

Prevea360 Health Plan Service List



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The CPT codes listed below are not all inclusive list of codes that require prior authorization or have coverage limitations. If you do not find the information you need, please call the Prevea360 Health Plan Customer Care Center at 877.230.7555. Last updated: 04/02/2018

Prevea360 Title and Link	Alternate Service Name	Covered?	Prevea360 CPT and HCPCS Codes
Abdominal Aortic Aneurysm Screening	Preventive Service - USPSTF for patients that have a history of smoking	Yes	Prior authorization is not required for codes G0389 and 76706. Service is covered as Preventive once per lifetime for members ages 65-75.
Abortions (Surgical or Pharmacological)		Yes - limitations and/or requirements might apply	Per Medical Policy MP9202, the following codes require a prior authorization: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866, 90199, S2260, S2265, S2266, S2267.
Acne			Per Medical Policy 9023, the following codes do NOT require a prior authorization: 10040, 96567, 96570. The following codes are non covered : 15780, 15781, 15782, 15783.
Advance Care Planning		Yes	Advance care planning is a preventive service, and prior authorization is not required. Codes 99497 and 99498
Alcohol Misuse Counseling		Yes	99408, 99409 G0442 - 1 time per year G0443 - 4 times per year
Alternative Communication Device (DME)		Yes - limitations and/or requirements might apply	The following codes require a prior authorization for this service: E2506, E2508, E2510, E2511, E2512, E2599, 92605, 92606, 92607, 92608, 92609, 92618
Amino Acid-Based Formulas	Neocate, Elecare, Nutramigen AA	Yes - limitations and/or requirements might apply	The following code requires a prior authorization: B4153, B4154, B4155, B4157, B4161, B4162. Names of these formulas include: Neocate, Elecare, Nutramigen AA, PurAmino
Anemia Screening		Yes	Preventive service for members ages 0 through 21. Codes I8014 and I8018 No prior authorization required.
Angioplasty and Stenting of Extra-Cranial and Intra-Cranial Arteries		Yes - limitations and/or requirements might apply	Per Medical Policy 9382, the following codes require a prior authorization: 0075T, 0076T
Antithrombotic Factors and Clotting Factors		Yes - limitations and/or requirements might apply	Per MB1802 Antithrombotic Factors and Clotting Factors the following codes require a prior authorization through Prevea360 Health Plan Quality and Care Management: J7175, J7180, J7181, J7178, J7179, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7192, J7193, J7194, J7195, J7198, J7199, J7200, J7201, J7202, J7205, J7207, J7209, J7211.
Artificial Intervertebral Discs	Artificial Cervical Disc Systems for Degenerative Spondylolisthesis	Yes - limitations and/or requirements might apply	The following codes require a prior authorization per Medical Policy MP9364: 0375T, 22856, 22857, 22858
Aspirin to Prevent Cardiovascular Disease (CVD) for Men or Women		Yes	The counseling for OTC aspirin is the covered service. The over the counter aspirin is not covered.
Auditory Brain Stem and Cochlear Implants		Yes - limitations and/or requirements might apply	Per Medical Policy 9016, the following codes require a prior authorization: 69714, 69715, 69717, 69718, 69949 and S2235. The following codes are covered and do NOT require a prior authorization: 69930, L8614, L8615, L8616, L8617, L8618, L8619, L8627, L8628 and L8629.
Automatic External Defibrillator (Garment Type)	AED Vest for individual use	Yes - limitations and/or requirements might apply	The following codes are covered and require a prior authorization: K0606, K0607, K0608, K0609
Back or Spinal Orthosis - Lumbosacral (LSO) or Thoracolumbosacral (TLSO)	Lumbosacral (LSO) or Thoracolumbosacral (TLSO)	Yes	Per Medical Policy 9261, the following codes require a prior authorization: L0450, L0452, L0454, L0455, L0456, L0457, L0458, L0460, L0462, L0464, L0466, L0467, L0468, L0469, L0470, L0472, L0480, L0482, L0484, L0486, L0488, L0490, L0491, L0492, L0625, L0626, L0627, L0628, L0629, L0630, L0631, L0632, L0633, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0651, L0944, L0970, L0972, L0974, L0976, L0978, L0999, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290 Prefabricated or standard orthoses may be ordered by PCPs or specialists. Custom-made orthoses must be ordered by plan specialists such as neurologists, neurosurgeons, occupational medicine, orthopedists, physical or sports medicine, or rheumatologists.
Bacteriuria Screening		Yes - limitations and/or requirements might apply	Covered as preventive with the listed pregnancy ICD 10 codes below: 81007, 87088
Bariatric Outpatient Services		Yes - limitations and/or requirements might apply	Effective 05/01/2018, prior authorization will no longer be required for bariatric outpatient services. Prior authorization required. Bariatric services coverage is determined by the benefit certificate. Authorization may only be granted after a consultation with a Prevea360 Comprehensive Weight Management Program provider.
Bariatric Surgery		Yes - limitations and/or requirements might apply	Effective 01/01/2016: Bariatric services are a covered benefit only for those plans whose certificates include a comprehensive weight management program benefit rider. The following codes require a prior authorization per Medical Policy MP9319 and many certificate riders: 43634, 43644, 43645, 43647, 43648, 43770, 43771, 43772, 43773, 43774, 43775, 43843, 43845, 43846, 43848, 43886, 43888. Not Covered: 43842, 43847
Behavioral Health Outpatient Office Services	Mental Health & Alcohol & Other Drug Abuse (AODA) Services	Yes - limitations and/or requirements might apply	The following codes require a prior authorization if used by a non-plan provider: 90785, 90791, 90792, 90865, 90870, 90832, 90833, 90834, 90836, 90837, 90838, 90863.
Behavioral Health Services	Magellan provides behavioral health services.	Yes - limitations and/or requirements might apply	Magellan reviews behavioral health services. This includes inpatient stays, outpatient services, residential partial hospitalization, day treatment and Suboxone/Methadone treatment. Intensive outpatient (IOP) requires prior authorization. Magellan can be reached at 800-424-4711 for questions regarding prior authorization.
Biofeedback		Yes - limitations and/or requirements might apply	Per Medical Policy 9163, the following codes require a prior authorization: 90875, 90876, 90901, 90911. E0746 is not covered.
Blepharoplasty or Blepharoptosis (Eyelid Surgery)	Eyelid Surgery	Yes - limitations and/or requirements might apply	Blepharoplasty codes require a prior authorization: 15820, 15821, 15822, 15823, 67900, 67916, 67917, 67923, 67924, 67961 and 67966. Please see medical policy "Plastic and Reconstructive Surgery MP9022" for more information.
Hearing Aid Benefit (Bone Anchored Hearing Aid)	BAHA	Yes - limitations and/or requirements might apply	Per Medical Policy 9018, the following codes require a prior authorization: 69714, 69715, 69717, 69718.
Bone Growth (Osteogenesis) Stimulators (BGS)	BGS	Yes - limitations and/or requirements might apply	Per Medical Policy 9076, the following codes require a prior authorization: E0747, E0748, E0749, E0760 and 20979.
Botulinum Toxin	BOTOX	Yes - limitations and/or requirements might apply	Per Medical Policy 9020, the following codes require a prior authorization: J0585, J0586, J0587, J0588. The CPT codes 64612, 64615 and 64616 may be used and also require a prior authorization. Effective 01/01/2017: hyperhidrosis treatment is not a covered service for small group, individual and ACA plans. Verify coverage in member's certificate.
Breast Cancer Screening (mammography)	Mammogram, Mammo	Yes	77067
Radiology Information	MRI of the Breast	Yes - limitations and/or requirements might apply	Prior authorization is through NIA. The following codes require prior authorization per Medical Policy 9269: 77058, 77059.
Breast Prosthesis, External; Mastectomy Bras		Yes - limitations and/or requirements might apply	The following billing codes are covered without a prior authorization if the cost is under \$500.00: A4280, L8000, L8001, L8002, L8010, L8015, L8020, L8030, L8031, L8032, L8035, L8039
Breast Pumps		Yes - limitations and/or requirements might apply	Effective 01/01/2016. Medical Policy 9092 will cover the following: Rental of a hospital-grade, heavy-duty electrical breast pump (HCPCS code E0604) requires prior authorization. Prevea360 Health Plan covers the purchase of one (1) manual breast pumps (HCPCS code E0602) OR one (1) personal-use electric breast pump (HCPCS code E0603) per birth. This benefit does not require prior authorization. Commercial members may receive the breast pump 4 weeks prior to the estimated delivery date.

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Breast Reconstruction Surgery		Yes - limitations and/or requirements might apply	Per MP9476, the following CPT codes DO NOT require prior authorization when billed with a breast cancer diagnosis: 19300, 19316, 19318, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, 19499. Mastectomy surgeries on the cancer affected breast do not require prior authorization. Prophylactic mastectomies (mastectomy of a non-cancer affected breast) require prior authorization. See MP9449 Prophylactic Mastectomy
Breast Surgeries		Yes - limitations and/or requirements might apply	Per Medical Policy 9026, the following codes REQUIRE a prior authorization: 19300, 19316, 19318, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, 19499. Services are related to a breast cancer diagnosis see policy MP9476-Breast Reconstruction Surgery Non-covered codes: 19324, 19325.
Breastfeeding support, supplies, and counseling		Yes - limitations and/or requirements might apply	Prior authorization is not required for the codes below except when stated. A4281 - Tubing for breast pump, replacement A4282 - Adapter for breast pump, replacement A4283 - Cap for breast pump bottle, replacement A4284 - Breast shield and splash protector for use with breast pump, replacement A4286 - Locking ring for breast pump, replacement E0602 - Breast pump, manual, any type S9443 - Lactation classes, nonphysician provider, per session 99501 - Lactation counseling limited to 3 home visits does not require a prior authorization and does not count against the home health visit limit Electric breast Pumps are only allowed if authorized under medical policy criteria: E0604 - Breast pump, hospital grade, electric (AC and/or DC)
Cardiac Rehabilitation	Cardiac Rehab	Yes - limitations and/or requirements might apply	The following codes do NOT require a prior authorization: 93797, 93798, 4510F, 4500F
Cervical Cancer Screening (including PAP Smear/Test)		Yes	87620, 87621, 87622, 88141, 88142, 88143, 88144, 88147, 88148, 88150, 88151, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148 Effective 09/01/2017: One screening every 3 years is preventive
Cervical Dysplasia Screening		Yes	
Chlamydia Screening		Yes	The following CPT code may be covered under preventive services and does not require a prior authorization: 87110, 87270, 87320, 87490, 87491, 87801
Chlamydial Infection Screening: pregnant women.		Yes	87491, 87801
Cholesterol Screening	Dyslipidemia, Lipid Screening	Yes	The following CPT codes are covered under the preventive services one time per year according to the USPSTF guidelines: 80061, 82465, 83718 Either code is covered as preventive but not both in the same contract year.
Clinical Cancer Trials	Clinical Cancer Trials	Yes - limitations and/or requirements might apply	The following code is for clinical trials 200.6. Clinical cancer trials require prior authorization per Medical Policy 9357. For information regarding clinical trials for diagnosis other than cancer, please see the medical policy: Clinical Trials MP9447.
Clinical Trials	Clinical Trials	Yes - limitations and/or requirements might apply	The following code is for clinical trials: 200.6. Clinical trials require prior authorization per Medical Policy 9447. For information regarding Clinical Cancer Trials please see Medical Policy MP 9357.
Collagenase Injection for Dupuytren's Contracture		Yes - limitations and/or requirements might apply	Code 20527 when billed with J0775 and diagnosis code M72.0 (Dupuytren's Contracture) requires prior authorization. This is not covered for other diagnoses and for children under 18 years of age.
Cologuard	Fecal DNA Testing	Yes	The following codes do not require a prior authorization: G0464, 81528, and S3890. One (1) test every 3 years for patients age 50 and older is covered.
Colorectal Cancer Screening	colonoscopy, sigmoidoscopy, fecal occult blood testing, Cologuard	Yes - limitations and/or requirements might apply	The following CPT codes are covered under preventive services: Fecal occult blood testing - 1 per year age 50 and older: 45346, 45347, 45349, 45350, 82270, G0328, G6022, G6023, 82274 Sigmoidoscopy - 1 every 5 years age 50 and older: 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45339, G0104 Colonoscopy - 1 every 5 years age 50 and older: 45398, 45399, 45392, 48394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45388, 45389, 45390, 45393, 45398, G0105, G0121, G0119, G6020, G6024, G6025, S0285 Cologuard - 1 every 3 yrs: age 50 and older: 81528
Congenital Defects and Birth Abnormalities		Yes - limitations and/or requirements might apply	For more information, please see medical policy: Plastic and Reconstructive Surgery MP9022. The following codes require a prior authorization: 42145, 42200, 42205, 42210, 42215, 42220, 42225
Continuous Glucose Monitoring	Long Term Monitoring, Glucose Monitors	Yes - limitations and/or requirements might apply	Per Medical Policy 9091, the following codes require a prior authorization: A9278, A9279, K0553 and K0554. Please note: Short term glucose monitoring (less than 7 days) does not require a prior authorization. Please review the Medical Policy Continuous glucose monitoring for children under 8 requires prior authorization and they must meet medical policy criteria. No Prior Authorization is required for A9276 and A9277.
Continuous Passive Motion Machine (CPM)		No - Not medically necessary	The following code is not covered: E0935, E0936

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<p>Prior authorization is not required. The codes listed below go into effect for Group B Individual Policies upon renewal date beginning 8/1/2012 and On:</p> <p>11881 INSI NON-BIODEGRADABLE DRUG DELIVERY IMPLANT 11882 REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT 11883 INSI W/INSI NON-BIODEGRADABLE DRUG DELIV IMPLT 10650 MEDROXYPROGESTERONE ACTUATE A4266 DIAPHRAGM J1976 REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES 57170 OPHMICRV CAP FITG W/INSTRUCTIONS 58300 INSI INTRATERINE DEV 58302 INSI INTRATERINE DEV 58565 HYSTIC OCCLUSION PLMT PRIM 58600 LGT/INXSI FLP TUBE ABDU/VAG APPR UNV/B 58605 LGT/INXSI FLP TUBE ABDU/VAG POSTPARTUM SPX 58611 LGT/INXSI FLP TUBE DONE TM C CLVA/SUNG 58635 OCCLUSION FLP TUBE DEV VAG/SUPAPUBIC APPR A4264 INTRATUBAL OCCLUSION DEVICE J7257 LEVONORGESTREL-RELEASING INTRATERINE CONTRACEPTIVE SYSTEM J7258 LEVONORGESTREL-RELEASING INTRATERINE CONTRACEPTIVE SYSTEM J7300 INTRAIT COPPER CONTRACEPTIVE J7301 LEVONORGESTREL-releasing intrauterine contraceptive system J7303 CONTRACEPTIVE VAGINAL RING J7304 CONTRACEPTIVE HORMONE PATCH J7306 CHLONORGESTREL IMPLANT DEV J7307 ETONORGESTREL IMPLANT SYSTEM 54899 CONTRACEPT IUD 58070 Laparoscopy, surgical, with fulguration of oviducts 58071 Laparoscopy, surgical, with occlusion of oviducts by device 11976 Removal of implantable contraceptive capsules A4266 Diaphragm for contraceptive use J1728 Injection, hydroxyprogesterone Caproate J7256 Levonorgestrel-releasing intrauterine contraceptive system (XYLENA) Includes codes: Z30.015, Z30.016, Z30.44, Z30.45 & Z30.46</p>			
Contraceptive methods and counseling	Birth Control, Depo shot, The pill, diaphragm,	Yes - limitations and/or requirements might apply	
Cornual Crosslinking		Yes - limitations and/or requirements might apply	Code Q402T require prior authorization.
Counseling and screening for human immune-deficiency virus		Yes - limitations and/or requirements might apply	<p>The following CPT codes under the preventive benefit do not require prior authorization. 86703 - Antibody, HIV-1 and HIV-2, single result G0432 - Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening G0433 - Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening G0435 - Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening Codes below included as of 01/01/14: 86701, 86702, 86689</p>
Cranial Orthotic Devices		Yes - limitations and/or requirements might apply	New medical policy which will cover cranial orthotic devices with prior authorization when policy criteria is met. This is currently not covered in some certificates. The policy will be effective on 07/01/17, for those members whose certificates do not exclude these devices. The policy will become effective for members as their certificates renew. Code S1040
CT	computed tomography, cat scan, CTA, computed tomography angiography	Yes - limitations and/or requirements might apply	70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 76380, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74263, 75571, 58092, 75572, 75573, 75574, 75635, 76380, 70486, 70487, 70488, 77078 Prior authorization required through NIA.
Deep Brain Stimulation (DBS)		Yes - limitations and/or requirements might apply	Per Medical Policy 9331, the following codes require a prior authorization: 61885, 61886.
Dental CT		Yes	<p>The following codes do not require a prior authorization: D0364 CONE BEAM CT CAPTURE/INTERP WITH LIMITED FIELD OF VIEW D0365 CONE BEAM CT CAPTURE/INTERP WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH D0366 CONE BEAM CT CAPTURE/INTERP WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA D0367 CONE BEAM CT CAPTURE/INTERP WITH FIELD OF VIEW OF BOTH JAWS D0368 CONE BEAM CT CAPTURE/INTERP FOR TMJ SERIES D0369 MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION D0380 CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW D0381 CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE D0382 CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF MAXILLA D0383 CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS D0384 CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES D0385 MAXILLOFACIAL MRI IMAGE CAPTURE</p>
Dental Prosthesis and Oncology Services		Yes - limitations and/or requirements might apply	Per Medical Policy 9125, a prior authorization is required.
Dental Services	General anesthesia for dental services	Yes - limitations and/or requirements might apply	Please refer to Member's benefit certificate to verify coverage. Per Medical Policy 9271, General Anesthesia for dental procedures performed in an Ambulatory Surgery Center or Hospital require prior authorization.
Depression Screening for adults and adolescents		Yes	The following CPT codes for preventive services do not require a prior authorization: 96127, 96100, 96161 and G0444
Developmental/Behavioral Assessment		Yes	The code 96110 with a diagnosis code match with V20.2 or V79.3 for patients up to 3 years of age preventive.
Diabetes Screening		Yes	82947, 82948, 82950, 82951, 82952, 83036
Diphtheria, Tetanus and Pertussis; Tdap, DTaP	Immunizations, Vaccines	Yes - limitations and/or requirements might apply	The following codes are covered under the preventive services benefit and do not require a prior authorization: 90696, 90698, 90700, 90702, 90714, 90715, 90723
Durable Medical Equipment	Durable Medical Equipment	Yes - limitations and/or requirements might apply	Code L3921 HFO w/joint(s) CF (Custom finger brace) requires prior authorization.
Repairs/Replacement of Durable Medical Equipment/Supplies	DME-repairs	Yes - limitations and/or requirements might apply	Durable medical equipment (DME) greater than \$500 requires prior authorization, unless otherwise stated in Our medical policies.
Dyslipidemia screening	Cholesterol, Lipid Screening	Yes	The following CPT codes are covered under the preventive services one time per year according to the USPSTF guidelines: 80061, 82405 Either code is covered as preventive but not both in the same contract year.
Electric Tumor Treatment Fields	Optune	Yes - limitations and/or requirements might apply	E0766 requires prior authorization
Endoscopic Ultrasound		Yes - limitations and/or requirements might apply	No prior authorization required.
Enteral Therapy	Tube Feedings	Yes - limitations and/or requirements might apply	The following codes require a prior authorization per Medical Policy MP9069: B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162 and B9998.
Epidural Steroid Injections	ESI	Yes - limitations and/or requirements might apply	<p>The following codes require a prior authorization per Medical Policy MP9362: 62320, 62321, 62322, 62323, 62324, 62325, 62326, 64479, 64480, 64483, 64484, 11/01/12: Thoracic ESI will not be covered. Please note that this code list is not all inclusive.</p>

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Extracorporeal Shockwave Lithotripsy or Therapy – Kidney Stone Treatment ONLY		Yes - limitations and/or requirements might apply	The following codes do NOT require a prior authorization: 50590, 50400, 59034
Facet Injections and Radiofrequency Ablation		Yes - limitations and/or requirements might apply	The following codes require a prior authorization per Medical Policy MP9448: 64490, 64493, 64633 and 64635.
Fecal Bacteriotherapy	Fecal Microbiota Transplantation	Yes - limitations and/or requirements might apply	Per Medical Policy 9441, the following code does not require a prior authorization: G0455. The procedure is restricted to Gastroenterology and Infectious Disease clinicians.
FluMist Vaccine	Influenza Vaccine Intranasal	Yes - limitations and/or requirements might apply	Flu Mist Nasal Vaccine is not covered. The following codes are not covered: 90660, 90672
Fluoride Varnish	Preventive service	Yes	Fluoride varnish, code 99188, is covered as preventive one (1) time a year for members from birth through age five (5). Prior authorization is not required.
Foot Orthotics		Yes - limitations and/or requirements might apply	*Per Medical Policy 9074, the following codes require a prior authorization: L3100, L3140, L3160, L3170, L4210. Foot orthotics codes: L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031 are considered medically appropriate without prior authorization for the treatment of significant pain or when deformity is present due to the diagnosis listed in MP9074 (1.0) The following codes are not covered: L3040, L3050, L3060, L3070, L3080, L3090. Repair code L4205 does not require prior authorization.
Functional Electrical Stimulation	FES	Yes - limitations and/or requirements might apply	The following codes require a prior authorization per Medical Policy MP9415 page 4: 97014, 97032
Gastric Pacemaker and Gastric Electrical Stimulation		Yes - limitations and/or requirements might apply	43647, 43648, 43881, 43882 and E0765 require prior authorization
Genetic Testing for Maturity Onset Diabetes of Young (MODY) Sequencing Panel		Yes - limitations and/or requirements might apply	Codes 81404, 81405, 81406, 81479 require prior authorization.
Genetic Testing	Website link with genetic testing information		Please see the medical policies on prevea360.com for the codes.
Gestational Diabetes Screening		Yes	82947, 82950, 82951
Glaucoma Surgery Devices		Yes	
Gonorrhea Screening			87590, 87591, 87801
Habilitative Services	OT/PT/ST, Behavioral health and Devices	Yes - limitations and/or requirements might apply	All Habilitative Services require a prior authorization per Medical Policy 9443. Coverage is only for the Individual and Small Group Plans
Health & Behavior Assessment Intervention for Stress Management and Education Training		Yes - limitations and/or requirements might apply	
Hearing Aids	Hearing Aids, Non-Bone Anchored Hearing Aid	Yes - limitations and/or requirements might apply	Prior authorization is required per Medical Policy 9445. The following codes require a prior authorization with a plan provider: V0530, V5040, V5050, V5060, V5070, V5080, V5100, V5120, V5130, V5140, V5150, V5170, V5180, V5190, V5210, V5220, V5230, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5262, V5263, V5298. Please refer to Member's benefit certificate to verify coverage.
Hearing Loss Screening		Yes	Children: Covered in hospital OB fees or outpatient well child visit CPT 92551
Hepatitis A		Yes	90632, 90633, 90634, 90636
Hepatitis B		Yes	90739, 90740, 90743, 90744, 90746, 90747, 90748
Hepatitis B Screening		Yes	87340, 87341 and G0499 with ICD 10 Dx Code Z11.59 (preventive)
Hepatitis C Screening		Yes	86803, 86804
HIB		Yes	90647, 90648
High Frequency Chest Compression	(Vest System)	Yes - limitations and/or requirements might apply	Per Medical Policy 9235, the following codes do not require a prior authorization: A7025, A7026, E0483.
Hip Resurfacing		Yes - limitations and/or requirements might apply	The following codes do not require an authorization: S2118, 27299, 27125, 27130 Note: The inpatient hospital stay requires prior authorization.
HIV Screening		Yes	Prior authorization not required. 80081, 87389, 87806, G4075
Home Health Care		Yes - limitations and/or requirements might apply	Prior authorization is required.
Home Infusion		Yes - limitations and/or requirements might apply	Prior authorization is required. Codes: S9500, S9501, S9502, S9503, S9504
Home UVB Light for Treatment of Skin Conditions Underwritten by Dean Health Plan, Inc.		Yes - limitations and/or requirements might apply	The following billing codes require prior authorization: E0691, E0692, E0693 and E0694
Hospice Services		Yes - limitations and/or requirements might apply	Per Medical Policy 9299, Hospice requires a prior authorization. The following codes need a prior authorization: Q5001, Q5002, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5009, Q5010, S9126, S0271, 99377, 99378, G0337, G0151, G0152, G0157, G0158, G0299, G0300.
Hospital Beds		Yes - limitations and/or requirements might apply	Per Medical Policy 9292, the following codes require a prior authorization: E0250, E0255, E0260, E0261, E0270, E0290, E0292, E0294, E0303, E0304, E0328, E0329. Please note: Hospital beds without a mattress and total electric beds are not covered.
Human papillomavirus (HPV) Vaccine		Yes	90649, 90650 and 90651 Age Requirement – both genders for ages 9-26 Yearly limitation Requirement – None Preventive for commercial only. Not Covered by Medicare Part B

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Prevea360 Title and Link	Alternate Service Name	Covered?	Prevea360 CPT and HCPCS Codes
Human papillomavirus testing		Yes - limitations and/or requirements might apply	<u>Prior authorization is not required.</u> 87624 and 87625 Z01.411, Z01.419, and Z11.51 - Screening for HPV
Human Papillomavirus testing/HPV DNA Testing		Yes	87624, 87625 Codes 87624 and 87625 with a DX match of Z01.411, Z01.419, Z11.51 are preventive. This is for patients, ages 30 to 65 and the screening is covered one time every 3 years. Low-risk testing, as identified by code 87623, will not be included as preventive, but would be covered with applicable cost sharing.
Hyperbaric Oxygen Therapy	(HBO therapy)	Yes - limitations and/or requirements might apply	Per Medical Policy 9055, the following codes require a prior authorization: 99183, G0277. Code A4575 is non covered.
Hyperhidrosis Treatment		Yes - limitations and/or requirements might apply	Per Medical Policy 9224, the following codes require a prior authorization: 64650, 64653, 97033. Effective 01/01/2017: hyperhidrosis treatment is not a covered service for small group, individual and ACA plans. Verify coverage in member's certificate.
Immunization Administration		Yes	90471
Influenza Virus		Yes	90653, 90654, 90655, 90656, 90657, 90658, 90661, 90662, 90664, 90666, 90667, 90668, 90674, 90682, 90685, 90686, 90687, 90688, 90756, Q2033, Q2034, Q2035, Q2036, Q2037, Q2038, Q2039 Q2034 - Age requirement of 18 and older
Inpatient Admission	Hospital Admission over 23 hours	Yes - limitations and/or requirements might apply	Elective admissions require prior authorization. Non-elective admissions require the facility to contact the health plan. Admission for outpatient observation to determine whether a member requires additional short-term or inpatient treatment also requires notification from the facility of the admission and discharge.
Intensity Modulated Radiation Therapy (IMRT)	IMRT	Yes - limitations and/or requirements might apply	Prior authorization is required for the CPT procedure code 77385, 77386 and G6015. Codes 77385 and 77386 are to be used by outpatient facilities and ambulatory surgical centers. Code G6015 is used by physicians only. Planning codes do not require a prior authorization examples would be CPT codes 77014, 77417, 77301 and 77338
Intrahepatic Pump Implantation		Yes - limitations and/or requirements might apply	The following codes require a prior authorization per Medical Policy MP9278: 62350, 62351, 62360, 62361, and 62362. The following codes do not require a prior authorization: 62365, 62367, 62368, 62369, 62370.
Iron supplementation in children		Yes	
Knee Procedures	Meniscal Allografts-knee, Osteochondral Defects of the Knee	Yes	The following code requires a prior authorization per Medical Policy MP9442: 27415, 29867, 29868.
Laser Treatments for Psoriasis		Yes - limitations and/or requirements might apply	Per Medical Policy 9399 the following codes require a prior authorization: 96920, 96921, 96922.
Lead Screening		Yes	83655 Age requirement = 6 years or younger
Limb Prosthesis		Yes - limitations and/or requirements might apply	Prior authorization is required. L5010, L5020, L5100, L5105, L5150, L5160, L5200, L5210, L5230, L5250, L5270, L5280, L5312, L5400, L5420, L5500, L5505, L5610, L5611, L5613, L5614, L5616, L5617, L5643, L5645, L5647, L5649, L5651, L5673, L5681, L5683, L5700, L5701, L5702, L5703, L5705, L5706, L5707, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5795, L5811, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5856, L5857, L5858, L5859, L5930, L5950, L5964, L5966, L5968, L5969, L5973, L5979, L5980, L5981, L5986, L5987, L5988, L5989, L6000, L6010, L6020, L6025, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6611, L6621, L6624, L6638, L6646, L6648, L6690, L6693, L6694, L6698, L6703, L6706, L6707, L6708, L6709, L6715, L6880, L6881, L6882, L6883, L6884, L6885, L6900, L6905, L6910, L6915, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7260, L7261, L7400, L7402, L7403, L7404, L7405, L7499, L7510, L7520
LINX Reflux Management System		Yes - limitations and/or requirements might apply	Effective 12/01/2016, Linx reflux management system is a covered service which requires prior authorization. It must meet medical policy criteria. Codes 43284 and 43285 require a prior authorization. Effective 01/01/2017, prior authorization which will be required for the new codes of 43284 and 43285 will replace 0392T and 0393T.
Lumbar Discography	Lumbar Paravertebral Injection	Yes - limitations and/or requirements might apply	Prior authorization required. 62287, 62290, 62292 Limited to Neurosurgeon or Orthopedist
Lung Cancer Counseling and Screening Low Dose CT		Yes	Codes G0296, G0297
Lung Volume Reduction Surgery/Bulectomy for End-Stage Chronic Obstructive Pulmonary Disease			
Lymphedema Treatment		Yes - limitations and/or requirements might apply	Pneumatic compression devices for the treatment of lymphedema require prior authorization per MP9119. E0650, E0651, E0652, E0655, E0660, E0665, E0666, E0667, E0668, E0669, E0671, E0672, E0673, E0675, E0676, S8420.
Magnetoencephalography (MEG)		Yes - limitations and/or requirements might apply	Per Medical Policy 9327, the following codes require a prior authorization: 95965, 95966, 95967.
Measurement of Serum Levels and Antibodies to Influxins, proteins and HUMIRA (adalimumab)		Yes - limitations and/or requirements might apply	84999: Unlisted code 80299
Mechanical Stretching Devices for Contracture and Joint Stiffness		Yes - limitations and/or requirements might apply	The following codes require a prior authorization per Medical Policy MP9289: E1800, E1805, E1810, E1825 The following codes do not require a prior authorization: E1802, E1812, E1815, E1830, E1840 The following codes are not covered: E1801, E1806, E1811, E1816, E1818, E1831, E1841.
Meningococcal		Yes	90620, 90621, 90644, 90733, 90734
Micro Permanent Leadless Pacemaker		Yes - limitations and/or requirements might apply	Code 0387T requires prior authorization.
Misc. Non-Covered Services			The following billing codes are not covered: 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417.
MMR/Rubella		Yes	90706, 90707, 90710
MRI	MRA, Magnetic Resonance Imaging, Magnetic Resonance Angiography	Yes - limitations and/or requirements might apply	70336, 70540, 70542, 70543, 70551, 70552, 70553, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 71555, 72141, 72142, 72156, 72146, 72147, 72157, 72148, 72149, 72158, 72159, 72196, 72195, 72197, 72198, 73220, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73220, 73718, 73719, 73721, 73722, 73723, 73725, 74181, 74182, 74183, 58037, 74185, 75557, 75559, 75561, 75563, 75565, 76376, 76377, 77058, 77059. Prior authorization through NIA required.

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Prevea360 Title and Link	Alternate Service Name	Covered?	Prevea360 CPT and HCPCS Codes
MRI TRUS Fusion Guided Prostate Biopsy		Yes - limitations and/or requirements might apply	76498 unlisted magnetic resonance procedure
Newborn Metabolic/Hemoglobin Screening		Yes	S3620
NIA Radiology Prior Authorization	High End Radiology		For prior authorization information, click on the NIA Radiology Prior Authorization link in the Service column. The CPT Matrix is found in the "Additional Resources" box on the right of the webpage. NIA can be contacted Monday through Friday from 7 am to 7pm (CST) at (866) 307-9729.
Non Covered Durable Medical Equipment/Supplies	Non-Covered DME	No	
Nuclear Stress Testing	Exercise tolerance test (ETTs) --Thallium, Cardiolyte, Persantine	Yes - limitations and/or requirements might apply	All Nuclear Stress Testing requires a prior authorization through NIA. Possible codes: 78451, 78452, 78453, 78454, 78481, 78483
Obesity Screening and Counseling: adults		Yes	97802, 97803, 97804, 99401, 99402, 99403, 99404, G0446, G0447, G0270, G0271, G0473
Obesity Screening and Counseling: children		Yes	
Obesity, Face to face behavioral counseling for obesity		Yes	G0473 Face to face behavioral counseling for obesity Preventive for both Medicare and Commercial
Occupational (OT) Therapy		Yes - limitations and/or requirements might apply	97010, 97012, 97014, 97016, 97018, 97022, 97024, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97168, 97530, 97532, 97533, 97535, 97755, 97760, 97761, 97762 Codes under DME benefit only require a prior authorization if the cost exceeds \$500.00 - E0840, E0849, E0850, E0855, E0860 The following therapy evaluation codes do not require a prior authorization effective 01/01/2017: 97165, 97166, 97167
Orthosis: Ankle (AFO), Knee Ankle (KAFO) or Knee (KO)		Yes - limitations and/or requirements might apply	The following codes do not require a prior authorization if the cost is under \$500 according to the DME benefit: L1810, L1812, L1820, L1830, L1831, L1832, L1834, L1836, L1840, L1844, L1845, L1846, L1848, L1850, L1900, L1902, L1904, L1906, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2036, L2037, L2038, L2106, L2108, L2112, L2114, L2116, L4205, L4396, L4398, L4631 All initial custom made orthosis must be ordered by a specialist in one of the following fields: Neurology, Neurosurgery, Occupational Medicine, Orthopedic, Physical or Sports Medicine, Podiatry or Rheumatology
Osteoporosis Screening	Bone Density Screening	Yes	77080 One screening per year covered as preventive
Oxygen Therapy	O2 Therapy	Yes - limitations and/or requirements might apply	The following codes do NOT require a prior authorization with in-plan providers under the DME benefit of \$500.00 or less: E0446, E0455, E0465, E0466, E0560, E1390, E1392, E1405, E1406, K0740 The following codes require a prior authorization when billed with a cluster headache diagnosis. E0424, E0425, E0430, E0431, E0433, E0434, E0435, E0439, E0440, E0441, E0442, E0443, E0444, E1390, E1391 Oxygen Therapy PA required for Cluster Headache Diagnosis Codes: G44.001, G44.009, G44.011, G44.019, G44.021, G44.029 The list of codes are not all inclusive.
Passive Jaw Motion Rehabilitation Therapy		Yes - limitations and/or requirements might apply	Prior authorization is required for Code E1700.
Pectus Excavatum and Carinatum Repair		Yes - limitations and/or requirements might apply	Per Medical Policy 9206, the following codes require a prior authorization: 21740, 21742, 21743.
Percutaneous Left Atrial Appendage Closure		Yes - limitations and/or requirements might apply	Percutaneous Left Atrial Appendage Closure requires prior authorization for code 33340.
Percutaneous Mitral Valve Repair	Mitralclip*	Yes - limitations and/or requirements might apply	Percutaneous Mitral Valve Repair requires prior authorization for code 33418.
Percutaneous Pulmonary Valve Implantation MP9440	Melody Valve	Yes - limitations and/or requirements might apply	Per Medical Policy 9440, the following code requires a prior authorization: 33477.
Positron Emission Tomography (PET)	positron emission tomography PET for Malignancy and PET for Neurologic Applications	Yes - limitations and/or requirements might apply	PET scans require prior authorization through NIA. Codes requiring prior authorization: 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0235. For information regarding the specific Dean ASO group, please contact Customer Service at the phone number found on the patient's insurance card. Positron Emission Tomography (PET) for Malignancy please refer to Medical Policy 9240 Positron Emission Tomography (PET) for Neurologic Applications please refer to Per Medical Policy 9260
Physical (PT) Therapy		Yes - limitations and/or requirements might apply	Prior authorization required. 92506, 92507, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97127, 97139, 97140, 97164, 97530, 97533, 97535, 97755, 97760, 97761, 97763 The following therapy evaluation codes do not require a prior authorization effective 01/01/2017: Physical Therapy: 97161, 97162, 97163 For prior authorization, please call NIA Magellan Customer Service at 877.642.0622.
Physical Examination		Yes	99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394, 99385, 99386, 99387, 99395, 99396, 99397 Dx and CPT code match required for the following codes only - 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 DX match as noted - See codes listed
Pneumatic Compression Devices (for Treatment of Chronic Venous Insufficiency)		Yes - limitations and/or requirements might apply	The following codes require a prior authorization for CHP and Medicaid: E0652, E0667, E0668, E0669 The following codes follow the DME benefit: E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0671, E0672, E0673
Pneumococcal		Yes	90670, 90732
Polio		Yes	90713
Port Wine Stain Laser Treatment		Yes - limitations and/or requirements might apply	Please refer to benefit certificate. Per Medical Policy 9207, the following codes require a prior authorization: 17106, 17107, 17108.

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Prevea360 Title and Link	Alternate Service Name	Covered?	Prevea360 CPT and HCPCS Codes
Pressure Reducing Support Services		Yes - limitations and/or requirements might apply	Prior authorization required if cost is greater than \$500.00 or ordered by a non-plan provider. Group 1 includes: pressure pads for mattresses, non-powered pressure reducing mattresses and powered pressure reducing mattress overlay systems. (Codes A4640, E0181, E0182, E0184, E0185, E0186, E0187, E0196, E0197, E0198 and E0199) Group 2 includes: power pressured reducing mattresses, powered pressure reducing mattress overlays, non-powered advanced pressure reducing mattresses, non-powered advanced pressure reducing mattress overlays (Codes E0193, E0277, E0371, E0372, E0373) Group 3 includes: air-fluidized beds. (Code E0194)
Prolonged Preventive Service		Yes	New codes effective: 1/1/18 - G0513, G0514 Must be billed along with one of the following codes to pay: 76706, 76977, 77067, 77063, 77078, 77080, 77081, G0101, G0104, G0105, G0121, G0130, G0296, G0297, G0402, G0438, G0439, Q0091
Prophylactic Mastectomy		Yes - limitations and/or requirements might apply	Per Medical Policy 9449, a prior authorization is required for the following codes: 19300, 19303, 19304, 19305, 19306, 19307, V50.41, Z40.01 if billed with one of the following diagnosis codes: V50.41-Prophylactic organ removal, or Z40-Encounter for prophylactic removal of breast.
Prophylactic Oophorectomy		Yes - limitations and/or requirements might apply	Per Medical Policy 9450, a prior authorization is required for the following codes: 58150, 58180, 58262, 58291, 58552, 58554, 58661, 58720, 58940; when billed with the following diagnosis code: Z40.02 Prophylactic Removal of Ovary.
Prostate Treatment		Yes - limitations and/or requirements might apply	Per Medical Policy 9361 the following codes require a prior authorization: 53850, 53852, 55873, G0339, G0340 and Q2043.
Prothrombin Time (INR) Home Monitoring Device	Self-Monitoring of Warfarin Therapy (INR Testing)	Yes - limitations and/or requirements might apply	Per Medical Policy 9263, the following codes require a prior authorization: G0249
Pulmonary Rehabilitation		Yes - limitations and/or requirements might apply	Per Medical Policy 9077, the following code require a prior authorization after 24 visits: 59473. Must meet Medical Policy criteria.
Pulse Oximeter for Home Use		Yes - limitations and/or requirements might apply	Per Medical Policy 9372 the following code require a prior authorization: E0445.
Quantitative and Qualitative Urine Drug Testing (UDT)	Urine drug testing, urine drug screening	Yes - limitations and/or requirements might apply	There are no associated codes and prior authorization is not required.
Radiation Treatment for Coronary Artery Restenosis	Brachytherapy (Radiation and Radiotherapy)	Yes - limitations and/or requirements might apply	77799, 92974 - Prior authorization is not required.
Radiofrequency Hepatic Tumor Ablation		Yes - limitations and/or requirements might apply	The following codes do not require a prior authorization: 47380, 47381, 47382, 47399
Radiofrequency Thermal Ablation for Barrett's Esophagus		Yes - limitations and/or requirements might apply	Prior authorization is not required.
Reconstructive and Plastic Surgery		Yes - limitations and/or requirements might apply	Per Medical Policy 9022: The following CPT codes require a prior authorization: 11960, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 19370, 19371, 21120, 21121, 21196, 21199, 30400, 30410, 30420, 30430, 30432, 30450 (not covered unless medically necessary), 30462, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912. The following CPT codes do not require a prior authorization: 11200, 11201, 11300, 11301, 11302, 11303, 11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313, 11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11426, 11426. The following codes may require a prior authorization depending on the procedure and are not covered if used for cosmetic procedures: 11440, 11441, 11442, 11443, 11444, 11446, 14040. Biepharoplasty codes requiring a prior authorization: 15820, 15821, 15822, 15823. Craniofacial codes requiring a prior authorization: 42145, 42200, 42205, 42210, 42215, 42220, 42225
Refractive and Therapeutic Keratoplasty	Corneal Surgery	Yes - limitations and/or requirements might apply	The following CPT codes require prior authorization: 65730, 65750, 65755, 65756, 65760, 65765, 65767, 65770, 65771, 65772, 65775, 65710, 02891, 02907, 50810, 50812. Code S0800 is not covered.
Responsive Nerve Stimulation		Yes - limitations and/or requirements might apply	Codes 61885 and 61886 require prior authorization when billed for treatment of seizures (codes G40 to G40.919) For patients ages 18 years of age or older.
RH Incompatibility Screening		Yes	Routine test included in global fee for pregnancy. If 86901 billed separately \$/B included w/Pregnancy DX.
Rotavirus		Yes	90680, 90681
Sacral Nerve Stimulation for Urinary and Fecal Incontinence		Yes	Per Medical Policy 9113, the following codes DO NOT require a prior authorization: 64561, 64581.
Sacroiliac Joint Injection	SI Joint Injection	Yes - limitations and/or requirements might apply	Effective 10/01/2016, sacroiliac (SI) joint injections will be covered with prior authorization. Please see the medical policy for details and criteria. Codes 27096 and G0260 require prior authorization.
Non-Covered Services and Procedures	Saliva Tests for Hormones	No - E/I	There are no associated codes due to the generic procedure descriptions. This list is not all inclusive.
Screening for Anemia Pregnancy		Yes	Paid as preventive with the pregnancy ICD 10 diagnosis codes listed below: 82728, 85013, 85014, 85018
Seat-Belt Mechanisms		Yes - limitations and/or requirements might apply	The following codes: E0621, E0635 require a prior authorization per Medical Policy 9102. The following codes are not covered: E0172, E0625.
Select Nerve Root Injections	SNR Injections, Nerve Block, Select Nerve Block	Yes - limitations and/or requirements might apply	
Sex Transformation Surgery	MP9469 (Standard)		
Sex Transformation Surgery	MP9465 (Market)	Yes - limitations and/or requirements might apply	
Sexually Transmitted Disease (STD) Counseling		Yes	G0445
Shingrix	Zoster Vaccine Recombinant, Adjuvanted	Yes	Shingrix, a herpes zoster (shingles), is covered as preventive in adults aged 50 years and older. Code 90750
Shoes and Shoe Modifications (Custom, Molded/Corrective/Therapeutic)		Yes - limitations and/or requirements might apply	Per Medical Policy 9061, the following codes require a prior authorization: K0903, L3201, L3202, L3203, L3204, L3205, L3206, L3207, L3215, L3216, L3217, L3219, L3221, L3224, L3225, L3230, L3250, L3254, L3255, L3257, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410.
Skilled Nursing Facility	SNF, nursing home	Yes - limitations and/or requirements might apply	Prior authorization is required per Medical Policy 9310.
Skin Substitutes for Wound Healing		Yes - limitations and/or requirements might apply	Prior authorization is required. 15150, 15151, 15152, 15155, 15156, 15157, 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, 15777, Q4101, Q4106, Q4122, Q4123, Q4125, Q4126, Q4127, Q4128, Q4131, Q4161, Q4162, Q4163, Q4164, Q4165
Sleep Studies: Polysomnograms (16 channel or greater), Sleep Study and Portable Tests for Sleep Disorders - portable sleep studies		Yes - limitations and/or requirements might apply	Per Medical Policy MP9132, the following codes require a prior authorization: 95800, 95801, 95783, 95782, 95805, 95806, 95807, 95808, 95810, 95811, G0398, G0399, G0400. The following code is for pulse oximetry and is not considered a sleep study: CPT code 94762. There is no prior authorization required for CPT code 94762.

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Speech Therapy			<p>Please refer to Member's benefit certificate to verify coverage.</p> <p>Per Medical Policy 9171, the following codes require prior authorization: 92507, 92508, 92524, 92526, G0161, S9128, S9152.</p> <p>The following therapy evaluation codes do not require a prior authorization effective 07/15/2016: Speech Therapy: 92521, 92522, 92523</p>
Spinal Cord or Dorsal Column Stimulation	Spinal Cord Stimulator for Pain	Yes - limitations and/or requirements might apply	<p>The following CPT codes require a prior authorization per Medical Policy MP9430: 63650, 63661, 63664</p> <p>CPT code 63685 can be used for either replacement or insertion and doesn't require a prior authorization.</p> <p>The following HCPCS code requires a prior authorization : L8689</p>
Stereotactic Body Radiotherapy	Body Stereotactic Therapy	Yes - limitations and/or requirements might apply	Per Medical Policy 9459, the following codes require a prior authorization: 32701, 77373, 77435. The following code does NOT require a prior authorization: 77295.
Stereotactic Radiosurgery		Yes - limitations and/or requirements might apply	Per Medical Policy 9245, the following codes require a prior authorization: 32701, 61796, 61797, 61798, 61799, 61800, 63620, 63621, 77371, 77372, 77373, 77432, 77435, G0339, G0340. The following codes do NOT require a prior authorization: 61781, 61782, 61783, 61790, 72261, 72262, 72263, 72293, 72295, 77300, 77321, 77331, 77332, 77333, 77334, 77336, and 77370.
Syphilis Screening: non-pregnant persons		Yes	86592, 86593
Syphilis Screening: Pregnant patients		Yes	80055, 80081, 86592, 86593
Temporomandibular Disease (TMD) Services	TMJ	Yes - limitations and/or requirements might apply	Per Medical Policy 9272, the following codes require a prior authorization: 20150, 21010, 21060, 21070, 21073, 21240, 21242, 21243, 21490, 29800, 29804, 70328, 70330, 70332, 70336, D0320, D0321, D7810, D7820, D7830, D7840, D7850, D7852, D7854, D7856, D7858, D7860, D7865, D7870, D7871, D7872, D7873, D7874, D7875, D7876, D7877, E1700.
Tetanus		Yes	
Therapeutic Contact Lens (Bandage or Hydrophilic Lens, Rigid Gas Permeable (RGP) Lens)		Yes - limitations and/or requirements might apply	A therapeutic contact lens does not require prior authorization and is considered medically necessary for the treatment of diseases of the ocular surface.
Tobacco use intervention for children & adolescents		Yes	99406, 99407
Tobacco Use: Counseling for Pregnant Women	Tobacco Use: Counseling for Pregnant Women	Yes	
Tobacco Use-Adult Counseling	Tobacco Use-Adult Counseling	Yes	
Total Ankle Arthroplasty		Yes - limitations and/or requirements might apply	Per Medical Policy 9363, the following codes require a prior authorization: 27702, 27703.
Traction for Cervical and Lumbar Pain		Yes - limitations and/or requirements might apply	The following codes require a prior authorization if they exceed the DME benefit: E0830, E0840, E0849, E0850, E0855
Transcatheter Aortic Valve Implantation for Aortic Stenosis	TAVI	Yes - limitations and/or requirements might apply	Per Medical Policy 9435, the following codes require a prior authorization: 33361, 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369.
Patient Transfer Device	Patient Transfer Device	Yes - limitations and/or requirements might apply	Per Medical Policy 9262, the following codes require prior authorization: E1035, E1036, E0630. The following codes are non-covered: E1037, E1038, E1039.
Transport of Patients	Ambulance	Yes - limitations and/or requirements might apply	Per Medical Policy 9137, prior authorization is required for all non-emergency transports.
Treatment of Obstructive Sleep Apnea (OSA) in Adults		Yes - limitations and/or requirements might apply	The following code requires a prior authorization per Medical Policy MP9239: E0470, E0471, E0472, E0485, E0486, E0601, G0398, G0399, G0400, S2080, 42145.
Tuberculin test		Yes	86580 Age Requirement = Ages 21 years and younger
Vagus Nerve Stimulation (VNS)		Yes - limitations and/or requirements might apply	Per Medical Policy 9232, the following codes require a prior authorization: 64568, 64569.
Varicella		Yes	90716
Vein Disease Treatment		Yes - limitations and/or requirements might apply	Per Medical Policy 9241, the following codes require prior authorization: 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 37765, and 37766. Effective 03/01/2018, the following codes will require prior authorization: 37700, 37722, 37780, 37785
Ventricular Assistive Devices (Bridge to Transplant, Destination Therapy)		Yes - limitations and/or requirements might apply	The following codes do NOT require a prior authorization: 93750, 33981, 33982, 33983, 33975, 33976, 33977, 33978, 33979, 33980
Vertebroplasty (Kyphoplasty)		Yes - limitations and/or requirements might apply	The following codes are covered and do NOT require a prior authorization per Medical Policy MP9429: 22513, 22514, 22515
Visual Acuity Screening - Children		Yes	99173 Diagnosis and CPT code match required. Preventive Diagnosis 18 years and younger
Wheelchairs, Manual or Power Operated and Power Operated Vehicles (POV)/Scooters-		Yes - limitations and/or requirements might apply	Per Medical Policy 9111, the following codes require a prior authorization: E0621, E1083, E1084, E1085, E1086, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1221, E1222, E1223, E1224, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E2626, E2627, E2628, E2629, E2630, E2631, K0001, K0002, K0003, K0004, K0005, K0853.
Zostavax (Herpes Zoster) Vaccine (greater than age 60)	Shingles	Yes - limitations and/or requirements might apply	The following code is covered for Zostavax: 90736, 90750 Zostavax is covered for persons 60 years of age and older. The only exception to this is for Medicaid members and transplant patients. These protocols state it is covered for those age 50 and above.