
K0069	REAR WHL ASSMBL-SOLID TIRE SPOKE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0070	REAR WHL ASSMBL-PNEUMAT TIRE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0071	FRONT CASTR ASSMBL-PNEUMAT TIRE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0072	FRNT CASTR ASSMBL-SEMIPNUMT TIRE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0073	CASTER PIN LOCK EACH	Y		
K0077	FRNT CASTR ASSMBL CMPL-SLID TIRE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0098	DRIVE BELT FOR POWER WHEELCHAIR	Y		
K0105	IV HANGER EACH	Y		
K0108	WC COMPONENT/ACCESSORY NOS	Y		
K0195	ELEVATING LEGREST PAIR	Y		
K0455	INFUS PUMP UNINTRPT PARNTRAL MED	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0552	SPL EXT INFUSION PUMP STERILE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES; 1 MONTH SUPPLY = 1 UNIT	Y	1 MONTH SUPPLY = 1 UNIT	
K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM	Y		
K0601	REPL BATTERY SILVER OXIDE 1.5 V EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0602	REPL BATTERY SILVER OXIDE 3 V EA	Y		
K0603	REPL BATTERY PUMP ALKALINE 1.5 V EA	Y		
K0604	REPL BATTERY PUMP LITHIUM 3.6 V EA	Y		
K0605	REPL BATTERY PUMP LITHIUM 4.5 V EA	Y		
K0606	AED W/INTGR ECG ANALY GARMNT TYPE	Y		
K0669	WC ACCSS SEAT/BK CUSHN NO DME PDAC	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0672	ADD LOW EXT ORTHOSIS REPL EACH	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
K0733	PWR WC 12-24 AMP HR LEAD BATT EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0738	PORT GASEOUS O2 SYS RNTL;HOM COMPRS	Y		
K0739	REPR/SRVC DME NOT O2 PER 15 MINS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0740	REPR/SRVC O2 EQP TECH PER 15 MINS	Y		
K0743	SX PUMP HOME MDL PORT FOR WOUNDS	Y		
K0744	ABSRB WD DR H MDL PAD 16 SQ IN/LESS	Y		
K0745	ABS WD DR PAD>16 SQ IN<= 48 SQ IN	Y		
K0746	ABSRB WD DR H MDL PAD SZ >48 SQ IN	Y		
K0800	PWR OP VEH GRP 1 STD PT TO 300 LBS	Y		
K0801	PWR OP VEH GRP 1 HVY PT 301-450 LBS	Y		
K0802	PWR OP VEH GRP 1 HVY PT 451-600 LBS	Y		
K0806	PWR OP VEH GRP 2 STD PT TO 300 LBS	Y		
K0807	PWR OP VEH GRP 2 HVY PT 301-450 LBS	Y		
K0808	PWR OP VEH GRP 2 PT 451-600 LBS	Y		
K0812	POWER OPERATED VEHICLE NOC	Y		
K0813	PWR WC GRP 1 SLING SEAT PT TO 300	Y		
K0814	PWR WC GRP 1 CAPT CHAIR PT TO 300	Y		
K0815	PWR WC GRP 1 SLING PT UP TO 300	Y		
K0816	PWR WC GRP 1 CAPT CHAIR PT TO 300	Y		
K0820	PWR WC GRP 2 SLING SEAT PT TO 300	Y		
K0821	PWR WC GRP 2 CAPT CHAIR TO 300	Y		
K0822	PWR WC GRP 2 SLING SEAT PT TO 300	Y		
K0823	PWR WC GRP 2 CAPT CHAIR PT TO 300	Y		
K0824	PWR WC GRP 2 SLING SEAT PT 301-450	Y		
K0825	PWR WC GRP 2 CAPT CHAIR PT 301-450	Y		
K0826	PWR WC GRP 2 SLING SEAT PT 451-600	Y		
K0827	PWR WC GRP 2 CAPT CHAIR PT 451-600	Y		
K0828	PWR WC GRP 2 SLING SEAT PT 601/>	Y		
K0829	PWR WC GRP 2X HVY DUTY CHR PT 601/>	Y		
K0830	PWR WC 2 SEAT ELEV SLING PT TO 300	Y		
K0831	PWR WC 2 SEAT ELEV CAPT PT TO 300	Y		
K0835	PWR WC GRP 2 1 PWR SLING PT TO 300	Y		
K0836	PWR WC 2 1 PWR CAPT CHAIR PT TO 300	Y		
K0837	PWR WC GRP 2 1 PWR SLING PT 301-450	Y		
K0838	PWR WC 2 1 PWR CAPT CHR PT 301-450	Y		
K0839	PWR WC 2 1 PWR SLNG SEAT PT 451-600	Y		
K0840	PWR WC GRP 2 1 PWR SLING PT 601/>	Y		
K0841	PWR WC GRP 2 MX PWR SLING PT TO 300	Y		
K0842	PWR WC 2 MX PWR CAPT CHR PT TO 300	Y		
K0843	PWR WC 2 MX PWR SLING PT 301-450	Y		
K0848	PWR WC GRP 3 SLING SEAT PT TO &=300	Y		
K0849	PWR WC GRP 3 CAPT CHAIR PT TO &=300	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
K0850	PWR WC GRP 3 SLING SEAT PT 301-450	Y		
K0851	PWR WC GRP 3 CAPT CHAIR PT 301-450	Y		
K0852	PWR WC GRP 3 SLING SEAT PT 451-600	Y		
K0853	PWR WC GRP 3 CAPT CHAIR PT 451-600	Y		
K0854	PWR WC GRP 3 SLING SEAT PT 601 LB/>	Y		
K0855	PWR WC GRP 3 CAPT CHAIR PT 601 LB/>	Y		
K0856	PWR WC 3 1 PWR SLING SEAT PT TO 300	Y		
K0857	PWR WC 3 1 PWR CAPT CHAIR PT TO 300	Y		
K0858	PWR WC 3 1 PWR SLNG SEAT PT 301-450	Y		
K0859	PWR WC 3 1 CAP CHAIR PT 301-450	Y		
K0860	PWR WC 3 1 PWR SLNG SEAT PT 451-600	Y		
K0861	PWR WC 3 MX PWR SLNG SEAT PT TO 300	Y		
K0862	PWR WC 3 MX PWR SLING PT 301-450	Y		
K0863	PWR WC 3 MX PWR SLING PT 451-600	Y		
K0864	PWR WC 3 MX PWR SLNG SEAT PT 601/>	Y		
K0868	PWR WC GRP 4 SLING SEAT PT TO &=300	Y		
K0869	PWR WC GRP 4 CAPT CHAIR PT TO &=300	Y		
K0870	PWR WC GRP 4 SLING SEAT PT 301-450	Y		
K0871	PWR WC GRP 4 SLING SEAT PT 451-600	Y		
K0877	PWR WC 4 1 PWR SLING SEAT PT TO 300	Y		
K0878	PWR WC 4 1 PWR CAPT CHAIR PT TO 300	Y		
K0879	PWR WC 4 1 PWR SLNG SEAT PT 301-450	Y		
K0880	PWR WC 4 1 PWR SLNG SEAT PT 451-600	Y		
K0884	PWR WC 4 MX PWR SLNG SEAT PT TO 300	Y		
K0885	PWR WC 4 MX PWR CAP CHAIR PT TO 300	Y		
K0886	PWR WC 4 MX PWR SLING PT 301-450	Y		
K0890	PWR WC 5 PED 1 PWR SLING PT TO 125	Y		
K0891	PWR WC 5 PED MX PWR SLING PT TO 125	Y		
K0898	POWER WHEELCHAIR NOC	Y		
K0901	KO SNGL UPRIGHT THIGH & CALF PREFAB	Y		
K0902	KO DBLE UPRIGHT THIGH & CALF PREFAB	Y		
L0113	CRANIL CERV ORTHOT TORTICOLLI PRFB	Y		
L0120	CERVICAL FLEX NONADJUSTABLE PREFAB	Y		
L0130	CERV FLXBL THRMPLSTC COLLR MOLD PT	Y		
L0140	CERVICAL SEMI-RIGID ADJUSTABLE	Y		
L0150	CERV SEMI-RIGD ADJUST MOLD CHIN CUP	Y		
L0160	CERV SEMI-RIGID OCCIP/MAND PREFAB	Y		
L0170	CERV COLLAR MOLDED PATIENT MODEL	Y		
L0172	CERV COLLAR SEMI-RIGID FOAM PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L0174	CERV COLLR SEMI-RGD THOR EXT PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L0180	CERV MX POST COLLR SUPPS ADJ	Y		
L0190	CERV MX POST COLLR ADJ CERV BARS	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L0200	CERV COLLR ADJ CERV BARS&THOR EXT	Y		
L0220	THORACIC RIB BELT CUSTOM FABRICATED	Y		
L0450	TLSO FLEX TRUNK SUPP UP THOR PREFAB	Y		
L0452	TLSO FLEX TRUNK SUPP UP THOR CUSTOM	Y		
L0454	TLSO FLEX SC JUNC T-9 PRFAB CUSTOM	Y		
L0455	TLSO FLEX SC JUNC TO T-9 PREFAB	Y		
L0456	TLSO FLEX SC SCAP SPN PRFAB CUSTOM	Y		
L0457	TLSO FLX SC JUNC TRM INF SCAP SPINE	Y		
L0458	TLSO TRIPLANR 2 SHELL ANT-XIPHOID	Y		
L0460	TLSO TRIPLANR 2 SHELL ANT-STERNL	Y		
L0462	TLSO TRIPLANR 3 SHELL ANT-STERNL	Y		
L0464	TLSO TRIPLANR 4 SHELL ANT-STERNL	Y		
L0466	TLSO SAGITTAL CONTROL PREFAB CUSTOM	Y		
L0467	TLSO SAGITTAL CONTROL RIGD PREFAB	Y		
L0468	TLSO SAGITTAL-CORONAL PREFAB CUSTOM	Y		
L0469	TLSO SAGITTAL-CORONAL CONTRL PREFAB	Y		
L0470	TLSO TRIPLANAR FRME&APRON W/STRAP	Y		
L0472	TLSO TRIPLANAR HYPREXT RIGD FRME	Y		
L0480	TLSO TRIPLANR 1 PC NO INTERFCE CSTM	Y		
L0482	TLSO TRIPLANAR 1 PC W/INTERFCE CSTM	Y		
L0484	TLSO TRIPLANR 2 PC NO INTERFCE CSTM	Y		
L0486	TLSO TRIPLANAR 2 PC W/INTERFCE CSTM	Y		
L0488	TLSO TRIPLANR 1 PC W/INTERFCE PRFAB	Y		
L0490	TLSO SAGIT-CORONAL REINFORCE PRFAB	Y		
L0491	TLSO 2 RIGID PLASTIC SHELLS PREFAB	Y		
L0492	TLSO 3 RIGID PLASTIC SHELLS PREFAB	Y		
L0621	SACROILIAC ORTHOSIS FLEXIBLE PREFAB	Y		
L0622	SACROILIAC ORTHOTIC FLEXIBLE CUSTOM	Y		
L0623	SACROILIAC ORTHOSIS RIGID PREFAB	Y		
L0624	SACROILIAC ORTHOTIC RIGID CUSTOM	Y		
L0625	LUMBAR ORTHOSIS FLEXIBLE PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L0626	LUMB ORTHOS RIGID POST PREFAB CUSTM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L0627	LUMB ORTHOS RIGD A&P PNL PRFAB CSTM	Y		
L0628	LSO FLEXIBLE PREFAB OFF THE SHELF	Y		
L0629	LSO FLEXIBLE CUSTOM FABRICATED	Y		
L0630	LSO SAGIT CNTRL RIGID POST PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L0631	LSO SAGIT CNTRL RIGID POST CUSTOM	Y		
L0632	LSO SAGIT CNTRL RIGID A&P CUSTOM	Y		
L0633	LSO SAG-COR CNTRL RIGID POST PREFAB	Y		
L0634	LSO SAG-COR CNTRL RIGID POST CUSTOM	Y		
L0635	LSO SAG-COR CNTRL LUMB FLEX PREFAB	Y		
L0636	LSO SAG-COR CNTRL LUMB FLEX CUSTOM	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L0637	LSO SAG-COR CNTRL RIGID A&P PREFAB	Y		
L0638	LSO SAG-COR CNTRL RIGID A&P CUSTOM	Y		
L0639	LSO SAG-COR CNTRL RIGD SHELL PREFAB	Y		
L0640	LSO SAG-COR CNTRL RIGD SHELL CUSTOM	Y		
L0641	LUMB ORTHOS SAGIT CTRL RIGD PST PNL	Y		
L0642	LUMB ORTHOS SAGIT CTRL ANT POST PNL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L0643	LSO SAGITTAL CNTRL RIGID POST PANEL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L0648	LSO SAGIT CNTRL RIGD ANT POST PANEL	Y		
L0649	LSO SAGIT-CORNL CNTRL RIGD PST PANL	Y		
L0650	LSO SAGIT-CORNL CNTRL ANT PST PANL	Y		
L0651	LSO SAGIT-CORNL CNTRL RIGD SHLL/PNL	Y		
L0700	CTL SO ANT-POST-LAT CNTRL MOLD PT	Y		
L0710	CTL SO-MOLD PT-INTERFACE MATERIAL	Y		
L0810	HALO PROC CERV HALO IN JACKT VEST	Y		
L0820	HALO PROC CERV HALO-PLAST BDY JACKT	Y		
L0830	HALO PROC CERV HALO-MLWAKEE ORTHOS	Y		
L0859	RINGS&PINS	Y		
L0861	ADD HALO PROC REPLCMT LINER/INTERFC	Y		
L0970	TL SO CORSET FRONT	Y		
L0972	LSO CORSET FRONT	Y		
L0974	TL SO FULL CORSET	Y		
L0976	LSO FULL CORSET	Y		
L0978	AXILLARY CRUTCH EXTENSION	Y		
L0980	PERONEAL STRAPS PREFAB PAIR	Y		
L0982	STOCKING SUPPORT GRIPS PREFAB SET 4	Y		
L0984	PROTECTIVE BODY SOCK PREFAB EACH	Y		
L1000	CTL SO INCL FURNISH INIT ORTHOS-MDL	Y		
L1001	CTLS IMMOBILIZER INFANT SZ PREFAB	Y		
L1005	TENSION BASED SCOLIOSIS ORTHOTIC	Y		
L1010	ADD CTL SO/SCOLIO ORTHOS AX SLING	Y		
L1020	ADD CTL SO/SCOLIO ORTHOS KYPHOS PAD	Y		
L1025	ADD CTL SO/SCOLIO ORTHOS KYPHOS PAD	Y		
L1030	ADD CTL SO/SCOLIO ORTHOS LUMB PAD	Y		
L1040	ADD CTL SO/SCOLIO ORTHO LUMB/RIB PAD	Y		
L1050	ADD CTL SO/SCOLIOS ORTHOS STERNL PAD	Y		
L1060	ADD CTL SO/SCOLIOS ORTHOS THOR PAD	Y		
L1070	ADD CTL SO/SCOLIO ORTHO TRPEZUS SLNG	Y		
L1080	ADD CTL SO/SCOLIOSIS ORTHOSIS OUTRIG	Y		
L1085	ADD CTL SO/SCOLIO OUTRIG BIL-VRT EXT	Y		
L1090	ADD CTL SO/SCOLIOS ORTHOS LUMB SLING	Y		
L1100	ADD CTL SO/SCOLIOS RING PLSTC/LEATHR	Y		
L1110	ADD CTL SO/SCOLIOS RING MOLD PT MDL	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L1120	ADD CTLSO SCOLIO ORTHO COVR UPRT EA	Y		
L1200	TLSO INCL FURNISH INIT ORTHOTC ONLY	Y		
L1210	ADDITION TLSO LATERAL THORACIC EXT	Y		
L1220	ADDITION TLSO ANT THORACIC EXT	Y		
L1230	ADD TLSO MLWAKEE TYPE SUPERSTRCT	Y		
L1240	ADDITION TLSO LUMBAR DEROTATION PAD	Y		
L1250	ADDITION TO TLSO ANTERIOR ASIS PAD	Y		
L1260	ADD TLSO ANT THOR DEROTATION PAD	Y		
L1270	ADDITION TO TLSO ABDOMINAL PAD	Y		
L1280	ADDITION TO TLSO RIB GUSSET EACH	Y		
L1290	ADDITION TLSO LAT TROCHANTERIC PAD	Y		
L1300	OTH SCOLIOS PROC BDY JACKT MOLD PT	Y		
L1310	OTH SCOLIOSIS PROC POSTOP BDY JACKT	Y		
L1600	HIP ORTHOS ABDUCT FLX FREJKA PREFAB	Y		
L1610	HIP ORTHOS ABDUCT CNTRL FLEX PREFAB	Y		
L1620	HIP ORTHOS ABDUCT FLEX PAVLIK PRFAB	Y		
L1630	HIP ORTHOTIC ABDUCT CONTRL/SEMI-FLX	Y		
L1640	HIP ORTHOTIC-PELV BAND/SPRDR BAR	Y		
L1650	HIP ORTHOTIC ABDUCT CNTRL-STATC ADJ	Y		
L1652	HIP ORTHOT BIL THI CUFF ADLT PRFAB	Y		
L1660	HIP ORTHOT ABDUCT CNTRL-STATC PLSTC	Y		
L1680	HIP ORTHOT DYN PELV CNTRL THI CSTM	Y		
L1685	HIP ORTHOS POSTOP HIP ABDCT CSTM	Y		
L1686	HIP ORTHOT POSTOP HIP ABDCT PRFAB	Y		
L1690	COMB BIL LUMBO-SAC HIP FEM ORTHOT	Y		
L1700	LEGG PERTHES ORTHOTIC TORONTO CSTM	Y		
L1710	LEGG PERTHES ORTHOT NEWINGTON CSTM	Y		
L1720	LEGG PERTHES ORTHO TRILAT TACHDIJAN	Y		
L1730	LEGG PERTHES ORTHOTIC SCOTTISH RITE	Y		
L1755	LEGG PERTHES ORTHOT PATTEN BOTTOM	Y		
L1810	KNEE ORTHOSIS ELASTIC JOINTS PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L1812	KNEE ORTHOSIS ELASTIC W/JNTS PREFAB	Y		
L1820	KO ELAST W/CONDYLR PADS&JNT PRFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L1830	KNEE ORTHOSIS IMMOBLIZER PREFAB	Y		
L1831	KNEE ORTHT LOCK KNEE JNT PSTN ORTHT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L1832	KNEE ORTHOS IMMOBLZR ADJUST PREFAB	Y		
L1833	KNEE ORTHOSIS ADJUST JNT RIGD SUPP	Y		
L1834	KO W/O KNEE JOINT RIGID CUSTOM FAB	Y		
L1836	KNEE ORTHOSIS RIGD W/O JOINT PREFAB	Y		
L1840	KO DEROTATION MED-LAT ACL CSTM FAB	Y		
L1843	KNEE ORTHOS 1 UPRT THI&CALF PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L1844	KNEE ORTHOS 1 UPRT THI&CALF CUSTOM	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L1845	KNEE ORTHOS DBL UPRT THI&CALF PRFAB	Y		
L1846	KNEE ORTHOS DBL UPRT THI&CALF CUSTM	Y		
L1847	KNEE ORTHOS DBL UPRT ADJ JNT PREFAB	Y		
L1848	KNEE ORTHOS DBL UPRT AIR SUPP PRFAB	Y		
L1850	KNEE ORTHOS SWEDISH TYPE PREFAB	Y		
L1851	KNEE ORTHOS SNG UPRT THIGH & CALF	Y		
L1852	KNEE ORTHOS DBLE UPRT THIGH & CALF	Y		
L1860	KO MOD SUPRACNDYLR PROSTH SCKT CSTM	Y		
L1900	AFO SPRNG WIRE DORSIFLX ASST CSTM	Y		
L1902	ANKLE FOOT ORTHOS ANK GAUNTLT PRFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L1904	ANKLE ORTHOSIS ANKL GAUNTLET CUSTOM	Y		
L1906	ANKLE FT ORTHOS MULTILIG SUPP PRFAB	Y		
L1907	ANKLE ORTHOS SUPRAMALLEOLAR CUSTOM	Y		
L1910	AFO POST 1 BAR CLASP ATTCH SHOE	Y		
L1920	AFO 1 UPRT W/STAT/ADJ STOP CSTM FAB	Y		
L1930	AFO PLASTIC/OTH MATERIAL PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L1932	AFO RIGD ANT TIBL CARB FIBR/= PRFAB	Y		
L1940	ANK FT ORTHOT PLSTC/OTH MATL CSTM	Y		
L1945	AFO MOLD PLSTC RIGD ANT TIBL CSTM	Y		
L1950	AFO SPIRAL PLASTIC CUSTOM FAB	Y		
L1951	ANK FT ORTHOT SPIRAL PLSTC/OTH MATL	Y		
L1960	AFO POST SOLID ANK PLSTC CSTM FAB	Y		
L1970	AFO PLASTIC W/ANK JOINT CUSTOM FAB	Y		
L1971	ANK FT ORTHOT PLSTC/OTH MATL PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L1980	AFO 1 UPRT DORSIFLX SLID STIRUP FAB	Y		
L1990	AFO DBL UPRT DORSIFLX STIRUP CSTM	Y		
L2000	KAFO 1 UPRT SOLID STIRUP CSTM	Y		
L2005	KAFO ANY MATL AUTO RLS ANK JNT CSTM	Y		
L2010	KAFO 1 UPRT STIRUP NO KNEE JNT CSTM	Y		
L2020	KAFO DBL UPRT STIRUP THI&CALF CSTM	Y		
L2030	KAFO DBL UPRT STIRUP NO KNEE JNT	Y		
L2034	KAFO PLSTC MED LAT ROTAT CNTRL CSTM	Y		
L2035	KAFO FULL PLSTC STAT PED SZ PRFAB	Y		
L2036	KAFO FULL PLSTC DBL UPRT CSTM FAB	Y		
L2037	KAFO FULL PLSTC 1 UPRIGHT CSTM FAB	Y		
L2038	KAFO FULL PLSTC MX-AXIS ANKLE CSTM	Y		
L2040	HKAFO TORSN CNTRL BIL ROTAT STRAPS	Y		
L2050	HKAFO BIL TORSION CABLES CSTM FAB	Y		
L2060	HKAFO BIL TORSION BALL BEAR CSTM	Y		
L2070	HKAFO UNI ROTAT STRAPS CSTM FAB	Y		
L2080	HKAFO UNI TORSION CABLE CSTM FAB	Y		
L2090	HKAFO UNI TORSN CABL BALL BEAR CSTM	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L2106	AFO TIB FX CAST THERMOPLSTC CSTM	Y		
L2108	AFO TIB FX CAST ORTHO CSTM	Y		
L2112	AFO TIB FX ORTHO SFT PRFAB FIT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2114	AFO TIBL FX ORTHOS SEMI-RIGD PRFAB	Y		
L2116	AFO TIB FX ORTHO RIGD PRFAB FIT	Y		
L2126	KAFO FEM FX CAST THERMOPLSTC CSTM	Y		
L2128	KAFO FEM FX CAST ORTHO CSTM FAB	Y		
L2132	KAFO FEM FX CAST ORTHO SFT PRFAB	Y		
L2134	KAFO FEM FX CAST SEMI-RIGD PRFAB	Y		
L2136	KAFO FEM FX CAST ORTHO RIGD PRFAB	Y		
L2180	ADD LW EXTRM ORTH PLSTC SHOE INSRT	Y		
L2182	ADD LW EXT ORTH DROP LOCK KNEE JNT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2184	ADD LW EXTRM ORTH LTD MOT KNEE JNT	Y		
L2186	ADD LW EXT ORTH ADJ MOT KNEE JNT	Y		
L2188	ADD LW EXT FX ORTHO QUADRILAT BRIM	Y		
L2190	ADD LOW EXTREM FX ORTHO WAIST BELT	Y		
L2192	ADD LW EXT ORTH HIP JNT THI FLNGE	Y		
L2200	ADD LOW EXTRM LTD ANK MOTION EA JNT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2210	ADD LOW EXTREM DORSIFLX ASST EA JNT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2220	ADD LW EXT DRSFLX&PLNTR ASST EA JNT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2230	ADD LW EXT SPLIT FLAT CALIPR STIRUP	Y		
L2232	ADD LOW EXT ORTHOS ROCKR BOTTM CSTM	Y		
L2240	ADD LW EXT ROUND CALIPER&PLAT ATTCH	Y		
L2250	ADD LW EXT FT PLAT MOLD PT STIRUP	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2260	ADD LW EXT REINFORCED SOLID STIRUP	Y		
L2265	ADD LOW EXTREM LONG TONGUE STIRUP	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2270	ADD LW EXT VARUS/VALGUS CORR STRAP	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2275	ADD LW EXT VARUS/VULGUS CORR PLSTC	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2280	ADD LOW EXTREM MOLDED INNR BOOT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2300	ADD LW EXTRM ABDUCT BAR JNTED ADJ	Y		
L2310	ADD LOW EXTREM ABDUCT BAR STRAIGHT	Y		
L2320	ADD LOW EXT NONMOLD LACER CSTM ONLY	Y		
L2330	ADD LOW EXT LACER MOLD PT CSTM ONLY	Y		
L2335	ADDITION LOW EXTREM ANT SWING BAND	Y		
L2340	ADD LW EXTRM PRETIBL SHELL MOLD PT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2350	ADD LW EXT PROSTH TYPE SCKT MOLD PT	Y		
L2360	ADDITION LOW EXTREM EXT STEEL SHANK	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2370	ADDITION LOWER EXTREM PATTEN BOTTOM	Y		
L2375	ADD LW EXT TORSION CNTRL ANK JNT	Y		
L2380	ADD LW EXT TORSN CNTRL STRAIT KNEE	Y		
L2385	ADD LW EXTREM STRAIT KNEE JNT HD EA	Y		
L2387	ADD LW EXT POLYCNTRC KNEE CSTM KAFO	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L2390	ADD LW EXTRM OFFSET KNEE JNT EA JNT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2395	ADD LW EXT OFFSET KNEE JNT HD EA	Y		
L2397	ADD LOW EXTREM ORTHOTIC SUSP SLEEVE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2405	ADDITION KNEE JOINT DROP LOCK EACH	Y		
L2415	ADD KNEE LOCK-INTEGRATD RLSE EA JNT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2425	ADD KNEE JNT DISC/DIAL LOCK EA JNT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2430	ADD KNEE JNT RATCHT LOCK EXT EA JNT	Y		
L2492	ADD KNEE LIFT LOOP DROP LOCK RING	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2500	ADD LW EXTRM THIGH/WT BEAR RING	Y		
L2510	ADD LW EXTRM THI/WT BEAR MOLD PT	Y		
L2520	ADD LW EXTRM THI/WT BEAR CSTM	Y		
L2525	ADD LW EXT ISCH M-L BRIM MOLD PT	Y		
L2526	ADD LW EXTRM ISCH M-L BRIM CSTM FIT	Y		
L2530	ADD LW EXT THI/WT BEAR LACR NONMOLD	Y		
L2540	ADD LW EXT THI/WT BEAR LACR MOLD PT	Y		
L2550	ADD LW EXT THI/WT BEAR HI ROLL CUFF	Y		
L2570	ADD LW EXT PELV HIP JNT CLEVIS	Y		
L2580	ADD LOW EXTRM PELV CNTRL PELV SLING	Y		
L2600	ADD LW EXT PELV THRUST BEAR FREE	Y		
L2610	ADD LW EXT PELV THRUST BEAR LOCK	Y		
L2620	ADD LW EXT PLV HIP JNT HEVY-DUTY EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2622	ADD LW EXT PELV HIP JNT ADJ FLX EA	Y		
L2624	ADD LW EXTRM PELV HIP JNT FLX EXT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2627	ADD LW EXT PELV PLSTC MOLD PT-CABLE	Y		
L2628	ADD LW EXT PELV METL FRME-CABLES	Y		
L2630	ADD LW EXTRM PELV BAND&BELT UNI	Y		
L2640	ADD LW EXTRM PELV BAND&BELT BIL	Y		
L2650	ADD LW EXTRM PELV&THOR GLUTL PAD EA	Y		
L2660	ADD LOW EXTREM THOR CNTRL THOR BAND	Y		
L2670	ADD LW EXTRM THOR CNTRL PARASP UPRT	Y		
L2680	ADD LW EXT THOR CNTRL LAT SUPP UPRT	Y		
L2750	ADD LW EXT ORTHOT PLAT CHROME/NICKL	Y		
L2755	ADD LOW EXT ORTHOT PER SEG CSTM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2760	ADD LOW EXTREM ORTHOTIC EXT-EXT-BAR	Y		
L2768	ORTHOTIC SIDE BAR DISCNCT DEVC-BAR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2780	ADD LW EXT ORTH NONCORROSIVE BAR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2785	ADD LW EXT ORTHOT DROP LOCK RETN EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2795	ADD LW EXT ORTH KNEE CNTRL FULL CAP	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2800	ADD LOW EXT ORTHOT KNEE CAP CSTM	Y		
L2810	ADD LW EXT ORTH KNEE CNDYLR PAD	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2820	ADD LW EXT SFT INTERFCE BELW KNEE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2830	ADD LW EXT SFT INTERFCE ABVE KNEE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L2840	ADD LW EXT ORTHOT TIB LEN SOCK FX/=	Y		
L2850	ADD LW EXT ORTHO FEM LEN SOCK FX/=	Y		
L2861	ADD LOW EXT JNT KNEE/ANK CSTM EA	N		
L2861	ADD LOW EXT JNT KNEE/ANK CSTM EA	Y		
L3000	FT INSRT MOLD UCB TYPE BERKLY SHELL	Y		
L3100	HALLUS-VALGUS NIGHT DYN SPLNT PRFAB	Y		
L3140	FOOT ABDUCT ROTATION BAR INCL SHOES	Y		
L3150	FOOT ABDUCT ROTATION BAR W/O SHOES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3160	FOOT ADJUSTBL SHOE-STYLD PSTN DEVC	Y		
L3170	Heel stabilizer, prefabricated, off the shelf	N		6/1/18
L3201	ORTHOPEID SHOE OXFRD SUPINATR INFNT	Y		
L3202	ORTHOPEID SHOE OXFRD W/SUPINATR CHLD	Y		
L3203	ORTHOPEID SHOE OXFRD W/SUPINATR JR	Y		
L3204	ORTHOPEID SHOE HITOP SUPINATR INFNT	Y		
L3206	ORTHOPEID SHOE HITOP W/SUPINATR CHLD	Y		
L3207	ORTHOPEID SHOE HITOP W/SUPINATR JR	Y		
L3208	SURGICAL BOOT EACH INFANT	Y		
L3209	SURGICAL BOOT EACH CHILD	Y		
L3211	SURGICAL BOOT EACH JUNIOR	Y		
L3212	BENESCH BOOT PAIR INFANT	Y		
L3213	BENESCH BOOT PAIR CHILD	Y		
L3214	BENESCH BOOT PAIR JUNIOR	Y		
L3215	ORTHOPEID FTWEAR LADIES OXFORD EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
L3216	ORTHO FTWEAR LADIES SHOE DPTH INLAY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
L3217	ORTHOPEID FTWEAR LADIES HITOP INLAY	Y	Not covered by CA	
L3219	ORTHOPEID FTWEAR MENS SHOE OXFORD EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
L3221	ORTHOPEID FTWEAR MENS SHOE DPTH INLAY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
L3222	ORTHO FTWEAR MENS HITOP DPTH INLAY	Y	Not covered by CA	
L3230	ORTHO FTWEAR CSTM SHOE DEPTH INLAY	Y		
L3250	ORTHOPEID FOOTWEAR CSTM MOLD PROSTH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3251	FOOT SHOE MOLD PT SILCON SHOE EA	Y		
L3252	FOOT SHOE MOLD PT PLASTAZOTE CSTM	Y		
L3253	FOOT MOLD SHOE PLASTAZOTE CSTM FIT	Y		
L3254	NONSTANDARD SIZE OR WIDTH	Y		
L3255	NONSTANDARD SIZE OR LENGTH	Y		
L3257	ORTHOPEID FOOTWEAR ADD CHRQ SPLIT SZ	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3260	SURGICAL BOOT/SHOE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3265	PLASTAZOTE SANDAL EACH	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L3300	LIFT ELEV HEEL TAPERED MTS PER INCH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3310	LIFT ELEV HEEL&SOLE NEOPRENE-INCH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3320	LIFT ELEV HEEL&SOLE CORK PER INCH	Y		
L3330	LIFT ELEVATION METAL EXTENSION	Y		
L3332	LIFT ELEV IN SHOE TAPERED TO 1/2 IN	Y		
L3334	LIFT ELEVATION HEEL PER INCH	Y		
L3340	HEEL WEDGE SACH	Y		
L3350	HEEL WEDGE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3360	SOLE WEDGE OUTSIDE SOLE	Y		
L3370	SOLE WEDGE BETWEEN SOLE	Y		
L3380	CLUBFOOT WEDGE	Y		
L3390	OUTFLARE WEDGE	Y		
L3400	METATARSAL BAR WEDGE ROCKER	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3410	METATARSAL BAR WEDGE BETWEEN SOLE	Y		
L3420	FULL SOLE&HEEL WEDGE BETWEEN SOLE	Y		
L3430	HEEL COUNTER PLASTIC REINFORCED	Y		
L3440	HEEL COUNTER LEATHER REINFORCED	Y		
L3450	HEEL SACH CUSHION TYPE	Y		
L3455	HEEL NEW LEATHER STANDARD	Y		
L3460	HEEL NEW RUBBER STANDARD	Y		
L3465	HEEL THOMAS WITH WEDGE	Y		
L3470	HEEL THOMAS EXTENDED TO BALL	Y		
L3480	HEEL PAD AND DEPRESSION FOR SPUR	Y		
L3485	HEEL PAD REMOVABLE FOR SPUR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3500	ORTHOPED SHOE ADD INSOLE LEATHR	Y		
L3510	ORTHOPED SHOE ADD INSOLE RUBBER	Y		
L3520	ORTHO SHOE ADD INSOLE FELT W/LEATHR	Y		
L3530	ORTHOPEDIC SHOE ADDITION SOLE HALF	Y		
L3540	ORTHOPEDIC SHOE ADDITION SOLE FULL	Y		
L3550	ORTHOPED SHOE ADD TOE TAP STANDARD	Y		
L3560	ORTHOPED SHOE ADD TOE TAP HORSESHOE	Y		
L3570	ORTHOPED SHOE ADD SPCL EXT INSTEP	Y		
L3580	ORTHO SHOE ADD CNVRT INSTP-VELC CLO	Y		
L3590	ORTHO SHOE ADD CONVERT FIRM TO SOFT	Y		
L3595	ORTHOPEDIC SHOE ADDITION MARCH BAR	Y		
L3600	TRNSF ORTH-ANOTHER CALIPR PLAT XST	Y		
L3610	TRNSF ORTH-ANOTHER CALIPR PLAT NEW	Y		
L3620	TRNSF ORTH-ANOTH SOLID STIRUP XST	Y		
L3630	TRNSF ORTH-ANOTH SOLID STIRUP NEW	Y		
L3640	TRNSF ORTH-ANOTH DENNS BRWN SPLNT	Y		
L3650	Sling	N		6/1/18
L3660	SHOULDER ORTHOS FIG 8 CANVAS PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L3670	SHOULDER ORTHOS ACROMIO/CLAV PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3671	SO JOINT DESIGN W/O JOINTS CUSTOM	Y		
L3674	SHOULDER ORTHOTIC ABDUCT PSTN CSTM	Y		
L3675	SHLDR VEST ABDUCT RESTRAINR PREFAB	Y		
L3677	SHLDR ORTHOS JNT DSGN PREFAB CUSTOM	Y		
L3678	SHLDR ORTHOS JNT DSGN NO JNT PREFAB	Y		
L3702	EO W/O JOINTS CUSTOM FABRICATED	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3710	ELB ORTHOS ELASTIC METL JNTS PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3720	EO DBL UPRT W/CUFF FREE MOT CSTM	Y		
L3730	EO DBL UPRT-CUFF EXT/FLX ASST CSTM	Y		
L3740	EO DBL UPRT W/CUFF ADJ LOCK CSTM	Y		
L3760	ELB ORTH W/ADJ LOCK JNT PRFAB W/FIT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3762	ELBOW ORTHOS RIGID W/O JOINT PREFAB	N		6/1/18
L3763	EWHO RIGID W/O JOINTS CUSTOM FAB	Y		
L3764	EWHO 1/> NONTORSION JNTS CSTM FAB	Y		
L3765	EWHFO RIGID W/O JOINTS CUSTOM FAB	Y		
L3766	EWHFO 1/> NONTORSION JNTS CSTM FAB	Y		
L3806	WHFO CUSTOM FAB INCL FIT & ADJUST	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3807	WHF ORTHOS NO JNT PRFAB CUSTOM FIT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3808	WHF ORTHOTIC RIGID NO JNT; CUSTOM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3809	WHF ORTHO NO JOINTS PREFAB ANY TYPE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3891	ADD UP EXT JNT WRIST/ELB CSTM EA	Y		
L3900	WHFO DYN FLX HNG WRST DRVN CSTM FAB	Y		
L3901	WHFO DYN FLX HNG CABLE DRIVEN CSTM	Y		
L3904	WHFO EXTERNAL POWER ELEC CSTM FAB	Y		
L3905	WHO 1/> NONTORSION JOINTS CSTM FAB	Y		
L3906	WHO W/O JOINTS STRAPS CSTM FAB	Y		
L3908	WRST HND ORTHOS CNTRL COCK-UP PRFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3912	HAND FINGR ORTHOS FINGR CNTRL PRFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3913	HFO W/O JOINTS CUSTOM FABRICATED	Y		
L3915	WH ORTHOS 1/>NONTRSN PRFAB CSTM FIT	Y		
L3916	WH ORTHOS 1/> NONTORSN JOINT PREFAB	Y		
L3917	HAND ORTHOSIS MC FX PREFAB CSTM FIT	Y		
L3918	HAND ORTHOSIS METACARPL FX ORTHOSIS	Y		
L3919	HAND ORTHOTIC W/O JOINTS CUSTOM FAB	Y		
L3921	HFO 1/> NONTORSION JOINTS CSTM FAB	Y		
L3923	HF ORTHOSIS NO JOINT PRFAB CSTM FIT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3924	HAND FINGER ORTHOSIS W/O JOINTS	Y		
L3925	FINGER ORTHOS NONTORSION JNT PREFAB	Y		
L3927	FINGER ORTHOSIS W/O JOINT PREFAB	Y		
L3929	HF ORTHOS 1/>NONTRSN JNT PRFAB CSTM	Y		
L3930	HF ORTHOS 1/> NONTORSION JNT PREFAB	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L3931	WHFO PREFAB INCL FITTING & ADJ	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3933	FINGER ORTHOTIC W/O JOINTS CSTM FAB	Y		
L3935	FO NONTORSION JOINT CUSTOM FAB	Y		
L3956	ADD JNT UP EXTREM ORTHOT MATL; JNT	Y		
L3960	SEWHO ABDUCT PSTN AIRPLANE DESIGN	Y		
L3961	SEWHO SHLDR CAP DESN NO JNTS CSTM	Y		
L3962	SEWHO ABDUCT PSTN ERBS PALS DESIGN	Y		
L3967	SEWHO ABDUCT PSTN W/O JNTS CSTM FAB	Y		
L3971	SEWHO SHOULDER CAP DESIGN CSTM FAB	Y		
L3973	SEWHO ABDUCTION POSITION CSTM FAB	Y		
L3975	SEWHFO SHLDR CAP DESN NO JNTS CSTM	Y		
L3976	SEWHFO ABDUCT PSTN W/O JNTS CUS FAB	Y		
L3977	SEWHFO SHOULD CAP DESIGN CUSTOM FAB	Y		
L3978	SEWHFO ABDUCTION POSITION CSTM FAB	Y		
L3980	UP EXT FX ORTHOT HUM PRFAB-FIT&ADJ	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3981	UE FX ORTHOSIS HUMERAL PREF STRAPS	Y		
L3982	UP EXTRM FX ORTH RADUS/ULNAR PRFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3984	UP EXTRM FX ORTHOTIC WRST PRFAB	Y		
L3995	ADD UP EXTREM ORTHOT SOCK FX/= EA	Y		
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS	Y		
L4002	REPL STRAP ANY ORTHOTIC ALL CMPNTS	Y		
L4010	REPLACE TRILATERAL SOCKET BRIM	Y		
L4020	REPL QUADRILAT SOCKT BRIM MOLD PT	Y		
L4030	REPL QUADRILAT SOCKT BRIM CSTM FIT	Y		
L4040	REPL MOLDED THI LACER CSTM ONLY	Y		
L4045	REPL NONMOLD THI LACER CSTM ONLY	Y		
L4050	REPL MOLDED CALF LACER CSTM ONLY	Y		
L4055	REPL NONMOLD CALF LACER CSTM ONLY	Y		
L4060	REPLACE HIGH ROLL CUFF	Y		
L4070	REPLACE PROXIMAL&DIST UPRIGHT KAFO	Y		
L4080	REPLACE METAL BANDS KAFO PROX THIGH	Y		
L4090	REPL METL BANDS KAFO-AFO CALF/THI	Y		
L4100	REPLACE LEATHR CUFF KAFO PROX THIGH	Y		
L4110	REPL LEATHR CUFF KAFO-AFO CALF/THI	Y		
L4130	REPLACE PRETIBIAL SHELL	Y		
L4205	REPR ORTHOT DEVC LABR CMPNT 15 MIN	Y		
L4210	REP ORTHOT DEVC REP/REPL MINOR PART	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L4316	Walking boot, pneumatic	N		6/1/18
L4350	ANKLE CONTROL ORTHOS STIRRUP PREFAB	Y		
L4360	WALK BOOT PNEUMAT&/VAC PREFAB CUSTM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L4361	WALKING BOOT PNEUMATIC AND/OR VAC	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L4370	PNEUMATIC FULL LEG SPLINT PREFAB	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L4386	WALK BOOT NON-PNEUMATIC PREFAB CSTM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L4387	WALKING BOOT NON-PNEUMATIC PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L4396	STAT/DYN ANK FT ORTHOS PREFAB CSTM	Y		
L4397	STATIC/DYNAMIC AFO MIN ABM PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L4398	FOOT DROP SPLINT RECUMBNT POS PRFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L4631	AFO WALK BOOT TYP ROCKR BOTTOM CSTM	Y		
L5000	PART FT SHOE INSRT W/LNGTUDNL ARCH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5010	PART FT MOLD SOCKT ANK HT W/TOE FIL	Y		
L5020	PART FT MOLD SOCKET TIB TUBERCLE HT	Y		
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	Y		
L5060	ANK SYMS METL FRME MOLD LEATHR SCKT	Y		
L5100	BELW KNEE MOLD SOCKT SHIN SACH FOOT	Y		
L5105	BK PLSTC SCKT JNT&THI LACER SACH FT	Y		
L5150	KNEE DISRTC MOLD SCKT EXT KNEE JNT	Y		
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE	Y		
L5200	AK MOLD SOCKT 1 AXIS CONSTANT FRICT	Y		
L5210	AK SHRT PROS NO KNEE JNT-ANK JNT EA	Y		
L5220	AK SHRT PROSTH W/ARTIC ANK/FOOT DYN	Y		
L5230	AK PROX FEM FOCAL DEFIC SACH FT	Y		
L5250	HIP DISRTC CANADIAN; MOLD SCKT HIP	Y		
L5270	HIP DISRTC TLT TABL; MOLD SCKT LOCK	Y		
L5280	HEMIPELVECT CANADIAN; MOLD SOCKT	Y		
L5301	BK MOLD SCKT SHIN SACH FT ENDO SYS	Y		
L5312	KNEE DISART MOLD SOCKET 1 AXIS KNEE	Y		
L5321	AK OPEN END SACH FT ENDO SYS 1 AXIS	Y		
L5331	JOINT SINGLE AXIS KNEE SACH FOOT	Y		
L5341	SINGLE AXIS KNEE SACH FOOT	Y		
L5400	IMMED POSTSURG RIGD DRSG W/1 CHG BK	Y		
L5410	IMMED POSTSURG RIGD DRS BK-EA CAST	Y		
L5420	IMMED POSTSURG RIGD DRSG 1 CHG AK	Y		
L5430	IMMED POSTSURG RIGD DRSG AK EA CAST	Y		
L5450	IMMED POSTSURG NONWT BEAR RIGD BK	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5460	IMMED POSTSURG NONWT BEAR RIGD AK	Y		
L5500	INIT BK PTB SCKT NON-ALIGN DIR FORM	Y		
L5505	INIT AK-DISRTC ISCH LEVL NON-ALIGN	Y		
L5510	PREP BK PTB SCKT NON-ALIGN MOLD MDL	Y		
L5520	PREP BK PTB THERMOPLSTC/=DIR FORM	Y		
L5530	PREP BK PTB THERMOPLSTC/=MOLD MDL	Y		
L5535	PREP BK PTB PRFAB ADJ OPEN END SCKT	Y		
L5540	PREP BK PTB LAMINATED SCKT MOLD MDL	Y		
L5560	PREP AK-DISARTIC PLASTER MOLD MDL	Y		
L5570	PREP AK-DISRTC THRMOPLSTC/=DIR FORM	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L5580	PREP AK-DISARTIC THERMOPLSTC/=MOLD	Y		
L5585	PREP AK-DISARTIC PRFAB ADJ OPN END	Y		
L5590	PREP AK-DISARTIC LAMINATD SCKT MOLD	Y		
L5595	PREP HIP DISARTIC THERMOPLSTC/=MOLD	Y		
L5600	PREP HIP DISARTIC LAMINATD SCKT MOLD	Y		
L5610	ADD LW EXTRM ENDO AK HYDRACADENCE	Y		
L5611	ADD LW EXT AK-DISARTIC W/FRICT CNTRL	Y		
L5613	ADD LW EXT AK-DSRTC W/HYDRAUL CNTRL	Y		
L5614	ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL	Y		
L5616	ADD LW EXT AK UNIVRSL MXPLX FRICT	Y		
L5617	ADD LW EXTREM QUICK CHANGE AK/BK EA	Y		
L5618	ADD LOW EXTREM TEST SOCKT SYMES	Y		
L5620	ADD LOW EXTREM TEST SOCKT BELW KNEE	Y		
L5622	ADD LW EXTRM TST SOCKT KNEE DISARTIC	Y		
L5624	ADD LOW EXTREM TEST SOCKT ABE KNEE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5626	ADD LW EXTRM TST SOCKT HIP DISARTIC	Y		
L5628	ADD LOW EXTRM TST SOCKT HEMIPELVECT	Y		
L5629	ADD LW EXTRM BELW KNEE ACRYLC SOCKT	Y		
L5630	ADD LW EXT SYMS TYPE XPND WALL SCKT	Y		
L5631	ADD LW EXT ABE KNEE/DISARTIC ACRYLC	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5632	ADD LW EXT SYMS PTB BRIM DESN SOCKT	Y		
L5634	ADD LW EXT SYMS POST OPENING SOCKT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5636	ADD LW EXT SYMS MED OPENING SOCKT	Y		
L5637	ADD LOW EXTREM BELW KNEE TOTAL CNTC	Y		
L5638	ADD LW EXTRM BELW KNEE LEATHR SOCKT	Y		
L5639	ADD LOW EXTREM BELW KNEE WOOD SOCKT	Y		
L5640	ADD LW EXT KNEE DISARTIC LEATHR SCKT	Y		
L5642	ADD LW EXTRM ABE KNEE LEATHR SOCKT	Y		
L5643	ADD LW EXT HIP DISRTC FLX EXT FRAME	Y		
L5644	ADD LOW EXTREM ABE KNEE WOOD SOCKT	Y		
L5645	ADD LW EXTRM BK FLX INNR EXT FRME	Y		
L5646	ADD LOW EXT BELOW KNEE CUSHN SOCKT	Y		
L5647	ADD LOW EXTRM BELW KNEE SUCTN SOCKT	Y		
L5648	ADD LOW EXT ABOVE KNEE CUSHN SOCKT	Y		
L5649	ADD LW EXT ISCHIAL CONTAINMENT SCKT	Y		
L5650	ADD LW EXTRM TOT CONTACT AK/DISARTIC	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5651	ADD LW EXTRM AK FLX INNR EXT FRME	Y		
L5652	ADD LW EXTRM SUCTN SUSP AK/DISARTIC	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5653	ADD LW EXT KNEE DISRTC XPNDABL WALL	Y		
L5654	ADD LOW EXTREM SOCKT INSERT SYMES	Y		
L5655	ADD LOW EXTRM SOCKT INSRT BELW KNEE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5656	ADD LW EXT SOCKT INSRT KNEE DISARTIC	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L5658	ADD LOW EXTRM SOCKT INSRT ABVE KNEE	Y		
L5661	ADD LW EXT INSRT MXIDUROMETER SYMES	Y		
L5665	ADD LW EXT INSRT MXDROMTR BELW KNEE	Y		
L5666	ADD LOW EXTREM BELOW KNEE CUFF SUSP	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5668	ADD LW EXTRM BK MOLD DISTAL CUSHION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5670	ADD LW EXTRM BK MOLD SUPRACOND SUSP	Y		
L5671	ADD LW EXTRM BK/AK SUSP LOCK MECH	Y		
L5672	ADD LW EXTRM BK REMV MED BRIM SUSP	Y		
L5673	ADD LW EXT BK/AK CSTM FAB XST MOLD	Y		
L5676	ADD LW EXT BK KNEE JNT 1 AXIS PAIR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5677	ADD LW EXT BK KNEE JNT POLYCNTRC PR	Y		
L5678	ADD LW EXT BELW KNEE JNT COVRS PAIR	Y		
L5679	ADD LW EXT BK/AK CSTM FAB XST MOLD	Y		
L5680	ADD LW EXTRM BK THI LACER NONMOLD	Y		
L5681	ADD LW EXT INSRT CONGN/AMPUTE E INIT	Y		
L5682	ADD LW EXT BK THIGH LACER MOLD	Y		
L5683	ADD LW EXT INSRT NO CONGN/AMP INIT	Y		
L5684	ADD LOW EXTREM BELW KNEE FORK STRAP	Y		
L5685	ADD LOW EXT PROS BELW KNEE SLEEVE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5686	ADD LOW EXTREM BELW KNEE BACK CHECK	Y		
L5688	ADD LW EXTRM BK WAIST BELT WEB	Y		
L5690	ADD LW EXTRM BK WAIST BELT PAD	Y		
L5692	ADD LW EXTRM AK PELVIC CONTROL BELT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5694	ADD LW EXTRM AK PELV CNTRL BELT PAD	Y		
L5695	ADD LW EXT AK PELV CNTRL SLV NEOPRN	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5696	ADD LW EXTRM AK/DISARTIC PELV JNT	Y		
L5697	ADD LW EXTRM AK/DISARTIC PELV BAND	Y		
L5698	ADD LW EXTRM AK/KD SILESIA N BANDAGE	Y		
L5699	ALL LOW EXTREM PROSTH SHLDR HARNESS	Y		
L5700	REPL SOCKET BELOW KNEE MOLD PT MDL	Y		
L5701	REPL SCKT AK/DISARTIC W/ATTCH PLAT	Y		
L5702	REPL SCKT HIP DISRTC W/HIP JNT MOLD	Y		
L5703	ANK SYMES MLD PT MDL SACH FT REPL	Y		
L5704	CUSTOM SHAP PROTVE COVER BELOW KNEE	Y		
L5705	CUSTOM SHAP PROTVE COVER ABOVE KNEE	Y		
L5706	CUSTOM SHAPED COVER KNEE DISARTIC	Y		
L5707	CUSTOM SHAPED COVER HIP DISARTIC	Y		
L5710	ADD EXOSKL KNEE-SHIN 1 AXS MNL LOCK	Y		
L5711	ADD EXO KNEE-SHIN MNL LOCK ULTRA-LT	Y		
L5712	ADD EXO KNEE-SHIN FRICT SWING CNTRL	Y		
L5714	ADD EXO KNEE-SHIN VARBL FRICT SWING	Y		
L5716	ADD EXO KNEE-SHIN MECH STANCE LOCK	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L5718	ADD EXO KNEE-SHIN FRICT SWING CNTRL	Y		
L5722	ADD EXO KNEE-SHIN PNUMAT SWNG FRICT	Y		
L5724	ADD KNEE-SHIN 1 AXIS FL SWING PHASE	Y		
L5726	ADD EXO KNEE-SHIN EXT JNT FL SWING	Y		
L5728	ADD EXO KNEE-SHIN FL SWING&STANCE	Y		
L5780	ADD EXO KNEE-SHIN PNEUMAT/HYDRA	Y		
L5781	ADD LW LIMB PROS LIMB MGMT SYS	Y		
L5782	ADD LW LIMB PROS LIMB MGMT HVY DUTY	Y		
L5785	ADD EXOSKEL BELW KNEE ULTRA-LT MATL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5790	ADD EXOSKEL ABVE KNEE ULTRA-LT MATL	Y		
L5795	ADD EXOSKEL HIP DISARTIC ULTRA-LGHT	Y		
L5810	ADD ENDOSKEL KNEE-SHIN MANUAL LOCK	Y		
L5811	ADD ENDO KNEE-SHIN MNL LCK ULTRA-LT	Y		
L5812	ADD ENDO KNEE-SHIN FRICT SWNG CNTRL	Y		
L5814	ADD ENDO KNEE-SHN HYDRAUL MECH LOCK	Y		
L5816	ADD ENDO KNEE-SHIN MECH STANCE LOCK	Y		
L5818	ADD ENDO KNEE-SHIN FRICT SWNG&STANC	Y		
L5822	ADD ENDO KNEE-SHIN PNEUMATIC FRICT	Y		
L5824	ADD ENDO KNEE-SHIN FL SWING CNTRL	Y		
L5826	ADD ENDO KNEE-SHIN MIN HI ACTV FRME	Y		
L5828	ADD ENDO KNEE-SHIN FL SWING&STANCE	Y		
L5830	ADD ENDO KNEE-SHIN PNEUMAT/SWING	Y		
L5840	ADD ENDO KNEE-SHIN 4-BAR LINK SWING	Y		
L5845	ADD ENDOSKL KNEE-SHIN STANC FLX ADJ	Y		
L5848	ADD ENDOSKEL KNEE-SHIN FLUID EXT	Y		
L5850	ADD ENDO AK/HIP DSRTC KNEE EXT ASST	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5855	ADD ENDO HIP DISARTIC MECH EXT ASST	Y		
L5856	ADD LOW EXT PROS KN-SHN SWING&STNCE	Y		
L5857	ADD LOW EXT PROS KN-SHN SWING ONLY	Y		
L5858	ADD LW EXT PROS KNEE SHN SYS STANCE	Y		
L5859	ADD LW EXT PROS KN-SHN PROG FLX/EXT	Y		
L5910	ADD ENDOSKEL BELW KNEE ALIGNBL SYS	Y		
L5920	ADD ENDOSKEL AK/HIP DISRTC ALIGNBL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5925	ADD ENDO AK/HIP DISARTIC MNL LOCK	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5930	ADD ENDO HI ACTV KNEE CNTRL FRAME	Y		
L5940	ADD ENDOSKEL BELW KNEE ULTRA-LGHT	Y		
L5950	ADD ENDOSKEL ABVE KNEE ULTRA-LGHT	Y		
L5960	ADD ENDOSKL HIP DISARTIC ULTRA-LGHT	Y		
L5961	ADD ENDO SYS POLYCINTRC HIP JOINT	Y		
L5962	ADD ENDO BK FLEX PROTVE OUTER COVER	Y		
L5964	ADD ENDO AK FLXBL PROTVE OUTR COVR	Y		
L5966	ADD ENDO HIP DISRTC FLX PROTVE COVR	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L5968	ADD LW LIMB PROSTH MX-AXIAL ANKLE	Y		
L5970	ALL LW EXTRM PROSTH FOOT SACH FOOT	Y		
L5971	ALL LW EXT PROS SACH FOOT REPL ONLY	Y		
L5972	ALL LOW EXT PROS FOOT FLEXIBLE KEEL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5973	ENDO ANK FOOT MICROPROCSS CNTRL PWR	Y		
L5974	ALL LW EXTRM PRSTH FT 1 AXIS ANK/FT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5975	ALL LW EXTRM PROSTH COMB 1 AXIS ANK	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5976	ALL LW EXTRM PROSTH ENERGY STOR FT	Y		
L5978	ALL LW EXTRM PRSTH FT MX-AXL ANK/FT	Y		
L5979	ALL LW XTRM PRSTH MX-AXL ANK 1 PECE	Y		
L5980	ALL LOW EXTREM PROSTH FLX-FOOT SYS	Y		
L5981	ALL LOW EXTRM PROSTH FLX-WALK SYS/=	Y		
L5982	ALL EXOSKEL LW EXT PROS AXIAL ROTAT	Y		
L5984	ALL ENDOSKEL LW EXT PRSTH AXL ROTAT	Y		
L5985	ALL ENDOSKL LW XTRM PROSTH DYNAMIC	Y		
L5986	ALL LW EXTRM PROSTH MX-AXIAL ROT U	Y		
L5987	ALL LW EXTRM PROSTH SHANK FOOT SYS	Y		
L5988	ADD LW LMB PRSTH VERTCL SHOCK RDUC	Y		
L5990	ADD LW EXTRM PROSTH USE ADJ HEEL HT	Y		
L6000	PARTIAL HAND THUMB REMAINING	Y		
L6010	PART HAND LITTLE &/ RING FINGER REM	Y		
L6020	PARTIAL HAND NO FINGER REMAINING	Y		
L6026	TRANSCARPL/MC/PART HAND DISART PROS	Y		
L6050	WRST DSRTC MOLD SOCKET FLEX ELB HNG	Y		
L6055	WRST DSRTC MOLD SCKT W/XPND INTRFCE	Y		
L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HNG	Y		
L6110	BELOW ELBOW MOLDED SOCKET	Y		
L6120	BELW ELB STEP-UP HINGES HALF CUFF	Y		
L6130	BELW ELB STMP ACTV LCK HNG 1/2 CUFF	Y		
L6200	ELB DSRTC MOLD SCKT OTSD LCK FORARM	Y		
L6205	ELB DSRTC MOLD SCKT XPND INTRFC ARM	Y		
L6250	ABOVE ELB INTERNAL LOCK ELB FOREARM	Y		
L6300	SHLDR DISARTC INTRL LOCK ELB FORARM	Y		
L6310	SHLDR DISART PASS REST COMPL PROSTH	Y		
L6320	SHLDR DISART PASS REST SHLDR CAP	Y		
L6350	INTRSCAP THOR INTRL LOCK ELB FORARM	Y		
L6360	INTERSCAPULAR THOR COMPLT PROSTH	Y		
L6370	INTERSCAPULAR THOR SHLDR CAP ONLY	Y		
L6380	IMMED POSTSURG RIGD DRSG WRST DSRTC	Y		
L6382	IMMED POSTSURG RIGD DRSG ELB DISRTC	Y		
L6384	IMMED POSTSRG RIGD DRSG SHLDR DSRTC	Y		
L6386	IMMED POSTSURG EA ADD CAST CHANGE	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L6388	IMMED POSTSURG RIGID DRSG ONLY	Y		
L6400	BE MOLD SCKT ENDOSKEL-SFT PROS TISS	Y		
L6450	ELB DISARTIC MOLD SOCKET ENDOSKEL	Y		
L6500	ABOVE ELBOW MOLD SOCKET ENDOSKEL	Y		
L6550	SHLDR DISARTIC MOLD SOCKET ENDOSKEL	Y		
L6570	INTRSCAP THOR MOLD SOCKET ENDOSKEL	Y		
L6580	PREP WRST DISARTIC PLSTC SOCKT MOLD	Y		
L6582	PREP WRST DISARTIC ELB SCKT DIR FORM	Y		
L6584	PREP ELB DISARTIC PLASTIC SOCKT MOLD	Y		
L6586	PREP ELB DISARTIC SOCKET DIR FORM	Y		
L6588	PREP SHLDR DISRTC THOR PLSTC SOCKT	Y		
L6590	PREP SHLDR DSRTC THOR SCKT DIR FORM	Y		
L6600	UP EXTREM ADD POLYCNTRC HINGE PAIR	Y		
L6605	UPPER EXTREM ADD 1 PIVOT HINGE PAIR	Y		
L6610	UP EXT ADD FLEX METAL HINGE PAIR	Y		
L6611	ADD UP EXT PROS EXT PWR ADD SWITCH	Y		
L6615	UP EXTREM ADD DISCNCT LOCK WRST U	Y		
L6616	UP EXT ADD-DSCNCT INSRT LCK WRST EA	Y		
L6620	UP EXT ADD FLEX/EXT WRIST UNIT	Y		
L6621	UP EXTREM PROS ADD FLEX/EXTEN WRIST	Y		
L6623	UP EXT ADD ROTATL WRST W/LATCH RLSE	Y		
L6624	UP EXT ADD FLX/EXT ROT WRIST UNIT	Y		
L6625	UP EXT ADD ROTAT WRST W/CABLE LOCK	Y		
L6628	UP EXTRM ADD QUICK DISCNCT HOOK	Y		
L6629	UP EXT ADD QUIK DSCNCT LAMNAT COLLR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L6630	UP EXTREM ADD STAINLESS STEEL WRIST	Y		
L6632	UP EXTREM ADD LATX SUSP SLEEVE EA	Y		
L6635	UPPER EXTREM ADD LIFT ASSIST ELB	Y		
L6637	UP EXTREM ADD NUDGE CNTRL ELB LOCK	Y		
L6638	UP EXT ADD PROS LOCK W/MNL PWR ELB	Y		
L6640	UP EXTREM ADD SHLDR ABDUCT JNT PAIR	Y		
L6641	UP EXTRM ADD EXCURSN AMPL PULLEY	Y		
L6642	UP EXTRM ADD EXCURSN AMPL LEVER	Y		
L6645	UP EXT ADD SHLDR FLX-ABDUCT JNT EA	Y		
L6646	UP EXT ADD SHLDR JNT MX PSTN SYS	Y		
L6647	UP EXT ADD SHLDR LOCK MECH BDY PWR	Y		
L6648	UP EXT ADD SHLDR LOCK MECH EXT PWR	Y		
L6650	UP EXTRM ADD SHLDR UNIVERSAL JNT EA	Y		
L6655	UP EXTREM ADD STD CNTRL CABLE XTRA	Y		
L6660	UP EXTREM ADD HEVY DUTY CNTRL CABLE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L6665	UP EXTREM ADD TEFLON/= CABLE LINING	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L6670	UP EXTREM ADD HOOK HND CABLE ADAPTR	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L6672	UP EXT ADD HRNSS CHST/SHLDR SADDLE	Y		
L6675	UP EXT ADD HARNESS 1 CABLE DESIGN	Y		
L6676	UP EXT ADD HARNESS 2 CABLE DESIGN	Y		
L6677	UP EXT ADD HRNSS 3 CNTRL OP DVC&ELB	Y		
L6680	UP EXTRM ADD TST SCKT WRIST DISARTC	Y		
L6682	UP EXTRM ADD TST SOCKT ELB DISARTIC	Y		
L6684	UP EXTRM ADD TST SCKT SHLDR DISARTC	Y		
L6686	UPPER EXTREM ADDITION SUCTION SOCKT	Y		
L6687	UP EXT ADD FRME TYPE SCKT BELW ELB	Y		
L6688	UP EXT ADD FRME TYPE SOCKT ABOVE ELB	Y		
L6689	UP EXT ADD FRAME SCKT SHLDR DISARTC	Y		
L6690	UP EXT ADD FRAME SCKT INTRSCAP-THOR	Y		
L6691	UPPER EXTREM ADD REMV INSERT EA	Y		
L6692	UP EXTREM ADD SILCON GEL INSRT/=EA	Y		
L6693	UP EXT ADD LOCK ELB FORARM CNTRBAL	Y		
L6694	ADD UP EXT PROS CSTM W/LOCK MECH	Y		
L6695	ADD UP EXT PROS CSTM W/O LOCK MECH	Y		
L6696	ADD UP EXT PROS CNGN/TRAUMAT AMP	Y		
L6697	ADD UP EXT PROS NOT CNGN/TRAUM AMP	Y		
L6698	ADD UP EXT PROS LOCK MECH EXC INSRT	Y		
L6703	TERMINAL DEVICE PASSIVE HAND/MITT	Y		
L6704	TERMINAL DEVC SPORT/REC/WORK ATTACH	Y		
L6706	TERMINAL DEVC HOOK MECH VOL OPENING	Y		
L6707	TERMINAL DEVC HOOK MECH VOL CLOSING	Y		
L6708	TERMINAL DEVC HAND MECH VOL OPENING	Y		
L6709	TERMINAL DEVC HAND MECH VOL CLOSING	Y		
L6711	TERM DVC HOOK MECH VOL OPN PED	Y		
L6712	TERM DVC HOOK MECH VOL CLOS PED	Y		
L6713	TERM DVC HAND MECH VOL OPN PED	Y		
L6714	TERM DEVC HAND MECH VOL CLOS PED	Y		
L6715	TERM DEVC MX ARTC DIG INIT ISS/REPL	Y		
L6721	TERM DEVC HOOK/HAND HD MECH VOL OPN	Y		
L6722	TERM DEVC HOOK/HND HD MECH VOL CLOS	Y		
L6805	ADD TERM DEVICE MODIFIER WRIST UNIT	Y		
L6810	ADD TERM DEVC PRECISION PINCH DEVC	Y		
L6880	ELEC HND SW/MYOLELEC CNTRL ARTC DIG	Y		
L6881	AUTO GRASP ADD UPPER LIMB PROS DEVC	Y		
L6882	MICRPROCSS CNTRL ADD UP LIMB PROSTH	Y		
L6883	REPL SOCKET BE/WD MOLDED TO PT MDL	Y		
L6884	REPL SOCKT ABOVE ELB DISART MOLD PT	Y		
L6885	REPL SOCKT SD/INTRSCAP THOR MOLD PT	Y		
L6890	ADD UP EXT PROSTH GLOV TERM PRFAB	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L6895	ADD UP EXT PROSTH GLOV TERM CSTM	Y		
L6900	HND REST PART W/GLOV THUMB/1 FNGR	Y		
L6905	HND REST PART HND W/GLOV MX FNGR	Y		
L6910	HND REST PART HND W/GLOV NO FNGR	Y		
L6915	HAND REST REPL GLOVE FOR ABOVE	Y		
L6920	WRST DISARTC OTTO BOCK/=SWTCH CNTRL	Y		
L6925	WRST DSRTC OTTO BOCK/=MYOELC CNTRL	Y		
L6930	BELW ELB OTTO BOCK/=SWITCH CNTRL	Y		
L6935	BELW ELB OTTO BOCK/=MYOELEC CNTRL	Y		
L6940	ELB DISRTC OTTO BOCK/=SWITCH CNTRL	Y		
L6945	ELB DISRTC OTTO BOCK/=MYOELC CNTRL	Y		
L6950	ABVE ELB OTTO BOCK/=SWITCH CONTROL	Y		
L6955	ABVE ELB OTTO BOCK/=MYOELEC CNTRL	Y		
L6960	SHLDR DSRTC OTTO BOCK/=SWTCH CNTRL	Y		
L6965	SHLDR DSRTC OTTO BOCK/=MYOELC CNTRL	Y		
L6970	INTERSCAP-THOR OTTO BOCK/=SWITCH	Y		
L6975	INTERSCAP-THOR OTTO BOCK/=MYOELEC	Y		
L7007	ELEC HND SWTCH/MYOELEC CNTRL ADULT	Y		
L7008	ELEC HAND SWITCH/MYOELEC CNTRL PED	Y		
L7009	ELEC HOOK SWITCH/MYOELC CNTRL ADULT	Y		
L7040	PREHENSILE ACTUATOR SWITCH CONTROL	Y		
L7045	ELEC HOOK SWITCH MYOELEC CONTRL PED	Y		
L7170	ELEC ELB HOSMER/EQUAL SWITCH CNTRL	Y		
L7180	ELEC ELB SEQENTL CNTRL ELB&TRM DEV	Y		
L7181	ELEC ELB SIMULTAN CNTRL ELB&TRM DEV	Y		
L7185	ELEC ELB ADOLES VRITY VILL/=SWITCH	Y		
L7186	ELEC ELB CHLD VRITY VILL/=SWITCH	Y		
L7190	ELEC ELB ADOLES VRITY VILL/=MYOELC	Y		
L7191	ELEC ELB CHLD VRITY VILL/=MYOELEC	Y		
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	Y		
L7360	SIX VOLT BATTERY EACH	Y		
L7362	BATTERY CHARGER 6 VOLT EACH	Y		
L7364	TWELVE VOLT BATTERY EACH	Y		
L7366	BATTERY CHARGER TWELVE VOLT EACH	Y		
L7367	LITHIUM ION BATT RECHARGEABLE REPL	Y		
L7368	LITHIUM ION BATT CHARGER REPL ONLY	Y		
L7400	ADD UP EXT PROS BE/WD ULTRALT MATL	Y		
L7401	ADD UP EXT PROS ABV ED ULTRALT MATL	Y		
L7402	ADD UP EXT PROS SD/INTRSCAP THOR	Y		
L7403	ADD UP EXT PROS BE/WD ACRYLIC MATL	Y		
L7404	ADD UP EXT PROS ABVE ED ACRYLC MATL	Y		
L7405	ADD UP EXT PROS SD/INTERSCAP THOR	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L7510	REP PROS DEVC REP/REPL MINOR PART	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L7520	REPR PROSTH DEVC LABR CMPNT-15 MIN	Y		
L8000	BREAST PROS MAST BRA NO INTEG FORM	Y		
L8001	BREAST PROS MAST BRA INTEG FORM UNI	Y		
L8002	BREAST PROS MAST BRA INTEG FORM BIL	Y		
L8010	BREAST PROSTHESIS MASTECTOMY SLEEVE	Y		
L8015	EXT BREAST PROS GARMNT POST-MASTECT	Y		
L8020	BREAST PROSTHESIS MASTECTOMY FORM	Y		
L8030	BREAST PROS SILCON/=NO INTGRL ADHES	Y		
L8031	BREAST PROS SILCON/= W/NTGRL ADHES	Y		
L8032	NIPPLE PROSTH REUSABLE ANY TYPE EA	Y		
L8035	CSTM BRST PROSTH POST MASTECT MOLD	Y		
L8300	TRUSS SINGLE WITH STANDARD PAD	Y		
L8310	TRUSS DOUBLE WITH STANDARD PADS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8320	TRUSS ADDITION STANDARD PAD H2O PAD	Y		
L8330	TRUSS ADD STANDARD PAD SCROTAL PAD	Y		
L8400	PROSTHETIC SHEATH BELOW KNEE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8410	PROSTHETIC SHEATH ABOVE KNEE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8415	PROSTHETIC SHEATH UPPER LIMB EACH	Y		
L8417	PROS SHEATH/SOCK-GEL CUSHN BK/AK EA	Y		
L8420	PROSTHETIC SOCK MX PLY BELW KNEE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8430	PROSTHETIC SOCK MX PLY ABVE KNEE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8435	PROSTH SOCK MX PLY UPPER LIMB EA	Y		
L8440	PROSTHETIC SHRINKER BELOW KNEE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8460	PROSTHETIC SHRINKER ABOVE KNEE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8465	PROSTHETIC SHRINKER UPPER LIMB EACH	Y		
L8470	PROSTH SOCK 1 PLY FIT BELW KNEE EA	Y		
L8480	PROSTH SOCK 1 PLY FIT ABVE KNEE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8485	PROSTH SOCK 1 PLY FIT UPPER LIMB EA	Y		
L8500	ARTIFICIAL LARYNX ANY TYPE	Y		
L8501	TRACHEOSTOMY SPEAKING VALVE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8505	ARTFICL LARYNX REPLCMT BATTERY/ACSS	Y		
L8507	TRACHEO-ESOPH VOICE PROSTH PT INSRT	Y		
L8509	TRACHEO-ESOPH VOICE PROS INSRT PROV	Y		
L8510	VOICE AMPLIFIER	Y		
L8603	INJ COLL IMPL URIN TRACT 2.5 ML SYR	Y		
L8604	INJ BULKING AGT URINARY TRACT 1 ML	Y		
L8605	INJ BLK AGT DX/HA CP IMPL ANAL 1 ML	Y		
L8606	INJ SYNTH IMPL URIN TRACT 1 ML SYR	Y		
L8607	Inj vocal cord bulking agent	Y		
L8614	COCHLEAR DEVC INCL INT&EXT COMPNT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8615	HEADSET/HEADPIECE COCHLR IMPL REPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
L8616	MICROPHONE COCHLEAR IMPL DEVC REPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8617	TRNSMTTING COIL COCHLEAR IMPL REPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8618	TRANSMITER CABLE COCHLEAR IMPL REPL	N		
L8618	TRANSMITER CABLE COCHLEAR IMPL REPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8619	COCHLR IMPL SPCH PRCSSR/CNTRLR REPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8621	ZINC AIR BATT COCHLR IMPL REPL EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8622	ALKALIN BATT COCHLR IMPL ANY SZ RPL	Y		
L8623	LITH ION BATT NOT EAR LEVEL REPL EA	Y		
L8624	LITHIUM ION BATT EAR LEVEL REPL EA	N		
L8624	LITHIUM ION BATT EAR LEVEL REPL EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8627	COCHLEAR IMPL EXT PROCSSR CMPNT RPL	Y		
L8628	COCHLR IMPL EXT CONTRLLR CMPNT REPL	Y		
L8629	TRANSMIT COIL CABLE COCHLR DEV RPL	N		
L8629	TRANSMIT COIL CABLE COCHLR DEV RPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8680	IMPL NEUROSTIMULATOR ELECTRODE EA	Y		
L8681	PT PROG IMPL NEUROSTM PLSE GEN REPL	Y		
L8682	IMPL NEUROSTIMULATOR RADIOFREQ RECV	Y		
L8683	RF TRNSMT W/IMPL NEUROSTIM RF RECV	Y		
L8685	IMPL NEUROSTIM 1 ARRAY RECHARGEABLE	Y		
L8686	IMPL NEUROSTIM 1 ARRAY NON-RECHARGE	Y		
L8687	IMPL NEUROSTIM 2 ARRAY RECHARGEABLE	Y		
L8688	IMPL NEUROSTIM 2 ARRAY NON-RECHARGE	Y		
L8689	EXT RECHARG SYS IMPL NEUROSTIM REPL	Y		
L8693	AUD OSSEOINTEGRATED DEVC ABUT REPL	N		
L8695	EXT RECHARG SYS IMPL NEUROSTIM REPL	Y		
L8696	ANT FOR IMPL DIA/PN ST DEV REPL EA	Y		
L8699	PROSTHETIC IMPLANT NOS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L9900	ORTHO/PROSTH SUPP ACCES &/ SERV	N		
M0064	Visit for drug monitoring	N		
M0075	Cellular therapy	N		
M0076	Prolotherapy	N		
M0100	Intragastric hypothermia	N		
M0300	Iv chelationtherapy	N		
M0301	Fabric wrapping of aneurysm	N		
P2028	Cephalin flocculation test	N		
P2029	Congo red blood test	N		
P2031	Hair analysis	N		
P2033	Blood thymol turbidity	N		
P2038	Blood mucoprotein	N		
P3000	Screen pap by tech w md supv	N		
P3001	Screening pap smear by phys	N		
P7001	Culture bacterial urine	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
P9010	Whole blood for transfusion	N		
P9011	Blood split unit	N		
P9012	Cryoprecipitate each unit	N		
P9016	Rbc leukocytes reduced	N		
P9017	Plasma 1 donor frz w/in 8 hr	N		
P9019	Platelets, each unit	N		
P9020	Plaelet rich plasma unit	N		
P9021	Red blood cells unit	N		
P9022	Washed red blood cells unit	N		
P9023	Frozen plasma, pooled, sd	N		
P9031	Platelets leukocytes reduced	N		
P9032	Platelets, irradiated	N		
P9033	Platelets leukoreduced irradiated	N		
P9034	Platelets, pheresis	N		
P9035	Platelet pheres leukoreduced	N		
P9036	Platelet pheresis irradiated	N		
P9037	Plate pheres leukoredu irradiated	N		
P9038	Rbc irradiated	N		
P9039	Rbc deglycerolized	N		
P9040	Rbc leukoreduced irradiated	N		
P9041	Albumin (human),5%, 50ml	N		
P9043	Plasma protein fract,5%,50ml	N		
P9044	Cryoprecipitatereducedplasma	N		
P9045	Albumin (human), 5%, 250 ml	N		
P9046	Albumin (human), 25%, 20 ml	N		
P9047	Albumin (human), 25%, 50ml	N		
P9048	Plasmaprotein fract,5%,250ml	N		
P9050	Granulocytes, pheresis unit	N		
P9051	Blood, l/r, cmv-neg	N		
P9052	Platelets, hla-m, l/r, unit	N		
P9053	Plt, pher, l/r cmv-neg, irr	N		
P9054	Blood, l/r, froz/degly/wash	N		
P9055	Plt, aph/pher, l/r, cmv-neg	N		
P9056	Blood, l/r, irradiated	N		
P9057	Rbc, frz/deg/wsh, l/r, irradiated	N		
P9058	Rbc, l/r, cmv-neg, irradiated	N		
P9059	Plasma, frz between 8-24hour	N		
P9060	Fr frz plasma donor retested	N		
P9070	Pathogen reduced plasma pool	N		
P9071	Pathogen reduced plasma sing	N		
P9072	Pathogen reduced platelets	N		
P9603	One-way allow prorated miles	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
P9604	One-way allow prorated trip	N		
P9612	Catheterize for urine spec	N		
P9615	Urine specimen collect mult	N		
Q0035	Cardiokymography	N		
Q0081	Infusion ther other than che	N		
Q0083	Chemo by other than infusion	N		
Q0084	Chemotherapy by infusion	N		
Q0085	Chemo by both infusion and o	N		
Q0091	Obtaining screen pap smear	N		
Q0092	Set up port xray equipment	N		
Q0111	Wet mounts/ w preparations	N		
Q0112	Potassium hydroxide preps	N		
Q0113	Pinworm examinations	N		
Q0114	Fern test	N		
Q0115	Post-coital mucous exam	N		
Q0138	Ferumoxytol, non-esrd	Y		
Q0139	Ferumoxytol, esrd use	N		
Q0144	Azithromycin dihydrate, oral	N		
Q0161	Chlorpromazine hcl 5mg oral	N		
Q0162	Ondansetron oral	N		
Q0163	Diphenhydramine hcl 50mg	N		
Q0164	Prochlorperazine maleate 5mg	N		
Q0165	Prochlorperazine maleate10mg	N		
Q0166	Granisetron hcl 1 mg oral	N		
Q0167	Dronabinol 2.5mg oral	N		
Q0168	Dronabinol 5mg oral	N		
Q0169	Promethazine hcl 12.5mg oral	N		
Q0170	Promethazine hcl 25 mg oral	N		
Q0171	Chlorpromazine hcl 10mg oral	N		
Q0172	Chlorpromazine hcl 25mg oral	N		
Q0173	Trimethobenzamide hcl 250mg	N		
Q0174	Thiethylperazine maleate10mg	N		
Q0175	Perphenazine 4mg oral	N		
Q0176	Perphenazine 8mg oral	N		
Q0177	Hydroxyzine pamoate 25mg	N		
Q0178	Hydroxyzine pamoate 50mg	N		
Q0180	Dolasetron mesylate oral	N		
Q0181	Unspecified oral anti-emetic	N		
Q0478	Power adapter, combo vad	N		
Q0479	Power module combo vad, rep	N		
Q0480	Driver pneumatic vad, rep	N		
Q0481	Microprcsr cu elec vad, rep	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
Q0482	Microprcsr cu combo vad, rep	N		
Q0483	Monitor elec vad, rep	N		
Q0484	Monitor elec or comb vad rep	N		
Q0485	Monitor cable elec vad, rep	N		
Q0486	Mon cable elec/pneum vad rep	N		
Q0487	Leads any type vad, rep only	N		
Q0488	Pwr pack base elec vad, rep	N		
Q0489	Pwr pck base combo vad, rep	N		
Q0490	Emr pwr source elec vad, rep	N		
Q0491	Emr pwr source combo vad rep	N		
Q0492	Emr pwr cbl elec vad, rep	N		
Q0493	Emr pwr cbl combo vad, rep	N		
Q0494	Emr hd pmp elec/combo, rep	N		
Q0495	Charger elec/combo vad, rep	N		
Q0496	Battery elec/combo vad, rep	N		
Q0497	Bat clps elec/comb vad, rep	N		
Q0498	Holster elec/combo vad, rep	N		
Q0499	Belt/vest elec/combo vad rep	N		
Q0500	Filters elec/combo vad, rep	N		
Q0501	Shwr cov elec/combo vad, rep	N		
Q0502	Mobility cart pneum vad, rep	N		
Q0503	Battery pneum vad replacemnt	N		
Q0504	Pwr adpt pneum vad, rep veh	N		
Q0505	Miscl supply/accessory vad	N		
Q0506	Lith-ion batt elec/pneum vad	N		
Q0507	Misc sup/acc ext vad	N		
Q0508	Mis sup/acc imp vad	N		
Q0509	Mis sup/ac imp vad nopay med	N		
Q0510	Dispens fee immunosupressive	N		
Q0511	Sup fee antiem,antica,immuno	N		
Q0512	Px sup fee anti-can sub pres	N		
Q0513	Disp fee inhal drugs/30 days	N		
Q0514	Disp fee inhal drugs/90 days	N		
Q0515	Sermorelin acetate injection	N		
Q1004	Ntiol category 4	N		
Q1005	Ntiol category 5	N		
Q2004	Bladder calculi irrig sol	N		
Q2009	Fosphenytoin inj pe	N		
Q2017	Teniposide, 50 mg	N		
Q2023	XYNTHA, INJ	N		
Q2026	Radiesse injection	N		
Q2027	Sculptra injection	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
Q2028	Inj, sculptra, 0.5mg	N		
Q2033	Influenza vaccine, (flublok)	N		
Q2034	Agriflu vaccine	N		
Q2035	Afluria vacc, 3 yrs & >, im	N		
Q2036	Flulaval vacc, 3 yrs & >, im	N		
Q2037	Fluvirin vacc, 3 yrs & >, im	N		
Q2038	Fluzone vacc, 3 yrs & >, im	N		
Q2039	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years Of Age And Older, For Intramuscular Use	Y		
Q2042	TISAGENLECLEUCEL CAR-POS T	Y		4/1/2019
Q2043	Sipuleucel-t auto cd54+	Y		
Q2044	BELIMUMAB	N		
Q2045	Human fibrinogen conc inj	N		
Q2046	Aflibercept injection	N		
Q2047	Peginesatide injection	N		
Q2048	Doxil injection	Y		
Q2049	Imported lipodox inj	Y		
Q2050	Injection, Doxorubicin Hydrochloride, Liposomal	Y		
Q2051	Zolnedronic acid 1mg	N		
Q2052	Ivig demo, services/supplies	N		
Q3001	Brachytherapy radioelements	N		
Q3014	Telehealth facility fee	Y		
Q3025	Im inj interferon beta 1-a	N		
Q3026	Subc inj interferon beta-1a	N		
Q3027	Inj beta interferon im 1 mcg	N		
Q3028	Inj beta interferon sq 1 mcg	N		
Q3031	Collagen skin test	N		
Q4001	Cast sup body cast plaster	N		
Q4002	Cast sup body cast fiberglas	N		
Q4003	Cast sup shoulder cast plstr	N		
Q4004	Cast sup shoulder cast fbrgl	N		
Q4005	Cast sup long arm adult plst	N		
Q4006	Cast sup long arm adult fbrg	N		
Q4007	Cast sup long arm ped plster	N		
Q4008	Cast sup long arm ped fbrgls	N		
Q4009	Cast sup sht arm adult plstr	N		
Q4010	Cast sup sht arm adult fbrgl	N		
Q4011	Cast sup sht arm ped plaster	N		
Q4012	Cast sup sht arm ped fbrglas	N		
Q4013	Cast sup gauntlet plaster	N		
Q4014	Cast sup gauntlet fiberglass	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
Q4015	Cast sup gauntlet ped plster	N		
Q4016	Cast sup gauntlet ped fbrgls	N		
Q4017	Cast sup lng arm splint plst	N		
Q4018	Cast sup lng arm splint fbrg	N		
Q4019	Cast sup lng arm splnt ped p	N		
Q4020	Cast sup lng arm splnt ped f	N		
Q4021	Cast sup sht arm splint plst	N		
Q4022	Cast sup sht arm splint fbrg	N		
Q4023	Cast sup sht arm splnt ped p	N		
Q4024	Cast sup sht arm splnt ped f	N		
Q4025	Cast sup hip spica plaster	N		
Q4026	Cast sup hip spica fiberglas	N		
Q4027	Cast sup hip spica ped plstr	N		
Q4028	Cast sup hip spica ped fbrgl	N		
Q4029	Cast sup long leg plaster	N		
Q4030	Cast sup long leg fiberglass	N		
Q4031	Cast sup lng leg ped plaster	N		
Q4032	Cast sup lng leg ped fbrgls	N		
Q4033	Cast sup lng leg cylinder pl	N		
Q4034	Cast sup lng leg cylinder fb	N		
Q4035	Cast sup lngleg cylndr ped p	N		
Q4036	Cast sup lngleg cylndr ped f	N		
Q4037	Cast sup shrt leg plaster	N		
Q4038	Cast sup shrt leg fiberglass	N		
Q4039	Cast sup shrt leg ped plster	N		
Q4040	Cast sup shrt leg ped fbrgls	N		
Q4041	Cast sup lng leg splnt plstr	N		
Q4042	Cast sup lng leg splnt fbrgl	N		
Q4043	Cast sup lng leg splnt ped p	N		
Q4044	Cast sup lng leg splnt ped f	N		
Q4045	Cast sup sht leg splnt plstr	N		
Q4046	Cast sup sht leg splnt fbrgl	N		
Q4047	Cast sup sht leg splnt ped p	N		
Q4048	Cast sup sht leg splnt ped f	N		
Q4049	Finger splint, static	N		
Q4050	Cast supplies unlisted	Y		
Q4051	Splint supplies misc	N		
Q4074	Iloprost non-comp unit dose	N		
Q4079	Injection, natalizumab, per 1 mg	N		
Q4081	Epoetin alfa, 100 units esrd	N		
Q4082	Drug/bio noc part b drug cap	N		
Q4086	OTHROVISC	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
Q4100	Skin substitute, nos	Y		
Q4101	Apligraf	Y		
Q4102	Oasis wound matrix	Y		
Q4103	Oasis burn matrix	Y		
Q4104	Integra bmwd	Y		
Q4105	Integra drt	Y		
Q4106	Dermagraft	Y		
Q4107	Graftjacket	Y		
Q4108	Integra matrix	Y		
Q4110	Primatrix	Y		
Q4111	Gammagraft	Y		
Q4112	Cymetra injectable	Y		
Q4113	Graftjacket xpress	Y		
Q4114	Integra flowable wound matri	Y		
Q4115	Alloskin	N		
Q4116	Alloderm	Y		
Q4117	Hyalomatrix	Y		
Q4118	Matristem micromatrix	Y		
Q4119	Matristem wound matrix	Y		
Q4120	Matristem burn matrix	Y		
Q4121	Theraskin	Y		
Q4122	Dermacell	N		
Q4123	Alloskin	N		
Q4124	Oasis tri-layer wound matrix	N		
Q4125	Arthroflex	N		
Q4126	Memoderm/derma/tranz/integup	N		
Q4127	Talymed	N		
Q4128	Flexhd/allopatchhd/matrixhd	N		
Q4129	Unite biomatrix	N		
Q4130	Strattice tm	N		
Q4132	Grafix core	Y		
Q4133	Grafix prime	Y		
Q4134	Hmatrix	Y		
Q4135	Mediskin	Y		
Q4136	Ezderm	Y		
Q4137	Amnioexcel or biodexcel, 1cm	N		
Q4138	Biodfence dryflex, 1cm	N		
Q4139	Amnio or biodmatrix, inj 1cc	N		
Q4140	Biodfence 1cm	N		
Q4141	Alloskin ac, 1 cm	N		
Q4142	Xcm biologic tiss matrix 1cm	N		
Q4143	Repriza, 1cm	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
Q4145	Epifix, inj, 1mg	N		
Q4146	Tensix, 1cm	N		
Q4147	Architect ecm px fx 1 sq cm	N		
Q4148	Neox 1k, 1cm	N		
Q4149	Excellagen, 0.1 cc	N		
Q4150	Allowrap ds or dry 1 sq cm	N		
Q4151	Amnioband, guardian 1 sq cm	N		
Q4152	Dermapure 1 square cm	N		
Q4153	Dermavest, plurivest sq cm	N		
Q4154	Biovance 1 square cm	N		
Q4155	Neoxflo or clariflo 1 mg	N		
Q4156	Neox 100 1 square cm	N		
Q4157	Revitalon 1 square cm	N		
Q4158	Marigen 1 square cm	N		
Q4159	Affinity1 square cm	Y		9/1/2018
Q4160	Nushield 1 square cm	Y		9/1/2018
Q4161	Bio-connekt per square cm	N		
Q4162	Amnio bio and woundex flow	N		
Q4163	Amnio bio and woundex sq cm	N		
Q4164	Helicoll, per square cm	N		
Q4165	Keramatrix, per square cm	N		
Q4166	Cytal, per square centimeter	Y		
Q4167	Truskin, per sq centimeter	Y		
Q4168	Amnioband, 1 mg	Y		
Q4169	Artacent wound, per sq cm	Y		
Q4170	Cygnus, per sq cm	Y		
Q4171	Interfyl, 1 mg	Y		
Q4173	Palingen or palingen xplus, per square cm	Y		
Q4174	Palingen or promatrix, 0.36 mg per 0.25 cc	Y		
Q4175	Miroderm, per square centimeter	Y		
Q4176	Neopatch, per square centimeter	Y		1/1/2018
Q4177	Floweramnioflo, 0.1 cc	Y		1/1/2018
Q4178	Floweramniopatch, per square centimeter	Y		1/1/2018
Q4179	Flowerderm, per square centimeter	Y		1/1/2018
Q4180	Revita, per square centimeter	Y		1/1/2018
Q4181	Amnio wound, per square centimeter			1/1/2018
Q4182	Transcyte, per square centimeter			1/1/2018
Q5001	Hospice or home hlth in home	N		
Q5002	Hospice/home hlth in asst lv	N		
Q5003	Hospice in lt/non-skilled nf	N		
Q5004	Hospice in snf	N		
Q5005	Hospice, inpatient hospital	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
Q5006	Hospice in hospice facility	N		
Q5007	Hospice in ltch	N		
Q5008	Hospice in inpatient psych	N		
Q5009	Hospice Or Home Health Care	Y		
Q5010	Hospice home care in hospice	N		
Q5101	Inj filgrastim gcsf biosimil	Y		
Q5109		Y		4/1/2019
Q9950	Inj sulf hexa lipid microsph	N		
Q9951	Locm >= 400 mg/ml iodine,1ml	N		
Q9952	INJ GADOLINM-BASD MR CONTRST AGT ML	N		
Q9953	Inj fe-based mr contrast,1ml	N		
Q9954	Oral mr contrast, 100 ml	N		
Q9955	Inj perflexane lip micros,ml	N		
Q9956	Inj octafluoropropane mic,ml	N		
Q9957	Inj perflutren lip micros,ml	N		
Q9958	Hocm <=149 mg/ml iodine, 1ml	N		
Q9959	Hocm 150-199mg/ml iodine,1ml	N		
Q9960	Hocm 200-249mg/ml iodine,1ml	N		
Q9961	Hocm 250-299mg/ml iodine,1ml	N		
Q9962	Hocm 300-349mg/ml iodine,1ml	N		
Q9963	Hocm 350-399mg/ml iodine,1ml	N		
Q9964	Hocm>= 400mg/ml iodine, 1ml	N		
Q9965	Locm 100-199mg/ml iodine,1ml	N		
Q9966	Locm 200-299mg/ml iodine,1ml	N		
Q9967	Locm 300-399mg/ml iodine,1ml	N		
Q9968	Visualization adjunct	N		
Q9969	Non-heu tc-99m add-on/dose	N		
Q9970	Inj ferric carboxymaltos 1mg	N		
Q9972	Epoetin beta esrd use	N		
Q9973	Epoetin beta non esrd	N		
Q9974	Morphine epidural/intratheca	N		
Q9975	Factor viii fc fusion recomb	N		
Q9976	Inj ferric pyrophosphate cit	N		
Q9977	Compounded drug noc	N		
Q9978	Netupitant palonosetron oral	N		
Q9979	Injection, alemtuzumab	N		
Q9980	Genvisc, inj, 1mg	Y		
Q9987	PATHOAGENTEST FOR PLATELETS	Y		
Q9989	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1MG, Stelara, for plaque psoriasis and psoriatic arthritis	Y		
Q9995		Y		4/1/2019

RELEASED 4/1/2019**IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>**

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
R0070	Transport portable x-ray	N		
R0075	Transport port x-ray multipl	N		
R0076	Transport portable ekg	N		
S0012	Butorphanol tartrate, nasal	N		
S0014	Tacrine hydrochloride, 10 mg	N		
S0017	Injection, aminocaproic acid	N		
S0020	Injection, bupivacaine hydro	N		
S0021	Injection, cefoperazone sod	N		
S0023	Injection, cimetidine hydroc	N		
S0028	Injection, famotidine, 20 mg	N		
S0030	Injection, metronidazole	N		
S0032	Injection, nafcillin sodium	N		
S0034	Injection, ofloxacin, 400 mg	N		
S0039	Injection, sulfamethoxazole	N		
S0040	Injection, ticarcillin disod	N		
S0073	Injection, aztreonam, 500 mg	N		
S0074	Injection, cefotetan disodiu	N		
S0077	Injection, clindamycin phosp	N		
S0078	Injection, fosphenytoin sodi	N		
S0080	Injection, pentamidine iseth	N		
S0081	Injection, piperacillin sodi	N		
S0088	Imatinib 100 mg	N		
S0090	Sildenafil citrate, 25 mg	N		
S0091	Granisetron 1mg	N		
S0092	Hydromorphone 250 mg	N		
S0093	Morphine 500 mg	N		
S0104	Zidovudine, oral, 100 mg	N		
S0106	Bupropion hcl sr 60 tablets	N		
S0108	Mercaptopurine 50 mg	N		
S0109	Methadone oral 5mg	N		
S0116	BEVACIZUMAB 100 MG	N		
S0117	Tretinoin topical 5 g	N		
S0119	Ondansetron 4 mg	N		
S0122	Inj menotropins 75 iu	N		
S0126	Inj follitropin alfa 75 iu	N		
S0128	Inj follitropin beta 75 iu	N		
S0132	Inj ganirelix acetat 250 mcg	N		
S0136	Clozapine, 25 mg	N		
S0137	Didanosine, 25 mg	N		
S0138	Finasteride, 5 mg	N		
S0139	Minoxidil, 10 mg	N		
S0140	Saquinavir, 200 mg	Y		

RELEASED 4/1/2019**IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>**

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
S0142	Colistimethate inh sol mg	N		
S0144	Inj, propofol, 10 mg	N		
S0145	Peg interferon alfa-2a/180	N		
S0148	Peg interferon alfa-2b/10	N		
S0155	Epoprostenol dilutant	N		
S0156	Exemestane, 25 mg	N		
S0157	Becaplermin gel 1%, 0.5 gm	N		
S0160	Dextroamphetamine	N		
S0164	Injection pantoprazole	N		
S0166	Inj olanzapine 2.5mg	N		
S0169	Calcitrol	N		
S0170	Anastrozole 1 mg	N		
S0171	Bumetanide 0.5 mg	N		
S0172	Chlorambucil 2 mg	N		
S0174	Dolasetron 50 mg	N		
S0175	Flutamide 125 mg	N		
S0176	Hydroxyurea 500 mg	N		
S0177	Levamisole 50 mg	N		
S0178	Lomustine 10 mg	N		
S0179	Megestrol 20 mg	N		
S0182	Procarbazine, oral	N		
S0183	Prochlorperazine 5 mg	N		
S0187	Tamoxifen 10 mg	N		
S0189	Testosterone pellet 75 mg	N		
S0190	Mifepristone, oral, 200 mg	N		
S0191	Misoprostol, oral, 200 mcg	N		
S0194	Vitamin suppl 100 caps	N		
S0195	Pneumo vaccine 5-9 yrs	N		
S0197	Prenatal vitamins 30 day	N		
S0199	Med abortion inc all ex drug	N		
S0201	Partial hospitalization serv	N		
S0207	Paramedicintercep nonhospals	N		
S0208	Paramed intrcept nonvol	N		
S0209	Wc van mileage per mi	N		
S0215	Nonemerg transp mileage	N		
S0220	Medical conference by physic	N		
S0221	Medical conference, 60 min	N		
S0250	Comp geriatr assmt team	N		
S0255	Hospice refer visit nonmd	N		
S0257	End of life counseling	N		
S0260	H&p for surgery	N		
S0265	Genetic counsel 15 mins	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
S0270	Home std case rate 30 days	N		
S0271	Home hospice case 30 days	N		
S0272	Home episodic case 30 days	N		
S0273	Md home visit outside cap	N		
S0274	Nurse practr visit outs cap	N		
S0280	Medical home, initial plan	N		
S0281	Medical home, maintenance	N		
S0302	Completed epsdt	N		
S0310	Hospitalist visit	N		
S0315	Disease management program	N		
S0316	Follow-up/reassessment	N		
S0317	Disease mgmt per diem	N		
S0320	Rn telephone calls to dmp	N		
S0340	Lifestyle mod 1st stage	N		
S0341	Lifestyle mod 2 or 3 stage	N		
S0342	Lifestyle mod 4th stage	N		
S0353	Cancer treatmentplan initial	N		
S0354	Cancer treatment plan change	N		
S0390	Rout foot care per visit	N		
S0395	Impression casting ft	N		
S0400	Global eswl kidney	N		
S0500	Dispos cont lens	N		
S0504	Singl prscrp lens	N		
S0506	Bifoc prscp lens	N		
S0508	Trifoc prscrp lens	N		
S0510	Non-prscrp lens	N		
S0512	Daily cont lens	N		
S0514	Color cont lens	N		
S0515	Scleral lens liquid bandage	N		
S0516	Safety frames	N		
S0518	Sunglass frames	N		
S0580	Polycarb lens	N		
S0581	Nonstnd lens	N		
S0590	Misc integral lens serv	N		
S0592	Comp cont lens eval	N		
S0595	New lenses in pts old frame	N		
S0596	Phakic iol refractive error	N		
S0601	Screening proctoscopy	N		
S0610	Annual gynecological examina	N		
S0612	Annual gynecological examina	N		
S0613	Ann breast exam	N		
S0618	Audiometry for hearing aid	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
S0620	Routine ophthalmological exa	N		
S0621	Routine ophthalmological exa	N		
S0622	Phys exam for college	N		
S0630	Removal of sutures	N		
S0800	Laser in situ keratomileusis	N		
S0810	Photorefractive keratectomy	N		
S0812	Phototherap keratect	N		
S1001	Deluxe item	N		
S1002	Custom item	N		
S1015	Iv tubing extension set	N		
S1016	Non-pvc intravenous administ	N		
S1030	Gluc monitor purchase	N		
S1031	Gluc monitor rental	N		
S1034	Art pancreas system	N		
S1035	Art pancreas inv disp sensor	N		
S1036	Art pancreas ext transmitter	N		
S1037	Art pancreas ext receiver	N		
S1040	Cranial remolding orthosis	Y		
S1090	Mometasone sinus implant	N		
S2053	Transplantation of small int	N		
S2054	Transplantation of multivisc	N		
S2055	Harvesting of donor multivis	N		
S2060	Lobar lung transplantation	N		
S2061	Donor lobectomy (lung)	N		
S2065	Simult panc kidn trans	N		
S2066	Breast gap flap reconst	N		
S2067	Breast "stacked" diep/gap	N		
S2068	Breast diep or siea flap	N		
S2070	Cysto laser tx ureteral calc	N		
S2079	Lap esophagomyotomy	N		
S2080	Laup	Y		
S2083	Adjustment gastric band	N		
S2095	Transcath emboliz microspher	N		
S2102	Islet cell tissue transplant	N		
S2103	Adrenal tissue transplant	N		
S2107	Adoptive immunotherapy	N		
S2112	Knee arthroscop harv	N		
S2115	Periacetabular osteotomy	N		
S2117	Arthroereisis, subtalar	N		
S2118	Total hip resurfacing	Y		
S2120	Low density lipoprotein(ldl)	N		
S2140	Cord blood harvesting	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
S2142	Cord blood-derived stem-cell	N		
S2150	Bmt harv/transpl 28d pkg	N		
S2152	Solid organ transpl pkg	N		
S2202	Echosclerotherapy	N		
S2205	Minimally invasive direct co	N		
S2206	Minimally invasive direct co	N		
S2207	Minimally invasive direct co	N		
S2208	Minimally invasive direct co	N		
S2209	Minimally invasive direct co	N		
S2225	Myringotomy laser-assist	N		
S2230	Implant semi-imp hear	N		
S2235	Implant auditory brain imp	N		
S2260	Induced abortion 17-24 weeks	N		
S2265	Induced abortion 25-28 wks	N		
S2266	Induced abortion 29-31 wks	N		
S2267	Induced abortion 32 or more	N		
S2300	Arthroscopy, shoulder, surgi	N		
S2325	Hip core decompression	N		
S2340	Chemodeneration of abductor	N		
S2341	Chemodenerg adduct vocal	N		
S2342	Nasal endoscop po debrid	N		
S2348	Decompress disc rf lumbar	N		
S2350	Diskectomy, anterior, with d	N		
S2351	Diskectomy, anterior, with d	N		
S2360	Vertebroplast cerv 1st	N		
S2361	Vertebroplast cerv addl	N		
S2400	Fetal surg congen hernia	N		
S2401	Fetal surg urin trac obstr	N		
S2402	Fetal surg cong cyst malf	N		
S2403	Fetal surg pulmon sequest	N		
S2404	Fetal surg myelomeningo	N		
S2405	Fetal surg sacrococ teratoma	N		
S2409	Fetal surg noc	N		
S2411	Fetoscop laser ther ttts	N		
S2900	Robotic surgical system	N		
S3000	Bilat dil retinal exam	N		
S3005	Eval self-assess depression	N		
S3600	Stat lab	N		
S3601	Stat lab home/nf	N		
S3620	Newborn metabolic screening	N		
S3625	Maternal triple screen test	N		
S3626	Maternal serum quad screen	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
S3630	Eosinophil blood count	N		
S3645	Hiv-1 antibody testing of or	N		
S3650	Saliva test, hormone level;	N		
S3652	Saliva test, hormone level;	N		
S3655	Antisperm antibodies test	N		
S3708	Gastrointestinal fat absorpt	N		
S3711	Circulating tumor cell test	N		
S3713	Kras mutation analysis	Y		
S3721	Pca3 testing	N		
S3722	Dose optimization auc - 5fu	N		
S3800	Genetic testing als	N		
S3818	Brca1 gene anal	N		
S3819	Brca2 gene anal	N		
S3820	Comp brca1/brca2	Y		
S3822	Sing mutation brst/ovar	N		
S3823	3 mutation brst/ovar	Y		
S3828	Comp mlh1 gene	N		
S3829	Comp msh2 gene	N		
S3830	Gene test hnpcc comp	N		
S3831	Gene test hnpcc single	N		
S3833	Comp apc sequence	N		
S3834	Sing mutation apc	N		
S3835	Gene test cystic fibrosis	N		
S3837	Gene test hemochromato	N		
S3840	Dna analysis ret-oncogene	N		
S3841	Gene test retinoblastoma	N		
S3842	Gene test hippel-lindau	N		
S3843	Dna analysis factor v	N		
S3844	Dna analysis deafness	N		
S3845	Gene test alpha-thalassemia	N		
S3846	Gene test beta-thalassemia	N		
S3847	Gene test tay-sachs	N		
S3848	Gene test gaucher	N		
S3849	Gene test niemann-pick	N		
S3850	Gene test sickle cell	N		
S3851	Gene test canavan	N		
S3852	Dna analysis apoe alzheimer	N		
S3853	Gene test myo musclr dyst	N		
S3854	Gene profile panel breast	N		
S3855	Gene test presenilin-1 gene	N		
S3860	Genet test cardiac ion-comp	Y		
S3861	Genetic test brugada	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
S3862	Genet test cardiac ion-spec	Y		
S3865	Comp genet test hyp cardiomy	N		
S3866	Spec gene test hyp cardiomy	N		
S3870	Cgh test developmental delay	N		
S3890	Fecal dna analysis	N		
S3900	Surface emg	N		
S3902	Ballistocardiogram	N		
S3904	Masters two step	N		
S4005	Interim labor facility globa	N		
S4011	Ivf package	N		
S4013	Compl gift case rate	N		
S4014	Compl zift case rate	N		
S4015	Complete ivf nos case rate	N		
S4016	Frozen ivf case rate	N		
S4017	Ivf canc a stim case rate	N		
S4018	F emb trns canc case rate	N		
S4020	Ivf canc a aspir case rate	N		
S4021	Ivf canc p aspir case rate	N		
S4022	Asst oocyte fert case rate	N		
S4023	Incompl donor egg case rate	N		
S4025	Donor serv ivf case rate	N		
S4026	Procure donor sperm	N		
S4027	Store prev froz embryos	N		
S4028	Microsurg epi sperm asp	N		
S4030	Sperm procure init visit	N		
S4031	Sperm procure subs visit	N		
S4035	Stimulated iui case rate	N		
S4037	Cryo embryo transf case rate	N		
S4040	Monit store cryo embryo 30 d	N		
S4042	Ovulation mgmt per cycle	N		
S4981	Insert levonorgestrel ius	N		
S4989	Contracept iud	N		
S4990	Nicotine patch legend	N		
S4991	Nicotine patch nonlegend	N		
S4993	Contraceptive pills for bc	N		
S4995	Smoking cessation gum	N		
S5000	Prescription drug, generic	N		
S5001	Prescription drug,brand name	N		
S5010	5% dextrose and 0.45% saline	N		
S5011	5% dextrose in lactated ring	N		
S5012	5% dextrose with potassium	N		
S5013	5%dextrose/0.45%saline1000ml	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
S5014	D5w/0.45ns w kcl and mgs04	N		
S5035	Hit routine device maint	N		
S5036	Hit device repair	N		
S5100	Adult daycare services 15min	N		
S5101	Adult day care per half day	N		
S5102	Adult day care per diem	Y	CBAS	
S5105	Centerbased day care perdiem	N	CBAS	
S5108	Homecare train pt 15 min	N		
S5109	Homecare train pt session	N		
S5110	Family homecare training 15m	Y		
S5111	Family homecare train/sessio	N		
S5115	Nonfamily homecare train/15m	N		
S5116	Nonfamily hc train/session	N		
S5120	Chore services per 15 min	N		
S5121	Chore services per diem	N		
S5125	Attendant care service /15m	N		
S5126	Attendant care service /diem	N		
S5130	Homaker service nos per 15m	N		
S5131	Homemaker service nos /diem	N		
S5135	Adult companioncare per 15m	N		
S5136	Adult companioncare per diem	N		
S5140	Adult foster care per diem	N		
S5141	Adult foster care per month	N		
S5145	Child fostercare th per diem	N		
S5146	Ther fostercare child /month	N		
S5150	Unskilled respite care /15m	N		
S5151	Unskilled respitecare /diem	N		
S5160	Emer response sys instal&tst	N		
S5161	Emer rspns sys serv permonth	N		
S5162	Emer rspns system purchase	N		
S5165	Home modifications per serv	N		
S5170	Homedelivered prepared meal	N		
S5175	Laundry serv,ext,prof,/order	N		
S5180	Hh respiratory thrpy in eval	N		
S5181	Hh respiratory thrpy nos/day	N		
S5185	Med reminder serv per month	N		
S5190	Wellness assessment by nonph	N		
S5199	Personal Care Item	N		
S5497	Hit cath care noc	N		
S5498	Hit simple cath care	N		
S5501	Hit complex cath care	N		
S5502	Hit interim cath care	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
S5517	Hit declotting kit	N		
S5518	Hit cath repair kit	N		
S5520	Hit picc insert kit	N		
S5521	Hit midline cath insert kit	N		
S5522	Hit picc insert no supp	N		
S5523	Hip midline cath insert kit	N		
S5550	Insulin rapid 5 u	N		
S5551	Insulin most rapid 5 u	N		
S5552	Insulin intermed 5 u	N		
S5553	Insulin long acting 5 u	N		
S5560	Insulin reuse pen 1.5 ml	N		
S5561	Insulin reuse pen 3 ml	N		
S5565	Insulin cartridge 150 u	N		
S5566	Insulin cartridge 300 u	N		
S5570	Insulin dispos pen 1.5 ml	N		
S5571	Insulin dispos pen 3 ml	N		
S8030	Tantalum ring application	N		
S8032	Low dose ct lung screening	N		
S8035	Magnetic source imaging	N		
S8037	Mrcp	N		
S8040	Topographic brain mapping	N		
S8042	MRI low field	N		
S8049	Intraoperative radiation the	N		
S8055	Us guidance fetal reduct	N		
S8080	Scintimammography	N		
S8085	Fluorine-18 fluorodeoxygluco	N		
S8092	Electron beam computed tomog	N		
S8096	Portable peak flow meter	N		
S8097	Asthma kit	N		
S8100	Spacer without mask	N		
S8101	Spacer with mask	N		
S8110	Peak expiratory flow rate (p	N		
S8120	O2 contents gas cubic ft	N		
S8121	O2 contents liquid lb	N		
S8130	Interferential stim 2 chan	Y		
S8131	Interferential stim 4 chan	Y		
S8185	Flutter device	N		
S8186	Swivel adaptor	N		
S8189	Trach supply noc	N		
S8210	Mucus trap	N		
S8262	Mandib ortho repos device	N		
S8265	Haberman feeder	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
S8270	Enuresis alarm	N		
S8301	Infect control supplies nos	N		
S8415	Supplies for home delivery	N		
S8420	Custom gradient sleev/glov	N		
S8421	Ready gradient sleev/glov	N		
S8422	Custom grad sleeve med	N		
S8423	Custom grad sleeve heavy	N		
S8424	Ready gradient sleeve	N		
S8425	Custom grad glove med	N		
S8426	Custom grad glove heavy	N		
S8427	Ready gradient glove	N		
S8428	Ready gradient gauntlet	N		
S8429	Gradient pressure wrap	N		
S8430	Padding for comprssn bdg	N		
S8431	Compression bandage	N		
S8450	Splint digit	N		
S8451	Splint wrist or ankle	N		
S8452	Splint elbow	N		
S8460	Camisole post-mast	N		
S8490	100 insulin syringes	N		
S8930	Auricular electrostimulation	N		
S8940	Hippotherapy per session	N		
S8948	Low-level laser trmt 15 min	N		
S8950	Complex lymphedema therapy,	N		
S8990	Pt or manip for maint	N		
S8999	Resuscitation bag	N		
S9001	Home uterine monitor with or	N		
S9007	Ultrafiltration monitor	N		
S9015	Automated eeg monitoring	N		
S9024	Paranasal sinus ultrasound	N		
S9025	Omnicrodiogram/cardiointegra	N		
S9034	Eswl for gallstones	N		
S9055	Procuren or other growth fac	N		
S9056	Coma stimulation per diem	N		
S9061	Medical supplies and equipme	N		
S9083	Urgent care center global	N		
S9088	Services provided in urgent	N		
S9090	Vertebral axial decompressio	N		
S9097	Home visit wound care	N		
S9098	Home phototherapy visit	N		
S9109	Chf telemonitoring month	N		
S9110	Telemonitoring/home per mnth	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
S9117	Back school visit	N		
S9122	Home health aide or certifie	N		
S9123	Nursing care in home rn	N		
S9124	Nursing care, in the home; b	N		
S9125	Respite care, in the home, p	N		
S9126	Hospice care, in the home, p	N		
S9127	Social work visit, in the ho	N		
S9128	Speech therapy, in the home,	N		
S9129	Occupational therapy, in the	N		
S9131	Pt in the home per diem	N		
S9140	Diabetic management program,	N		
S9141	Diabetic management program,	N		
S9145	Insulin pump initiation	N		
S9150	Evaluation by ocluarist	N		
S9152	Speech therapy, re-eval	N		
S9208	Home mgmt preterm labor	N		
S9209	Home mgmt pprom	N		
S9211	Home mgmt gest hypertension	N		
S9212	Hm postpar hyper per diem	N		
S9213	Hm preeclamp per diem	N		
S9214	Hm gest dm per diem	N		
S9325	Hit pain mgmt per diem	N		
S9326	Hit cont pain per diem	N		
S9327	Hit int pain per diem	N		
S9328	Hit pain imp pump diem	N		
S9329	Hit chemo per diem	N		
S9330	Hit cont chem diem	N		
S9331	Hit intermit chemo diem	N		
S9335	Ht hemodialysis diem	N		
S9336	Hit cont anticoag diem	N		
S9338	Hit immunotherapy diem	N		
S9339	Hit periton dialysis diem	N		
S9340	Hit enteral per diem	N		
S9341	Hit enteral grav diem	N		
S9342	Hit enteral pump diem	N		
S9343	Hit enteral bolus nurs	N		
S9345	Hit anti-hemophil diem	N		
S9346	Hit alpha-1-proteinase diem	N		
S9347	Hit longterm infusion diem	N		
S9348	Hit sympathomim diem	N		
S9349	Hit tocolysis diem	Y		
S9351	Hit cont antiemetic diem	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
S9353	Hit cont insulin diem	N		
S9355	Hit chelation diem	N		
S9357	Hit enzyme replace diem	N		
S9359	Hit anti-tnf per diem	N		
S9361	Hit diuretic infus diem	N		
S9363	Hit anti-spasmodic diem	N		
S9364	Hit tpn total diem	N		
S9365	Hit tpn 1 liter diem	N		
S9366	Hit tpn 2 liter diem	N		
S9367	Hit tpn 3 liter diem	N		
S9368	Hit tpn over 3l diem	N		
S9370	Ht inj antiemetic diem	N		
S9372	Ht inj anticoag diem	N		
S9373	Hit hydra total diem	N		
S9374	Hit hydra 1 liter diem	N		
S9375	Hit hydra 2 liter diem	N		
S9376	Hit hydra 3 liter diem	N		
S9377	Hit hydra over 3l diem	N		
S9379	Hit noc per diem	N		
S9381	Hit high risk/escort	N		
S9401	Anticoag clinic per session	N		
S9430	Pharmacy comp/disp serv	N		
S9433	Medical food oral 100% nutr	N		
S9434	Mod solid food suppl	N		
S9435	Medical foods for inborn err	N		
S9436	Lamaze class	N		
S9437	Childbirth refresher class	N		
S9438	Cesarean birth class	N		
S9439	Vbac class	N		
S9441	Asthma education	N		
S9442	Birthing class	N		
S9443	Lactation class	N		
S9444	Parenting class	N		
S9445	Patient Education	Y		
S9446	Patient Education, Group	Y		
S9447	Infant safety class	N		
S9449	Weight mgmt class	N		
S9451	Exercise class	N		
S9452	Nutrition class	N		
S9453	Smoking cessation class	N		
S9454	Stress mgmt class	N		
S9455	Diabetic management program,	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
S9460	Diabetic management program,	N		
S9465	Diabetic management program,	N		
S9470	Nutritional counseling, diet	N		
S9472	Cardiac rehabilitation progr	N		
S9473	Pulmonary rehabilitation pro	N		
S9474	Enterostomal therapy by a re	N		
S9475	Ambulatory setting substance	N		
S9476	Vestibular rehab per diem	N		
S9480	Intensive outpatient psychia	N		
S9482	Family stabilization 15 min	N		
S9484	Crisis intervention per hour	N		
S9485	Crisis intervention mental h	N		
S9490	Hit corticosteroid/diem	N		
S9494	Hit antibiotic total diem	N		
S9497	Hit antibiotic q3h diem	N		
S9500	Hit antibiotic q24h diem	N		
S9501	Hit antibiotic q12h diem	N		
S9502	Hit antibiotic q8h diem	N		
S9503	Hit antibiotic q6h diem	N		
S9504	Hit antibiotic q4h diem	N		
S9529	Venipuncture home/snf	N		
S9537	Ht hem horm inj diem	N		
S9538	Hit blood products diem	N		
S9542	Ht inj noc per diem	N		
S9558	Ht inj growth horm diem	N		
S9559	Hit inj interferon diem	N		
S9560	Ht inj hormone diem	N		
S9562	Ht inj palivizumab diem	N		
S9590	Ht irrigation diem	N		
S9810	Ht pharm per hour	N		
S9900	Christian sci pract visit	N		
S9901	Christian sci nurse visit	N		
S9960	Air ambulanc nonemerg fixed	N		
S9961	Air ambulan nonemerg rotary	N		
S9970	Health club membership yr	N		
S9975	Transplant related per diem	N		
S9976	Lodging per diem	N		
S9977	Meals per diem	N		
S9981	Med record copy admin	N		
S9982	Med record copy per page	N		
S9986	Not medically necessary svc	N		
S9988	Serv part of phase i trial	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
S9989	Services outside us	N		
S9990	Services provided as part of	N		
S9991	Services provided as part of	N		
S9992	Transportation costs to and	N		
S9994	Lodging costs (e.g. hotel ch	N		
S9996	Meals for clinical trial par	N		
S9999	Sales tax	N		
T1000	Private duty/independent nsg	N		
T1001	Nursing assessment/evaluatn	N		
T1002	Rn services up to 15 minutes	N		
T1003	Lpn/lvn services up to 15min	N		
T1004	Nsg aide service up to 15min	N		
T1005	Respite care service 15 min	N		
T1006	Family/couple counseling	N		
T1007	Treatment plan development	N		
T1009	Child sitting services	N		
T1010	Meals when receive services	N		
T1012	Alcohol/substance abuse skil	N		
T1013	Sign lang/oral interpreter	N		
T1014	Telehealth transmit, per min	N		
T1015	Clinic service	N		
T1016	Case management	N		
T1017	Targeted case management	N		
T1018	School-based iep ser bundled	N		
T1019	Personal care ser per 15 min	N		
T1020	Personal care ser per diem	N		
T1021	Hh aide or cn aide per visit	N		
T1022	Contracted services per day	N		
T1023	Program intake assessment	Y		
T1024	Team evaluation & management	N		
T1025	Ped compr care pkg, per diem	N		
T1026	Ped compr care pkg, per hour	N		
T1027	Family training & counseling	N		
T1028	Home environment assessment	N		
T1029	Dwelling lead investigation	N		
T1030	Rn home care per diem	N		
T1031	Lpn home care per diem	N		
T1502	Medication admin visit	N		
T1503	Med admin, not oral/inject	N		
T1505	Elec med comp dev, noc	N		
T1999	Noc retail items andsupplies	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
T2001	Non-emergency transportation; patient attendant/escort	CONDITIONAL	Excluding: Hospital to home, Hospital to SNF Hospital to hospital (added 11/3/16) Dialysis to home Home to dialysis SNF to dialysis Dialysis to SNF, Home = SNF, LTC, or other residence	
T2002	N-et; per diem	Y		
T2003	N-et; encounter/trip	Y		
T2004	N-et; commerc carrier pass	Y		
T2005	N-et; stretcher van	CONDITIONAL	Excluding: Hospital to home, Hospital to SNF Hospital to hospital (added 11/3/16) Dialysis to home Home to dialysis SNF to dialysis Dialysis to SNF, Home = SNF, LTC, or other residence	
T2007	Transportation waiting time, air ambulance, and non-emergency vehicle, one-half (1/2) hour increments	Y		
T2010	Pasrr level i	N		
T2011	Pasrr level ii	N		
T2012	Habil ed waiver, per diem	N		
T2013	Habil ed waiver per hour	N		
T2014	Habil prevoc waiver, per d	N		
T2015	Habil prevoc waiver per hr	N		
T2016	Habil res waiver per diem	N		
T2017	Habil res waiver 15 min	N		
T2018	Habil sup empl waiver/diem	N		
T2019	Habil sup empl waiver 15min	N		
T2020	Day habil waiver per diem	N		
T2021	Day habil waiver per 15 min	N		
T2022	Case management, per month	N		
T2023	Targeted case mgmt per month	N		
T2024	Serv asmnt/care plan waiver	N		
T2025	Waiver Services	Y		
T2026	Special childcare waiver/d	N		
T2027	Spec childcare waiver 15 min	N		
T2028	Specialized Supply	Y		
T2029	Special med equip, noswaiver	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
T2030	Assist living waiver/month	N		
T2031	Assist living waiver/diem	N		
T2032	Res care, nos waiver/month	N		
T2033	Res, nos waiver per diem	N		
T2034	Crisis interven waiver/diem	N		
T2035	Utility services waiver	N		
T2036	Camp overnite waiver/session	N		
T2037	Camp day waiver/session	N		
T2038	Comm trans waiver/service	N		
T2039	Vehicle mod waiver/service	N		
T2040	Financial mgt waiver/15min	N		
T2041	Support broker waiver/15 min	N		
T2042	Hospice routine home care	N		
T2043	Hospice continuous home care	N		
T2044	Hospice respite care	N		
T2045	Hospice general care	N		
T2046	Hospice long term care, r&b	N		
T2048	Bh ltc res r&b, per diem	N		
T2049	N-et; stretcher van, mileage	N		
T2101	Breast milk proc/store/dist	N		
T4521	Adult size brief/diaper sm	CONDITIONAL	See IC policy	
T4522	Adult size brief/diaper med	CONDITIONAL	See IC policy	
T4523	Adult size brief/diaper lg	CONDITIONAL	See IC policy	
T4524	Adult size brief/diaper xl	CONDITIONAL	See IC policy	
T4525	Adult size pull-on sm	CONDITIONAL	See IC policy	
T4526	Adult size pull-on med	CONDITIONAL	See IC policy	
T4527	Adult size pull-on lg	CONDITIONAL	See IC policy	
T4528	Adult size pull-on xl	CONDITIONAL	See IC policy	
T4529	Ped size brief/diaper sm/med	CONDITIONAL	See IC policy	
T4530	Ped size brief/diaper lg	CONDITIONAL	See IC policy	
T4531	Ped size pull-on sm/med	CONDITIONAL	See IC policy	
T4532	Ped size pull-on lg	CONDITIONAL	See IC policy	
T4533	Youth size brief/diaper	CONDITIONAL	See IC policy	
T4534	Youth size pull-on	CONDITIONAL	See IC policy	
T4535	Disposable liner/shield/pad	CONDITIONAL	See IC policy	
T4536	Reusable pull-on any size	CONDITIONAL	See IC policy	
T4537	Reusable underpad bed size	N	See IC policy	
T4538	Diaper serv reusable diaper	CONDITIONAL	See IC policy	
T4539	Reuse diaper/brief any size	CONDITIONAL	See IC policy	
T4540	Reusable underpad chair size	CONDITIONAL	See IC policy	
T4541	Large disposable underpad	CONDITIONAL	See IC policy	
T4542	Small disposable underpad	CONDITIONAL	See IC policy	

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
T4543	Adult disp brief/diap abv xl	CONDITIONAL	See IC policy	
T4544	Adlt disp und/pull on abv xl	CONDITIONAL	See IC policy	
T5001	Position seat spec orth need	N		
T5999	Supply, nos	Y		
V2784	POLYCARBONATE LENSES	Y		
V5008	HEARING SCREENING	N		
V5010	ASSESSMENT FOR HEARING AID	N		
V5011	Fitting of hearing aid	N		6/1/18
V5014	REPAIR/MODIFICATION OF HEARING AID	CONDITIONAL	Require prior authorization for charges over \$25. Less than \$25 do not require prior authorization.	
V5014	Hearing aid repair/modification	Y		
V5030	HEAR AID MONAURL BDY WRN AIR CONDCT	Y		1/1/2006
V5040	HEAR AID MONAURL BDY WORN BN CONDCT	Y		1/1/2006
V5050	HEARING AID MONAURAL IN THE EAR	Y		1/1/2006
V5060	HEARING AID MONAURAL BEHIND THE EAR	Y		1/1/2006
V5070	GLASSES AIR CONDUCTION	Y		1/1/2006
V5080	GLASSES BONE CONDUCTION	Y		1/1/2006
V5120	BINAURAL BODY	Y		1/1/2006
V5130	BINAURAL IN THE EAR	Y		1/1/2006
V5140	BINAURAL BEHIND THE EAR	Y		1/1/2006
V5150	BINAURAL GLASSES	Y		1/1/2006
V5171	HA CONTRALAT RTE DVC MONAURAL ITE	Y		1/1/2019
V5172	HA CONTRALAT RTE DVC MONAURAL ICT	Y		1/1/2019
V5181	HA CONTRALAT RTE DVC MONAURAL BTE	Y		1/1/2019
V5190	HA CONTRALAT RTE MONAURAL GLASSES	Y		1/1/2006
V5211	HA CONTRALAT RS BINAURAL ITE/ITE	Y		1/1/2019
V5212	HA CONTRALAT RS BINAURAL ITE/ITE	Y		1/1/2019
V5213	HA CONTRA RTE SYS BINAURAL ITE/ITC	Y		1/1/2019
V5214	HA CONTRA ROUT SYS BINAURAL ITE/BTE	Y		1/1/2019
V5215	HA CONTRA ROUT SYS BINAURAL ITC/ITC	Y		1/1/2019
V5221	HA CONTRA ROUT SYS BINAURAL ITC/BTE	Y		1/1/2019
V5230	HA CONTRALAT RTE SYS BINAUR GLASSES	Y		1/1/2006
V5264	EAR MOLD/INSERT NOT DISPBL ANY TYPE	N		
V5266	BATTERY FOR HEARING AID DEVICE	N		
V5267	Hearing aid device/supplies/accessories, not otherwise specified	N		
V5298	Hearing Aid, not otherwise classified	Y		
V5299	Hearing service	Y		
X3900	Single modality to one area – initial 30 minutes	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
X3902	Single modality to one area – each additional 15 minutes	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	

RELEASED		4/1/2019			
IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on https://www.hpsm.org/authorizations					
Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release	
X3904	Single procedure to one area – initial 30 minutes	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC		
X3906	Single procedure to one area – each additional 15 minutes	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC		
X3908	PHYSICAL THERAPY	CONDITIONAL	PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) PA required: Member < 21; SNF; LTC		
X3910	PHYSICAL THERAPY	CONDITIONAL	PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) PA required: Member < 21; SNF; LTC		
X3912	Hubbard Tank – initial 30 minutes	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC		
X3914	Hubbard Tank – each additional 15 minutes	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC		
X3916	PHYSICAL THERAPY	CONDITIONAL	PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) PA required: Member < 21; SNF; LTC		
X3918	PHYSICAL THERAPY	CONDITIONAL	PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) PA required: Member < 21; SNF; LTC		
X3920	PHYSICAL THERAPY	CONDITIONAL	PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) PA required: Member < 21; SNF; LTC		
X3922	PHYSICAL THERAPY	CONDITIONAL	PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) PA required: Member < 21; SNF; LTC		
X3924	Physical Therapy Preliminary Evaluation rehabilitation center, SNF, ICF	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC		
X3926	Case conference and report – initial 30 minutes	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC		
X3928	Case consultation and report	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC		
X3930	Case conference and report – each additional 15 minutes	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC		
X3932	Home or long term care facility visit – add Mileage, per mile one-way beyond 10-mile radius 1.77 of point of origin (office or home)	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC		
X3934	Mileage, per mile one-way beyond 10-mile radius	Y			
X3936	Unlisted	Y			
X4100	OCCUPATIONAL THERAPY	CONDITIONAL	PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) PA required: Member < 21; SNF; LTC		
X4102	OCCUPATIONAL THERAPY	CONDITIONAL	PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) PA required: Member < 21; SNF; LTC		
X4104	OCC THER CSE CONF INI 30 MIN	Y			
X4106	OCC THER CSE CONF EA ADD 15 MIN	Y			
X4110	OCCUPATIONAL THERAPY	CONDITIONAL	PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) PA required: Member < 21; SNF; LTC		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
X4112	OCCUPATIONAL THERAPY	CONDITIONAL	PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) PA required: Member < 21; SNF; LTC	
X4118	OCC THER ! UNLISTED	Y		
X4120	OCC THERAPY, CASE CONSULTATION AND	Y		
X4300	SPEECH THERAPY	CONDITIONAL	PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) PA required: Member < 21; SNF; LTC	
X4301	SPEECH THERAPY	CONDITIONAL	PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) PA required: Member < 21; SNF; LTC	
X4302	SPEECH THERAPY	CONDITIONAL	PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) PA required: Member < 21; SNF; LTC	
X4303	SPEECH THERAPY	CONDITIONAL	PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) PA required: Member < 21; SNF; LTC	
X4304	SPEECH THERAPY	CONDITIONAL	PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) PA required: Member < 21; SNF; LTC	
X4310	SPEECH THERAPY	CONDITIONAL	PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) PA required: Member < 21; SNF; LTC	
X4312	SPEECH THERAPY	CONDITIONAL	PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) PA required: Member < 21; SNF; LTC	
X4500	SP HR HR DIAG AUDIOLOG EVALUATION	N		
X4501	SP HR HR PURE TONE AUDIOMETRY	Y		
X4504	SP HR O HR S AUDIOMETRY DURING SUR	Y		
X4506	PEDIATRIC EVAL 0-7 YRS FIRST VISIT	N		
X4508	PEDIATRIC EVAL 0-7 YRS FIRST DIAG	N		
X4510	PEDIATRIC EVAL 0-7 YRS SECOND DIAG	N		
X4512	SP HR HR BEKESY AUDIOMETRY	Y		
X4514	SP HR HR SHORT INCREMENT SENSITIVI	Y		
X4516	LOUDNESS BALANCE TEST	N		
X4518	SP HR HR TONE DECAY TEST	Y		
X4520	VISUAL EVOKED POTENT RESP TEST MED	N		
X4522	EVOKED RESP AUDIOMET TEST PHYSICIA	N		
X4524	SOMATOSENSORY TEST 1/MORE NERVS PH	N		
X4526	HEARING THER INDIVID PER HOUR	N		
X4528	HEARING THER GROUP EA PAT OVER 1,A	N		
X4530	IMPEDANCE AUDIOMETRY, TYMPANOMETRY	N		
X4532	ELECTROACOUSTIC ANALYSIS OF HEARIN	N		
X4536	WEBER TEST	N		
X4538	IMPEDANCE AUDIOMETRY (UNILATERAL)	N		
X4540	TYMPANOMETRY	N		
X4542	ELECTRO-ACOUSTIC ANALYSIS OF HEARI	N		
X4544	SPEECH THERAPY HANDICAPPED PERSON	Y		
X4546	ELECTRONYSTAGMOGRAPHY/ENG	N		
X4700	RESPIRATORY CARE EVALUATION	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
X4702	RESPIRATORY CARE CASE CONFERENCE	N		
X5500	ACETAZOLAMIDE-500MG(DIAMOX)	N		
X5501	ZEMPLAR INJECTION 5 MCG	N		
X5503	ZEMPLAR INJ 2MCG	N		
X5505	HECTOROL INJECTION 2 MCG	N		
X5507	HECTOROL INJECTION 4 MCG	N		
X5509	TINZAPARIN SODIUM 1000 IU/CC	N		
X5514	ACTH-25UNITS DRY PWD/VIAL	N		
X5516	ACTH(OR)CORTICOTROPIN-80UNITS/ML	N		
X5518	ACTH(OR)CORTICOTROPIN-40UNITS/ML	N		
X5520	ACTH(OR)CORTICOTROPIN-25UNITS/ML	N		
X5522	ADENOSINE PHOSPHATE-25MG/ML(ADENOC	N		
X5528	EPINEPHRINE HCL-1MG/ML(ADRENALIN C	N		
X5530	EPINEPHRINE PNT-1:1000 SOL(ADRENAL	N		
X5534	POLYMYXIN B SULFATE-500,000 UNITS	N		
X5536	BIPERIDEN-5MG/ML(AKINETON)	N		
X5540	METHYDOLPA/METHYLDOPATE HCL-25MG/M	N		
X5550	AMPICILLIN SOD-PARENTERAL-125MG PW	N		
X5552	TRIAMCINOLONE-40MG/ML SUSPENSION	N		
X5554	METHYLPREDNISOLONE SOD SUCCINATE40	N		
X5556	AMINOCAPROIC ACID-250MG/ML(AMICAR)	N		
X5558	AMIKACIN SULFATE-1GM/4ML VIAL(AMIK	N		
X5560	AMIKACIN SULFATE-100MG/2ML VIAL(AM	N		
X5562	AMIKACIN SULFATE-500MG/ML VIAL(AMI	N		
X5564	AMITRIPTYLINE HCL-10MG/ML(ELAVIL H	N		
X5566	AMOBARBITAL SOD-500MG(AMYTAL SOD)	N		
X5572	AMPHOTERICIN B-50MG/ML(FUNGIZONE I	N		
X5576	AMPICILLIN SOD PAR-2G PWD PIGGYBAC	N		
X5578	AMPICILLIN SOD PARENTAL-2G PWD VIA	N		
X5580	AMPICILLIN SOD PARENTAL-1G PWD PIG	N		
X5582	AMPICILLIN SOD PARENTAL-1G PWD VIA	N		
X5584	AMPICILLIN SOD PARENTAL-5007G PWD	N		
X5586	AMPICILLIN SOD PARENTAL-500MG PWD	N		
X5588	AMPICILLIN SOD PARENTAL-250MG PWD	N		
X5598	NANDROLONE PHENPROPINATE-50MG/ML(O	N		
X5600	NANDROLONE DECANOATE-100MG/ML(OIL)	N		
X5602	CEFAZOLIN SODIUM-10G/100ML VIAL(AN	N		
X5604	CEFAZOLIN SODIUM-1G/REDI VIAL(ANCE	N		
X5606	CEFAZOLIN SODIUM-1G/100ML PIGGYBAC	N		
X5608	CEFAZOLIN SODIUM-1G/10ML VIAL(ANCE	N		
X5610	CEFAZOLIN SODIUM/500MG/100 VIAL(AN	N		
X5612	CEFAZOLIN SODIUM-500MG/10ML VIAL(A	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
X5614	CEFAZOLIN SODIUM-250MG/10ML VIAL(A	N		
X5618	TESTOSTERONE CYPIONATE-100MG/ML	N		
X5620	TESTOSTERONE CYPIONATE/ESTRADIOL	N		
X5622	CHORIONIC GONADOTROPIN(HCG)1000 UN	N		
X5626	TESTOSTERONE ENANTHATE-100MG/ML	N		
X5628	TESTOSTERONE-50MG/ML	N		
X5630	NANDROLONE PHENPROPIONATE-25MG/ML(N		
X5632	NANDROLONE DECANDATE-50MG/ML(OIL)	N		
X5634	TESTOSTERONE ENANTHATE-200MG/ML	N		
X5636	SUCCINYLCHOLINE CHLORIDE-20MG/ML(A	N		
X5640	PHYSOSTIGMINE SALICYLATE-1MG/ML(AN	N		
X5642	DICYCLOMINE HCL-10MG/ML	N		
X5644	CHORIONIC GONADOTRIPIN(HCG)500 UNI	N		
X5646	CHORIONIC GONADOTROPIN(HCG)2000 UN	N		
X5648	HYDRALAZINE HCL-20MG/ML(APRESOLINE	N		
X5650	PHYTONADIONE(K-1)METH-NAPTH-10MG/M	N		
X5652	PHYTONADIONE(K-1)METH-NAPTH-2MG/ML	N		
X5654	VITAMIN A-50,000 IU/ML(AQUASOL)	N		
X5656	CHLOROQUINE HCL 50MG/ML(ARALAN)	N		
X5658	METARAMINOL-10MG/ML(1%)(AS BITARTR	N		
X5660	ESTRADIOL VALERATE IN OIL-20MG/ML	N		
X5662	ESTRADIOL VALERATE IN OIL-10MG/ML	N		
X5666	TESTIN-ENANTHATE-ESTRA VALCRATE-90	N		
X5668	TRIMETHAPHAN CAMSYLATE-50MG/ML(ARF	N		
X5672	ARISTOSPAN 20 MG/CC - 5CC VIAL	N		
X5674	ARISTOSPAN 5MG/CC - 5CC VIAL	N		
X5678	SODIUM THIOSALICYLATE - 50MG/CC VI	N		
X5680	ASCORBIC ACID-500MG/ML(CEVALIN)	N		
X5682	ASCORBIC ACID-250 MG/ML	N		
X5694	ATROPINE SULFATE-1.0 MG/ML	N		
X5698	ATROPINE SULFATE-0.5 MG/ML	N		
X5700	ATROPINE SULFATE 0.4 MG/ML	N		
X5702	ATROPINE SULFATE-0.3MG/ML	N		
X5704	ATROPINE SULFATE-0.1MG/ML	N		
X5708	AUROTHIOGLUCOSE-50MG/ML(SOLGANAL)	N		
X5710	METHICILLIN SOD-6G VIALS(AZAPEN CE	N		
X5712	METHICILLIN SOD-4G VIALS(AZAPEN-CE	N		
X5714	METHICILLIN SODIUM-1G VIALS(AZAPEN	N		
X5716	BACITRACIN IM-50,000 UNIT VIALS	N		
X5718	BACITRACIN IM-10,000 UNIT VIAL	N		
X5720	OXACILLIN SOD-4G PWD VIAL(PROSTAPH	N		
X5722	OXACILLIN SOD-2G PWD VIAL(PROSTAPH	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
X5724	OXACILLIN SOD-1G PWD VIAL(PROSTAPH	N		
X5726	OXACILLIN SOD-500MG PWD VIAL(PROST	N		
X5728	DIMERCAPROL-100MG/ML(BAL IN OIL)	N		
X5738	DIPHEN YDRAMINE HCL-50MG/ML(BENADR	N		
X5740	DIPHENHYDRAMINE HCL(BENADRYL-BENAH	N		
X5744	BENZTROPINE MESYLATE-1MG/ML(COGENT	N		
X5750	BERROCCA-C-2 ML	N		
X5752	CYANOCOBALAMIN CRYSTALLINE-1000MCG	N		
X5756	ESTROGENIC SUB-AQUEOUS-2MG/ML	N		
X5762	BETHANECHOL CHLORIDE 5MG/ML	N		
X5764	PENICILLIN G BENZATHINE 900,000 30	N		
X5766	PENICILLIN G BENZATHINE/PRO/300,00	N		
X5768	PENICILLIN G BENZATHINE/PRO-150,00	N		
X5770	PENICILLIN G BENZATHINE PAR 600,00	N		
X5772	PENICILLIN G BENZATHINE PAR 300,00	N		
X5774	HYDROCORTISONE ACETATE-50MG/ML-SUS	N		
X5776	TERBUTALINE SUL-1MG/ML(BRETHINE BR	N		
X5778	BRETYLIUM TOSYLATE-50MG/ML(BRETYLO	N		
X5780	METHOHEXITAL SOD-5G(BREVITAL SOD	N		
X5782	METHOHEXITAL SOD-2.5G/BREVITAL SOD	N		
X5784	METHOHEXITAL SOD-500MG/ML(BREVITAL	N		
X5786	BROMPHENIRAMINE MALEATE/100 MG/ML	N		
X5790	BUPIVACAINE HCL-0.75%(MARCAINE)	N		
X5792	BUPIVACAINE HCL-0.25%(MARCAINE HCL	N		
X5794	BUPIVACAINE HCL-0.5%	N		
X5796	BUTORPHANOL TARTRATE-2MG/ML(STADOL	N		
X5798	BUTORPHANOL TARTRATE-1MG/ML(STADOL	N		
X5800	CAFFEINE-SOD BENZOATE-250MG/CC	N		
X5802	VIT D-500,000IU D2/ML(CAL VIT D2)	N		
X5804	CALCILONIN-400MCR UNITS(CALCIMAR)	N		
X5808	CALCIUM DISODIUM EDETATE-200MG/ML	N		
X5810	CAPREOMYCIN SUL-1GM/5CC (CAPASTAT)	N		
X5818	MEPIVACAINE HCL-2%(CARBOCAINE)	N		
X5820	MEPIVACAINE HCL-1.5%(CARBOCAINE)	N		
X5822	MEPIVACAINE HCL-1%(CARBOCAINE)	N		
X5826	DESLANOSIDE-0.2MG/ML(CEDILANID-D)	N		
X5828	CEE-B-COMPLEX-30 ML	N		
X5840	CEFAMANDOLE NAFATE-500MG/10ML VIAL	N		
X5844	CEFAMANDOLE NAFATE-2G/20ML VIAL(MA	N		
X5846	CAFAMNDOLE NAFATE-1G100ML VIAL(MAN	N		
X5848	CEFAMANDOLE NAFATE-1G/10ML VIAL(MA	N		
X5850	CEFONICID, SODIUM 500 MG	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
X5852	CEFONICID, SODIUM, 1GM	N		
X5854	CEFOXITIN SODIUM-2G/VIAL(MEFO XIN)	N		
X5856	CEFOXITIN SODIUM-1G/VIAL(MEFOXIN)	N		
X5858	SODIUM CEFTRIAZONE 2GM	N		
X5860	SODIUM CEFTRIAZONE 1GM	N		
X5862	SODIUM CEFTRIAZONE 500 MGM	N		
X5864	SODIUM CEFTRIAZONE 250MGM	N		
X5866	METHICILLIN SOD-2G PIGGYBACK UNITS	N		
X5868	METHICILLIN SOD-1G PIGGYBACK UNITS	N		
X5872	CELESTONE PHOSPHTATE	N		
X5876	CELESTONE SOLUSPAN 1ML OF 3MG/ML	N		
X5878	CELESTONE SOLUSPAN-6MG/CC - 5CC	N		
X5880	TRIAMCINOLONE ACETATE-40MG/ML SUSP	N		
X5882	SODIUM ASCORBATE-500 MG/ML(CENOLAT	N		
X5888	CEPHALOTHIN SODIUM-20G/200ML VIAL(N		
X5890	CEPHALOTHIN SODIUM-4G/50ML VIAL(KE	N		
X5892	CEPHALOTHIN SODIUM-2G/100ML VIAL(K	N		
X5898	CEPHALOTHIN SODIUM-1G/10 ML VIAL/K	N		
X5906	CEPHRADINE-1G/VIAL(VELOSEF)	N		
X5908	CEPHRADINE-500MG/VIAL(VELOSEF)	N		
X5910	CEPHRADINE-250MG/VIAL(VELOSEF)	N		
X5912	SODIUM ASCORBATE-250MG/ML(CEVITA)	N		
X5914	CHLORPHENIRAMINE MALEATE/100 MG	N		
X5918	CHLORPROMAZINE HCL-25MG/ML	N		
X5920	CHLORDIAZEDOXIDE-100MG/5ML(LIBRUIM	N		
X5922	CHLORAMPHENICOL-1G/VIAL AS DRY POW	N		
X5924	CHLOROPROCAINE HCL-3%(NES	N		
X5926	CHLOROPROCAINE HCL-2%(NES	N		
X5928	CHLOROPROCAINE HCL-1%(NESACAINE)	N		
X5930	CHLOROTHIAZIDE-500MG/20ML(DIURIL)	N		
X5932	CHLORPHENIRAMINE MALEATE-10 MG	N		
X5934	CHLORPROTHIXINE-12.5MG/ML(TARACTAN	N		
X5942	PRICOCAINE HCL-4% 1:200,000EPINEPH	N		
X5956	CLINDAMYCIN-600MG(AS PHOSPHATE/4ML	N		
X5958	CLINDAMYCIN-300MG(AS PHOSPHATE/2ML	N		
X5960	CODEINE-60MG/ML(CODEINE PHOSPHATE)	N		
X5962	CODEINE-30MG/ML(CODEINE PHOSPHATE)	N		
X5964	COLCHICINE-1MG/2ML	N		
X5966	COLISTIMETHATE SODIUM-150MG COLIST	N		
X5970	PROCHLORPERAZINE-5MG/ML(COMPAZINE)	N		
X5972	CONJUGATED ESTROGENS-25MG(PREMARIN	N		
X5974	HYDROXYPROGESTERONE 250MG/CC (DELA	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
X5976	HYDROXYPROGESTERONE 125MG/CC (DELA	N		
X5980	HYDROCORTISONE-50MG/ML(CORTEF)	N		
X5984	CORTISONE ACETATE-50MG/ML(CORTONE	N		
X5988	HYDROCORTISONE ACETATE-25MG/ML SUS	N		
X5992	CRYPTENAMINE ACETATES-260CSR/ML	N		
X6002	DECADRON PHOSPHATE-24MG/ML	N		
X6004	DEXAMETHASONE SOD PHOSPHATE-4MG/ML	N		
X6006	DECADRON W/XYLOCAINE	N		
X6008	DEXAMETHASONE(AS ACETATE-8MG/ML	N		
X6012	DEFEROXAMINE MESYLATE-500MG/AMPUL	N		
X6014	PRENISOLOLONE ACETATE-25MG/ML	N		
X6018	ESTRADIOL VALERATE IN OIL-40MG/ML	N		
X6020	MEPERIDINE HCL-100MG/ML(DEMEROL HC	N		
X6022	MEPERIDINE HCL-75MG/ML (DEMEROL)	N		
X6024	MEPERIDINE HCL-50MG/ML (DEMEROL)	N		
X6026	MEPERIDINE HCL-25MG/ML/DEMEROL HCL	N		
X6030	ESTRADIOL IN OIL-5MG/ML	N		
X6036	METHYLPREDNISOLONE ACETATE-80MG/ML	N		
X6038	METHYLPREDNISOLONE ACETATE-40MG/ML	N		
X6040	METHYLPREDNISOLONE ACETATE-20MG/ML	N		
X6042	DEPO-MEDROL 20MG/CC - 5CC VIAL	N		
X6046	MEDROXYPROGESTERONE 400MG/ML, 10ML	N		
X6048	MEDROXYPROGESTERONE 400MG/ML, 2.5MG	N		
X6051	DEPO PROVERA C 150 MG	N		
X6058	DEXAMETHASONE ACETATE-8MG/MLSUSP	N		
X6060	DEXPANTHENOL-250MG/ML(ILOPAN)	N		
X6062	DIHYDROERGOTAMINE MESYLATE-1MG/ML(N		
X6064	DIAZEPAM-5MG/ML(VALIUM)	N		
X6070	DIAZOXIDE-300MG/20ML(HYPERSTAT I V	N		
X6080	DIGOXIN-0.25MG/ML(DIGOXIN-LANOXIN)	N		
X6082	DIGOXIN-0.1MG/ML(LANOXIN)	N		
X6084	PHENYTOIN SOD PNT-50MG/ML(DILANTIN)	N		
X6086	HYDROMOPHONE HCL-4MG/ML(HYDROMOPHO	N		
X6090	HYDROMOPHONE HCL-2MG/ML/HYDROMOPHO	N		
X6092	HYDROMORPHONE HCL-1MG/ML/HYDROMORP	N		
X6106	DISODIUM EDETATE 150MG/CC-20CC AMP	N		
X6108	DOBUTAMINE-250MG(AS HCL)DOBUTREX)	N		
X6110	METHADONE HCL-10MG/ML(DOLOPHINE HC)	N		
X6112	DOPAMINE HCL-40MG/ML(INTROPIN)	N		
X6114	DOXAPRAN HCL-20MG/ML(DROPRAM)	N		
X6118	MINOCYCLINE HCL-100MG/VIAL(MINOCIN	N		
X6122	DOXYCYCLINE-100MG(AS HYCLATE)VIAL	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
X6126	DROPERIDOL-2.5MG/ML(INAPSINE)	N		
X6136	PENICILLIN G PROCAINE AQUEOUS 6000	N		
X6146	EDROPHONIUM CHLORIDE-10MG/ML(TENSI	N		
X6158	EPHEDRINE SUL-50MG/ML/1ML AMPS	N		
X6160	EPHEDRINE SUL-25MG/ML/1ML AMPS	N		
X6162	EPHEDRINE SUL-50MG/ML	N		
X6164	EPINEPHRINE HCL-0.1MG/ML	N		
X6166	EPINEPHRINE PNT-1:200 SUSP(SUS-PHR	N		
X6168	ERGONOVINE MALEATE-0.2MG/ML(ERGOTR	N		
X6174	ERYTHROMYCIN IV 1GM	N		
X6178	ERYTHROMYCIN I.V.-500MG	N		
X6196	ESTONE AQUEOUS SOL-5MG/ML(THEELINE	N		
X6198	ESTRONE AQUEOUS SOL-2MG/ML	N		
X6204	ETHACRYNIC ACID-500MG(SOD EDECRIN)	N		
X6206	FENTANYL-0.05MG/ML(SUBLIMAZE)	N		
X6208	FENTANYL CITRATE/DROPERIDOL-0.05MG	N		
X6210	IRON DEXTRAN-FERRIC HYDROXIDE/DEXT	N		
X6214	GALLAMINE TRIETHIODIDE-20MG/ML(FLA	N		
X6216	ORPHENADRINE CITRATE-30MG/ML(FMNNT	N		
X6220	FLUPHENAZINE ENAN&DECAN-25MG/ML	N		
X6222	FLUPHENAZINE HCL-2.5MG/ML(PROLIXIN	N		
X6226	FOLIC ACIDS-5MG/ML(FOLVITE)	N		
X6228	FUROSEMIDE-10MG/ML(LASIX)	N		
X6236	PROMETHAZINE HCL/50 MG/ML(GANPHEN/	N		
X6240	GENTAMICIN SULFATE-40MG/ML(GARAMYC	N		
X6242	GENTAMICIN SULFATE-10MG/ML(GARAMYC	N		
X6252	GLUCAGON-10MG/10ML	N		
X6254	GLUCAGON-1MG/ML	N		
X6258	GLYCOPYROLATE-0.2 MG/ML(ROBINUL)	N		
X6262	GOLD SOD THIOMALATE-50MG/ML(MYOCHR	N		
X6264	GOLD SOD THIOMALATE-25MG/ML(MYCOHR	N		
X6274	HALOPERIDOL-5MG/ML(HALDOL)	N		
X6282	HEPARIN LOCK FLUSH SOL-100UNITS/ML	N		
X6284	HEPARIN LOCK FLUSH SOL-10UNITS/ML	N		
X6286	HEPARIN SOD INJ(USP)40,000UNITS/ML	N		
X6288	HEPARIN SOD INJ-20,000UNITS/ML(HEP	N		
X6296	HEPARIN SOD INJ(USP)10,000UNIT/ML	N		
X6298	HEPARIN SOD INJ(USP)7500UNITS/ML(H	N		
X6302	HEPARIN SOD INJ(USP)5000UNITS/ML	N		
X6304	HEPARIN SOD INJ(USP)5000UNITS/0.5M	N		
X6306	HEPARIN SOD INJ(USP)2500UNITS/ML(H	N		
X6308	HEPARIN SOD INJ(USP)1000UNITS/ML(H	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
X6320	HEXADROL PHOSPHATE-10MG/ML	N		
X6326	TESTOSTERONE-100MG/ML	N		
X6328	PREDNISOLONE TEBUTATE-20MG/ML SUSP	N		
X6330	PRENISOLONE PHOSPHATE-20MG/ML	N		
X6332	HYDROCORTISONE-25MG/ML	N		
X6334	HYDROCORTONE PHOSPHATE-50MG/ML	N		
X6336	HYDROXYZINE-50MG/ML(VISTARIL)	N		
X6352	IMIPRAMINE HCL-25MG/ML(TROFANIL)	N		
X6354	PROPRANOLOL HCL-1MG/ML(INDERAL)	N		
X6366	INSULIN INJ/BEEF/PORK/PANCREAS-100	N		
X6408	ISOPROTERENOL HCL-1:5000 SOL/1ML(I	N		
X6410	ISONIAZID(INH)10MG/ML(NYDRAZIO)	N		
X6422	KANAMYCIN SULFATE-500MG/2ML VIAL(K	N		
X6424	KANAMYCIN SULFATE-75MG/2ML VIAL(KA	N		
X6426	KANAMYCIN SULFATE-1GM/3ML VIAL(KAN	N		
X6432	KENALOG-10	N		
X6434	KETAMINE-100ML/ML(KETATECT KETALAR	N		
X6436	KETAMINE-50MG/ML(KETATECT KETALAR)	N		
X6438	KETAMINE-10MG/ML/KETATECT/KETALAR)	N		
X6440	PREDNISOLONE ACETATE-25MG/ML	N		
X6442	PROPIOMAZINE HCL-20MG/ML/LARGON)	N		
X6444	LIDOCAINE HCL-2% 1:100,000EPINEPHR	N		
X6446	LEUCOVORIN CALCIUM-10 MG/ML	N		
X6452	LEVARTERENOL(NOREPINEPHRINE-1MG	N		
X6454	LEVORPHANOL TARTRATE-2MG/ML(LEVO-D	N		
X6456	LEVOLHYROXINE-500MCG/ML(L-T-S)NORO	N		
X6458	METHOTRIMEPRAZINE-20MG/ML(LEVOPROM	N		
X6460	L-MYOSCYAMINE SULFATE-0.25 MG/ML(L	N		
X6462	LIDOCAINE HCL-20%(200MG/ML)	N		
X6464	LIDOCAINE HCL-10%(100MG/ML)	N		
X6466	LIDOCAINE HCL-5% 7.5%GLUCOSE(XYLOC	N		
X6470	LIDOCAINE HCL-2%(20MG/ML)	N		
X6474	LIDOCAINE HCL-2% 1:200,000EPINEPHR	N		
X6478	LIDOCAINE HCL-1.5%(XYLOCAINE HCL)	N		
X6482	LIDOCAINE HCL-1.5% 1:200,000EPINEP	N		
X6486	LIDOCAINE HCL-1% 1:200,000EPINEPHR	N		
X6488	LIDOCAINE HCL-1% 1:100,000EPINEPHR	N		
X6490	LIDOCAINE HCL-0.5%(XYLOCAINE HCL)	N		
X6492	LIDOCAINE HCL-0.5% 1:200,000 EPINE	N		
X6494	LIDOCAINE HCL-4%(40MG/ML)	N		
X6496	LIDOCAIN HCL-1%(10MG/ML(LIDOCAIN H	N		
X6504	LINCOMYCIN-300MG/ML/2ML U-JECT(LIN	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
X6506	PHENOBARBITAL SOD-130MG/ML(LUMINOL	N		
X6512	MAGNESIUM SULFATE-50%	N		
X6514	MAGNESIUM SULFATE-12.5%	N		
X6516	MAGNESIUM SULFATE-10%	N		
X6520	MANNITOL 25% AMPULE	N		
X6522	MANNITOL-20% (OSMITROL)	N		
X6524	MANNITROL-15% (OSMITROL)	N		
X6526	MANNITOL-10% (OSMITROL)	N		
X6528	MANNITOL-5% (OSMITROL)	N		
X6530	BUPIVACAINE HCL-0.5%(MARCAINE)	N		
X6532	MENADIOL SOD DIPHOS(K-4)37.5MG/ML(N		
X6534	MENADIOL SOD DIPHOS(K-4-5MG/ML(SYN	N		
X6550	MEPHENTERMINE SUL-30MG/ML(WYAMINE	N		
X6552	MEPHENTERMINE SUL-15MG/ML(WYAMINE	N		
X6556	MESORIDAZINE-25MG/ML(SERENTIL)	N		
X6558	METHICILLIN SOD-4G PIGGYBACK UNITS	N		
X6560	METHOCARBAMOL-100MG/ML(ROBAXIN)	N		
X6562	METHOXAMINE HCL20MG/ML/1ML AMPS(VA	N		
X6566	METHYLERGONOVINE MALEATE-0.2MG/ML	N		
X6578	PREDNISOLONE SOD PHOSPHATE-20MG/ML	N		
X6580	METHYLPREDNISOLONE SOD SUCCINATE62	N		
X6582	METOCURINE OXIDE-2MG/ML(METUBINE L	N		
X6588	MICONAZOLE-10MG/ML(MINOSTAT)	N		
X6592	MORPHINE-15MG/ML(MORPHINE SULFATE)	N		
X6594	MORPHINE-10MG/ML(MORPHINE SULFATE)	N		
X6596	MORPHINE-8MG/ML(MORPHINE SULFATE)	N		
X6598	M.V.I-10 ML	N		
X6600	M.V.I CONCENTRATE-5ML	N		
X6604	NAFCILLIN SOD-2G VIAL(NAFCIL,UNIPE	N		
X6606	NAFCILLIN SOD-1G VIAL(NAFCIL-UNIPE	N		
X6610	NAFCILLIN SOD-500MG VIAL(NAFCILLIN	N		
X6612	NALBUPHINE HCL-10MG/ML/NUBAIN)	N		
X6614	NALOXONE HCL-0.4MG/ML(NARCAN)	N		
X6616	NALOXONE HCL-0.02MG/ML(NARCAN)	N		
X6618	THIOTHIXENE-2MG/ML(NAVANE)	N		
X6620	TOBRAMYCIN SULFATE-40MG/ML(NEBCI	N		
X6622	TOBRAMYCIN SULFATE-10MG/ML2ML VIAL	N		
X6624	PENTOBARBITAL SOD-50MG/ML(NEMBUTAL	N		
X6626	PHENYLCPHRINE HCL-1%1ML AMPS(NEO-S	N		
X6628	NEOMYCIN IM-500MG VIALS(MYCIFRADIN	N		
X6630	NEOSTIGMINE METHYLSULFATE-1:4000 S	N		
X6632	NEOSTINGMINE METHYLSULFATE-1:2000	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
X6634	NEOSTIGMINE METHYLSULFATE-1:1000 S	N		
X6636	NITROPRUSSIDE SOD-50MG/5ML(NIPRIDE	N		
X6638	PROMAZINE HCL-50MG/ML(NORAZINE HCL	N		
X6640	PROCAINE HCL-10%(NOVOCAIN)	N		
X6642	PROCAINE HCL-2%(NOVOCAIN)	N		
X6644	PROCAINE HCL-1%(NOVOCAIN)	N		
X6646	OXYMORPHONE HCL-1.5MG/ML/NUMORPHAN	N		
X6648	OXYMORPHONE HCL-1MG/ML(NUMORPHAN)	N		
X6656	OXACILLIN SOD-250MG VIAL(PROSTAPHL	N		
X6658	OXYTETRACYOLINE 125MG/CC IM (2CC A	N		
X6660	OXYTETRACYCLINE 50MG/CC IM (TERRAM	N		
X6664	OXYTETRACYCLINE 250MG/VIAL IV (TER	N		
X6666	OXYTOCIN-10 UNITS/ML(PITOCIN/SYNTO	N		
X6670	PANCURONIUM BROMIDE-2MG/ML(PAVULON	N		
X6672	PANCURONIUM BROMIDE-1MG/ML(PAVULON	N		
X6700	PENICILLIN G POTASSIUM-20,000,000	N		
X6702	PENICILLIN G POTASSIUM-10,000,000	N		
X6704	PENICILLIN G POTASSIUM-5,000,000 U	N		
X6706	PENICILLIN G POTASSIUM-1,000,000 U	N		
X6714	PENICILLIN G PROCAINE AQUEOUS 2,40	N		
X6716	PENICILLIN G PROCAINE AQUEOUS 1,20	N		
X6718	PENTAMIDINE-150MG	N		
X6720	PENTAZOCINE-30MG/ML(TALWIN)	N		
X6730	THIOPENTAL SOD-5G(PENTOTHAL)	N		
X6732	THIOPENTAL SOD-1G(PENTOTHAL)	N		
X6734	THIOPENTAL SOD-500MG(PENTOTHAL)	N		
X6736	THIOPENTAL SOD-400MG(PENTOTHAL)	N		
X6738	THIOPENTAL SOD-250 MG(PENTOTHAL)	N		
X6740	PERPHENAZINE-5MG/ML(TRILAFON)	N		
X6742	PROMETHAZINE HCL/25 MG/ML(PHENAZIN	N		
X6754	PHENOBARBITOL SOD-65MG/ML	N		
X6758	PHENTOLAMINE-5MG(REGITINE)	N		
X6760	VASOPRESSIN-20PRESSOR UNITS(PITRES	N		
X6764	POSTERIOR PITUITARY INJ-20 UNITS/M	N		
X6776	POLYMYXIN B SULFATE-500,000 UNITS	N		
X6778	TETRACAINE HCL-1%(PONTOCAINE)	N		
X6780	TETRACAINE HCL-0.3% 6%DEXTROSE(PON	N		
X6784	PRALIDOXIME CHLORIDE-1G-EMERGENCY	N		
X6792	PROCAINAMIDE HCL-500MG/ML(PRONEST	N		
X6794	PROCAINAMIDE HCL-100MG/ML(PRONESTY	N		
X6810	PROGESTERONE (IN OIL) 50MG/CC	N		
X6816	PROTAMINE SULFATE-10MG/ML	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
X6826	PYRIDOSTIGMINE BROMIDE-5MG/ML(MEST	N		
X6828	SUCCINYLCHOLINE CHLORIDE-100MG/ML(N		
X6830	SUCCIMYLCHOLINE CHLORIDE-50MG/ML(Q	N		
X6832	QUINIDINE GLUCONATE/80MG/ML	N		
X6836	EPOGEN 1,000 UNITS	N		
X6856	SCOPOLAMINE HBR-1.0 MG/ML	N		
X6862	SCOPOLAMINE HBR-0.4 MG/ML	N		
X6864	SCOPOLAMINE HBR-0.3 MG/ML	N		
X6870	SECOBARBITAL SOD-50MG/ML(SECONAL S	N		
X6888	SOLU-CORTEF-1000MG/8ML/VIAL	N		
X6890	SOLU-CORTEF-500MG/4ML/VIAL	N		
X6892	SOLU-CORTEF-250MG/2ML/VIAL	N		
X6894	SOLU-CORTEF-100MG/ML/VIAL	N		
X6896	SPECTINOMYCIN-400MG(AS HCl)ML/2G V	N		
X6912	TRIFLUOPERAZINE-2MG/ML(STELAZINE)	N		
X6920	STREPTOKINASE-STREPTODORNAS20,000/	N		
X6942	TESTOSTERONE-25MG/ML(TESTOSTERONE	N		
X6944	TESTOSTERONE PROPIONATE-100MG/ML	N		
X6968	THYROTROPIN-10IU(THYTROPAR)	N		
X6970	TICARCILLIN DISODIUM-6G PWD VIAL(T	N		
X6972	TICARCILLIN DISODIUM-3G PWD VIAL(T	N		
X6974	TICARCILLIN DISODIUM-1G PWD VIALS(N		
X6976	TRIACINOLONE DIACETATE-25MG/ML SUS	N		
X6978	TRIFLUPROMZINE HCL-20MG/ML(VESPIRI	N		
X6980	TRIFLUPROMAZINE HCL-10MG/ML(VESPIR	N		
X6984	TUBOCURARINE CHLORIDE-3MG/ML	N		
X6996	UREA-40GM/150ML(UREAPHIL)	N		
X6998	VANCOMYCIN 500 MG (AS HCL)/ 10 ML (N		
X7010	HYDROXYZINE-25MG/ML(VISTARIL)	N		
X7026	CEFOTAXIME SODIUM 1 GM	N		
X7027	CEFOTAXIME SODIUM 2 GM	N		
X7030	PROCRIT - 1,000 UNITS	N		
X7034	SOMATREM (PROTROPIN) 1 MG	N		
X7036	SOMATROPIN (HUMATROPE) 1 MG	N		
X7038	CEREDASE (ALCUCERASE) - PER 1 CC (8	N		
X7040	BOTULINUM A TOXIN, 10 UNITS	N		
X7042	BOTULINUM TYPE B INJECTION 2500	N		
X7046	G-CSF 1 ML (300 MCG), AKA FILGRASTI	N		
X7048	G-CSF 1.6 ML (480 MCG) AKA FILGRAS	N		
X7050	ONDANSETRON HCL (ZOFTRAN), 1 MG.	N		
X7052	PACLITAXEL (TAXOL) 30 MG	N		
X7060	ZOLADEX (GOSERELIN ACETATE IMPLANT	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
X7061	ZOLADEX 10.8 MG DEPOT	N		
X7104	GRANISETRON 1 MG/ML	N		
X7105	GRANISETRON 2MG/1MG ORAL TABLETS	N		
X7108	BACLOFEN INECTION, 10 MG	N		
X7122	ACTIVASE 2MG	N		
X7364	SARGRAMOSTIM 250 MCG/VIAL	N		
X7366	SARGRAMOSTIM 500 MCG/VIAL	N		
X7420	GANCICLOVIR INTRAVITREAL IMPLANT	N		
X7434	CIDOFOVIR 375MG	N		
X7444	PAMIDRONATE 30MG	N		
X7456	PENICILLIN G BENZATHINE 600,000 UNI	N		
X7458	PENICILLIN G BENZATHINE 1,200,000 U	N		
X7460	PENICILLIN G BENZATHINE, PARENTERAL	N		
X7462	PENICILLIN G BENZATHINE, PARENTAL,	N		
X7464	THYROGEN 1.1 MG	N		
X7470	FOMIVIRSEN 0.25 ML VIAL	N		
X7479	DOLASETRON 12.5MG	N		
X7480	INFLIXIMAB 100MG	N		
X7482	HYALGAN 2 ml	N		
X7484	SYNVISIC 2 ml	N		
X7486	SUPARTZ 25mg (2 x 10mg/2.5 ml)	N		
X7488	CLONIDINE HYDROCHLORIDE - 1MG	N		
X7490	LUNELLE 25 mg MEDROXYPROGESTERONE A	N		
X7492	IRON SUCROSE INJECTION 100 MG	N		
X7493	DARBEPOETIN 5 MCG/KG	N		
X7496	FERRIC GLUCONATE COMPLEX IN SUCROSE	N		
X7498	ZIPRASIDONE 20mg	N		
X7500	DOXORUBICIN HCL-50MGVIAL 250MG LAC	N		
X7502	DOXORUBICIN HCL-10MG/VIAL 50MG LAC	N		
X7504	ASPARAGINASE-10,000IU/10ML VIAL(EL	N		
X7506	CARMUSTINE(BCNU)100MG/VIAL(BICNU)	N		
X7508	BLEOMYCIN SUL-15 UNITS/AMP(BLENOXA	N		
X7510	CALCITRIOL 1MCG/ML - CALCIJEX	N		
X7512	CALCITRIOL 2MCG/ML - CALCIJEX	N		
X7514	CERUBIDINE 20MG VIAL	N		
X7516	CISPLATIN-10MG VIAL(PLATINOL)	N		
X7518	CISPLATIN 50MG VIAL	N		
X7520	DACTINOMYCIN(ACTINOMYCIN D)0.5MG/3	N		
X7522	CYCLOPHOSPHAMIDE-500MG30ML VIAL(CY	N		
X7524	CYCLOPHOSPHAMIDE-200MG/20ML VIAL(C	N		
X7526	CYCLOPHOSPHAMIDE-100MG/10VIAL(CYTO	N		
X7528	CYTARABINE(ARA-C)500MG VIALS(CYTOS	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
X7530	CYTABABINE(CYTOSINE ARAB,ARA-C)100	N		
X7532	DACCABAZINE(DTIC-200MG/20ML VIAL(D	N		
X7536	DIETHYLSTILBESTEROL DIPH-0.25GM AS	N		
X7540	POLYESTRADIOL PHOS-40MG/SEC 2ML A	N		
X7542	ETOPOSIDE (VEPESID) 20MG/ML	N		
X7544	FLOXURIDINE-500MG/5ML VIAL(FUDR)	N		
X7546	FLUOROURACIL-500MG/10ML AMPULE	N		
X7548	INTERFERON ALFA-2A	N		
X7550	INTERFERON ALFA-2B	N		
X7551	INTERFERON ALFA - N3	N		
X7552	MECHLORETHAMINE HCL-10MG/20ML TRIT	N		
X7556	METHOTREXATE-20MG(AS SOD)VIAL FOR	N		
X7558	METHOTREXATE-25MG(AS SOD/ML/2ML VI	N		
X7560	METHOTREXATE-2.5MG AS SOD/ML/2ML V	N		
X7562	METHOTREXATE 100 MG VIAL	N		
X7564	MITHRAMYCIN-2.5/VIAL 100MG MANNITO	N		
X7566	MITOMYCIN-20MG/VIAL(MUTAMYCIN)	N		
X7568	MITOMYCIN-5MG/VIAL(MUTAMYCIN)	N		
X7570	VINCRISTINE(VCR)5MG 50MG LACTOSE V	N		
X7572	VINCRISTINE SUL(VCR-1MG 10MG/ACTOS	N		
X7574	STREPTOZOCIN 1VIAL /ZANOSAR	N		
X7576	TRIETHYLENETHIOPHOSPHORAMIDE-15MG/	N		
X7578	VINBLASTINE SUL(VLB)10MG/10ML VIAL	N		
X7580	VINORELBINE (NAVELBINE) 10 MG/ML	N		
X7582	CARBOPLATIN 50MG	N		
X7584	IFOSFAMIDE 100MG	N		
X7586	MESNA 100MG	N		
X7588	DOXORUBICIN HCL LIPOSOME 20mg/m2	N		
X7624	MITOXANTRONE 5MG	N		
X7630	GEMCITABINE (GEMZAR) 200MG	N		
X7632	INTERLEUKIN-2 22 MILLION IU	N		
X7634	RITUXIMAB 100MG	N		
X7636	IRINOTECAN 100MG	N		
X7638	DOCETAXEL 20 MG	N		
X7640	TRASTUZUMAB 10MG	N		
X7642	AMIFOSITINE 500MG INJECTION	N		
X7644	FLUDARABINE 50MG	N		
X7646	EPIRUBICIN 50MG/25 ML	N		
X7648	TRIPTORELIN (TRELSTAR) 3.75 mg	N		
X7650	ZOLEDRONATE 4mg	N		
X7652	NEULASTA 6mg	N		
X7654	FULVESTRAN 250mg	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
X7658	OXALIPLATIN 50MG	N		
X7660	IBRITUMOMAB TIUXETAN (ZEVALIN) YTTR	N		
X7662	IBRITUMOMAB TIUXETAN (ZEVALIN) INDI	N		
X7700	ADM.IV SOLN.INIT 1000CC INC SUPPL	N		
X7702	ADM.IV SOLN.EA ADDIONAL 1000CC INC	N		
X7704	IRRIG.SOLN EACH 1000CC INCLUDING S	N		
X7706	ORAL CONTRACEPIVE MEDICATIONS	N		
X7708	ANTIGENS	N/A	Code is no longer valid	
X7710	HYMENTOPTERA VENOM ANTIGEN, ONE VIA	N/A	Code is no longer valid	
X7716	ZITHROMAX (AZITHROMYCIN) 250 MG CAP	N		
X7718	AZITHROMYCIN (ZITHORMAX) ORAL SUSPE	N		
X7720	PREVEN EMERGENCY CONTRACEPTIVE KIT	N		
X7724	MIFEPRISTONE, 200 mgs	N		
X7726	MISOPROSTOL, 200 mcg	N		
X9514	TEST ADMIN.,INCLUDES PRETES INTERV	N		
X9516	TEST ADMINISTRATION-TWO COMPLETE H	N		
X9518	TEST ADMIN.-THREE COMPLETE HOURS	N		
X9520	TEST ADMIN.-FOUR COMPLETE HOURS	N		
X9522	TEST ADMIN.-FIVE COMPLETE HOURS	N		
X9524	TEST ADMIN.-SIX COMPLETE HOURS (MA	N		
X9526	TEST ADMIN.-PARTIAL HOUR,EA.15 MIN	N		
X9528	GROUP TEST ADMIN.PER PERON OVER ON	N		
X9530	TEST SCORING,ONE COMPLETE HOUR	N		
X9532	TEST SCORING 2 HRS MAX	N		
X9534	TEST SCORING-PARTIAL HOUR-EACH 15	N		
X9536	COMP.SCORED TEST,PER TEST,AT COMP.	N		
X9538	WRITTEN TEST REPORT,WHEN REQ.,ONE	N		
X9540	WRITTEN TEST REPORT 2 HRS MAX	N		
X9542	WRITTEN REPORT-PARTIAL HOUR-EACH 1	N		
X9922	INITIAL SUBACUTE CARE, PER DAY, FOR	N		
X9924	INITIAL SUBACUTE CARE, PER DAY, FOR	N		
X9926	INITIAL SUBACUTE CARE, PER DAY, FOR	N		
X9928	SUBSEQUENT SUBACUTE CARE, PER DAY,	N		
X9930	SUBSEQUENT SUBACUTE CARE, PER DAY,	N		
X9932	SUBSEQUENT SUBACUTE CARE, PER DAY,	N		
X9934	SUBACUTE CARE DISHCARGE DAY MANAGEM	N		
X9936	OFFICE CONSULTATION, FO A NEW OR ES	N		
X9938	OFFICE CONSULTATION, FOR A NEW OR E	N		
X9940	OFFICE CONSULTATION, FOR A NEW OR E	N		
X9942	OFFICE CONSULTATION, FOR A NEW OR E	N		
X9944	OFFICE CONSULTAITON, FOR A NEW OR E	N		
X9946	INITIAL SUBACUTE CARE CONSULTATION,	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
X9948	INITIAL SUBACUTE CARE CONSULTATION,	N		
X9950	INITIAL SUBACUTE CARE CONSULTATION,	N		
X9952	INITIAL SUBACUTE CARE CONSULTAITON,	N		
X9954	INITIAL SUBACUTE CARE CONSULTAITON,	N		
X9956	FOLLOW-UP SUBACUTE CARE CONSULTATIO	N		
X9958	FOLOW-UP SUBACUTE CARE CONSULTAITON	N		
X9960	FOLLOW-UP SUBACUTE CARE CONSULTATIO	N		
X9962	CONFIRMATORY TRANSISTIONAL CARE CON	N		
X9964	CONFIRMATORY TRANSITIONAL CARE CONS	N		
X9966	CONFIRMATORY TRANSISTIONAL CARE CON	N		
X9968	CONFIRMATORY TRANSITIONAL CARE CONS	N		
X9970	CONFIRMATORY TRANSISTIONAL CARE CON	N		
Z0002	GENETIC EVALUATION & COUNSELING,CON	N		
Z0004	GENETIC EVALUATION AND COUNSELING,I	N		
Z0006	GENETIC EVALUATION AND COUNSELING,	N		
Z0100	NEONATAL AND PEDIATRIC INTENSIVE CA	N		
Z0102	NEONATAL INTENSIVE CARE SUBSEQUENT	N		
Z0104	NEONATAL INTENSIVE CARE SUBSEQUENT	N		
Z0106	NEONATAL INTENSIVE CARE - CATEGORY	N		
Z0108	NEONATAL INTENSIVE CARE SUBSEQUENT	N		
Z0200	SNF EST.PT/BRIEF EX/2 OR MORE PTS.	N		
Z0202	NH,BC,DOM-ESTAB.PT/MINIMAL SERV.MU	N		
Z0204	NH,BC,DOM-EST.PT/BRIEF EX.2+ PTS.S	N		
Z0206	NH,BC,DOM-EST.PT/LTD.EX.EVAL/TX-MU	N		
Z0208	NH,BC,DOM-EST.PT/INTER.EX.EVL/TX M	N		
Z0210	NH,BC,DOM-EST.PT/EXT.REEX.REEVAL-M	N		
Z0306	POLYSOMNOGRAPHY, ANALYSIS, INTERPRE	N		
Z0316	TYMPANOMETRY (IMPEDANCE TESTING)	N		
Z0324	SIGN LANGUAGE INTERPRETER SRVCS,CER	N		
Z0326	SIGN LANGUAGE INTERPRETER SRVCS,NON	N		
Z0328	SIGN LANGUAGE INTERPRETER SRVCS,CER	N		
Z0329	SIGN LANGUAGE INTERPRETER SRVCS,NON	N		
Z1030	NON-OXYTOCIN FETAL STRESS TEST	N		
Z1032	INITIAL ANTEPARTUM OFFICE VISIT	N		
Z2006	NEWBORN SCREENING - MENTAL RETARDAT	N		
Z4300	CENTER COORDINATOR	N		
Z4301	ASSESMENT,EVALUATION,AND/OR INTERVE	N		
Z4302	MEDICAL CASE CONFERENCE,OTHER ALLIE	N		
Z4303	CCS REQUIRED REPORT OF STATUS OF PT	N		
Z4304	Patient report-complex/comprehensive	N		1/1/2019
Z4305	Center Coordination, Physician - Pe	N		
Z4306	Case conf, phys/dentist-per half hour	N		1/1/2019

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
Z4307	ASSESSMENT,EVAL.&/OR INTERVENTION,M	N		
Z4308	ASSESSMENT,EVAL.&/OR INTERVENTION,RE	N		
Z4309	Assess/interven, alld prof-per half hour	N		1/1/2019
Z4310	MEDICAL CASE CONFERENCE,NURSE SPECI	N		
Z4311	MEDICAL CASE CONFERENCE, MEDICAL SO	N		
Z4312	Medical case conf, dietitian-per 1/4 hr	N		1/1/2019
Z4313	Group counseling, phsy-per person	N		1/1/2019
Z4314	GROUP TEACHING,COUNSELING AND SUPPO	N		
Z4315	PHYSICIAN / PARENT CONFERENCE	N		
Z4802	ACUPUNCTURE-SUBSEQUENT VISIT	N		
Z5000	CASE MGMT.-AIDS WAIVER	N		
Z5002	SKILLED NURSING-AIDS WAIVER (RN)	N		
Z5004	SKILLED NURSING-AIDS WAIVER-LVN	N		
Z5006	PSYCHO-SOCIAL COUNSELING-AIDS WAIV	N		
Z5008	ATTENDANT CARE - AIDS WAIVER	N		
Z5010	HOMEMAKER CARE - AIDS WAIVER	N		
Z5012	FOSTER CHILD SUPPORT - AIDS WAIVER	N		
Z5014	MINOR HOME ADAPTATIONS - AIDS WAIV	N		
Z5016	NON-EMERGENCY TRANS INFANTS AIDS W	N		
Z5018	ADMINISTRATIVE COSTS - AIDS WAIVER	N		
Z5020	NUTRITIONAL COUNSELING	N		
Z5022	NUTRITIONAL SUPPLEMENTS	N		
Z5200	BLOOD BANK TRANSFUSION FACILITY SE	N		
Z5202	THERAPEUTIC PHELOBOTOMY BY A BLOOD	N		
Z5204	BLOOD DERIV OTHER THAN FACTOR VIII	N		
Z5206	FRESH FROZEN PLASMA (FFP)	N		
Z5218	COLLCTON/HNDLNG BLD SPEC ONLY SERV	N		
Z5220	COLL/HNDLNG BLD SPEC OTHR PHYSICN	N		
Z5226	5% ALBUMIN, HUMAN, 10ML	N		
Z5228	25% ALBUMIN, HUMAN, 10ML	N		
Z5230	RECOMBINANT FACTOR VIIa 1200ug	N		
Z5406	ALLIED PROF. NEC-TELEP CONSULT -15	N		
Z5408	ALLIED PROF. NEC-PROG/CL CONSULT-H	N		
Z5410	ALLIED PROFESSIONAL NEC -TRAVEL TI	N		
Z5412	ALLIED PROF NEC -TRAVEL MILEAGE-ON	N		
Z5414	TRAVEL EXPENSES	CONDITIONAL	Auth required for CCS members	
Z5420	DEVEL ASSESSMENT	N		
Z5422	PROGRAM CONSULTATION/CLINIC (MED),	N		
Z5424	TRAVEL MILEAGE/ MEDICAL (MILE)	N		
Z5432	TELEPHONE CONSULTATION /MEDICAL	N		
Z5438	DIAGNOSTIC WORK-UP	N		
Z5440	BANDING AND MATERIALS	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
Z5442	MONTHLY TREATMENT	N		
Z5444	QUARTERLY OBSERVATION	N		
Z5446	DIAGNOSTIC WORK-UP	N		
Z5448	APPLIANCE FEE	N		
Z5450	MONTHLY TREATMENT	N		
Z5452	BANDING AND MATERIALS	N		
Z5454	MONTHLY TREATMENT	N		
Z5456	BANDING AND MATERIALS	N		
Z5458	MONTHLY TREATMENT	N		
Z5460	DIAGNOSTIC WORK-UP	N		
Z5462	QUARTERLY OBSERVATION	N		
Z5464	PROGRESS RECORDS PRIOR TO TREATMEN	N		
Z5466	BANDING AND MATERIALS	N		
Z5468	MONTHLY TREATMENT	N		
Z5470	RETAINER, REMOVAL	N		
Z5499	UNLISTED SERVICE & PROCEDURES	Y		
Z5802	EPSDT SERVICES - DIETITIAN	N		
Z5807	EPSDT SHARED NURSING(LVN)	N		
Z5814	EPSDT SERVICES - MARRIAGE, FAMILY &	N		
Z5816	EPSDT SERVICES - SOCIAL WORKER	N		
Z5820	CASE MANAGEMENT	N		
Z5822	EPSDT-HEARING AID BATTERIES	N		
Z5830	ONSITE INVESTIGATION TO DETECT THE	N		
Z5832	EPSDT Registered Nurse (HHA): one hour	Y	CCS only code	
Z5833	EPSDT Shared Nursing RN (HHA): one hour	Y	CCS only code	
Z5834	EPSDT LVN (HHA): one hour	Y	CCS only code	
Z5835	EPSDT Shared Nursing LVN (HHA): one hour	Y	CCS only code	
Z5836	EPSDT RN Providing Supervision (HHA)	Y	CCS only code	
Z5836	REGISTERED NURSE PROVIDING SUPERVIS	Y		
Z5838	HOME HEALTH AIDE (HHA)	N		
Z5840	REGISTERED NURSE CASE MANAGEMENT (I	N		
Z5850	EPSDT SUPPLEMENTAL INDIVIDUAL AOD COU	N		
Z5868	PEDIATRIC DAY HEALTH CARE SERVICES,	N		
Z5900	INITIAL AUDIOLOGY EVALUATION - LESS	N		
Z5902	INITIAL AUDIOLOGY EVALUATION - AGES	N		
Z5904	INITIAL AUDIOLOGY EVALUATION - AGES	N		
Z5906	SUBSEQUENT AUDIOLOGY EVALUATION - L	N		
Z5908	SUBSEQUENT AUDIOLOGY EVALUATION - A	N		
Z5910	SUBSEQUENT AUDIOLOGY EVALUATION - A	N		
Z5912	EVALUATION OF DIFFICULT-TO-TEST - L	N		
Z5914	AUDITORY BRAINSTEM RESPONSE (ABR),	N		
Z5916	BEHAVIORAL AUDIOMETRIC TESTING,INCL	N		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
Z5918	SPEECH RECEPTION/DETECTION/RECOGNIT	N		
Z5920	SPEECH DISCRIMINATION/WORD RECOGNIT	N		
Z5922	ACOUSTIC IMMITANCE TESTING,MONAURAL	N		
Z5924	ACOUSTIC IMMITANCE TESTING,BINAURAL	N		
Z5926	CENTRAL AUDITORY PROCESSING, PER TE	N		
Z5928	FUNCTIONAL GAIN TESTING	N		
Z5930	REAL EAR MEASUREMENTS, MONAURAL	N		
Z5932	REAL EAR MEASUREMENTS, BINAURAL	N		
Z5934	EVOKED OTOACOUSTIC EMISSIONS,LMTD (N		
Z5936	EVOKED OTOACOUSTIC EMISSIONS,COMPRE	N		
Z5940	AURAL REHABILITATION RELATED TO USE	N		
Z5942	AURAL REHABILITATION FOLLOWING COCH	N		
Z5944	AURAL REHABILITATION RELATED TO THE	N		
Z5950	COUNSELING BY AUDIOLOGIST OF PATIEN	N		
Z5952	ASSISTING AT PRE-COCHLEAR IMPLANT A	N		
Z5954	PRE-COCHLEAR IMPLANTATION ORALMOTOR	N		
Z5956	SPEECH PERCEPTION TESTING,PRE-OR PO	N		
Z5958	PROGRAMMING AND MAPPING OF THE COCH	N		
Z5964	COCHLEAR IMPLANT RECHECK AND/OR TRO	N		
Z5966	PATIENT & CAREGIVER COCHLEAR IMPLAN	N		
Z5968	POST-COCHLEAR IMPLANT SOUND FIELD T	N		
Z6000	CTR OR HOSP.DIALYSIS INCL PROF CHG	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
Z6002	CTR OR HOSP DIALYSIS INCL PROF CHG	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
Z6004	CTR OR HOSP DIALYSISXCL PROF CHG-I	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
Z6006	CTR OR HOSP DIALYSIS-XCL PROF CHG	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
Z6008	ALL DIALYSIS W TRAIN.HOME CARE INC	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
Z6010	ALL DIALYSIS W TRAIN.HOME CARE-INC	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
Z6012	ALL DIALYSIS W TRAIN.HOME CARE/SCL	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
Z6014	ALL DIALYSIS W TRAIN.HOME CARE/XCL	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
Z6018	CTR OR HOSP DIALYSIS INCL PROF CHG	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
Z6030	HOME DIALYSIS	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
Z6038	ALL DIALYSIS W TRAIN.HOME CARE INC	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
Z6042	ALL DIALYSIS W TRAIN HOME CARE XCL	CONDITIONAL	Prior auth required for NON-CONTRACTED Providers	
Z7500	EXAMINING OR TREATMENT ROOM USE	N		
Z7502	USE OF EMERGENCY ROOM	N		
Z7504	USE OF CAST ROOM	N		
Z7506	USE OF OPERATING ROOM OR CYSTOSCOPI	N	Prior auth required for Podiatry services only	4/1/2019
Z7508	USE OF OP OR CYSTO RM 1ST SUBSEQ H	N		
Z7510	USE OP OR CYSTO RM SEC SUBS HALF H	N		
Z7512	USE OF RECOVERY ROOM	N		
Z7514	PYMT FOR ROOM & BOARD & GENERAL NUR	N		
Z7600	POLYSOMNOGRAPHY, SLEEP EVALUATION,	Y		

RELEASED 4/1/2019

IMPORTANT NOTES: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on <https://www.hpsm.org/authorizations>

Code	Description	Prior Auth Required (Y/N or Conditional)	Comments	Changed since last release
Z7602	POLYSOMNOGRAPHY, SLEEP EVALUATION,	Y		
Z7606	hyperbaric oxygen chamber, first 15 minutes or fraction thereof, at atmosphere absolute	Y		
Z7608	hyperbaric oxygen chamber, each subsequent 15 minutes or major portion thereof, at atmosphere absolute	Y		
Z7610	MISCELLANEOUS DRUGS AND MEDICAL SUP	N		
Z7612	UNLISTED SERVICES	Y		