

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: 09/11/2017

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	No prior authorization required for G0389 No prior authorization for 76706 for ages 65-75
ABILIFY MAINTENA (Aripiprazole)	ABILIFY MAINTENA (Injectable) ABILIFY (Oral)	Yes - limitations and/or requirements might apply	ABILIFY can be administered orally (po) and by injection (ABILIFY MAINTENA- J0401). Prior authorization is required via Navitus.
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, S0199, 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 not covered : 15780, 15781, 15782, 15783.
ACTEMRA (tocilizumab)	ACTEMRA	Yes - limitations and/or requirements might apply	The following HCPCS code requires a prior authorization per Medical Policy MP9405: J3262 Restricted to Rheumatology Specialists
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	Paid as preventive with the pregnancy ICD 10 diagnosis codes listed below: 82728, 85013, 85014, 85018
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
ARALAST PROLASTIN, (Alpha 1 Antitrypsin)	ARALAST, PROLASTIN	Yes - limitations and/or requirements might apply	Per Medical Policy 9446, the following codes require a prior authorization through Navitus: J0256, J0257, J0129.
ARANESP (darbepoetin alfa)	ARANESP		ARANESP (darbepoetin alfa) is covered with prior authorization through Navitus when prescribed by one of the following providers: Infectious Disease, Hematology, Nephrology and Oncology clinicians. A trial and failure of PROCIT (epoetin alfa) is required. The following HCPCS code requires a prior authorization per Pharmacy Policy PA9799 for all other providers: J0881, J0882 Navitus can be reached by phone at 866-333-2757 or on their website:www.navitus.com
Artificial Intervertebral Discs	Artificial Cervical Disc Systems for Degenerative Spondylosisthesis	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	
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
AVASTIN (bevacizumab) for Cancer Treatment	AVASTIN	Yes - limitations and/or requirements might apply	The following code: J9035, does not require a prior authorization when ordered by Oncology or Ophthalmology per Medical Policy 9431.
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		Yes - limitations and/or requirements might apply	Prior authorization required. Bariatric services are a covered benefit only for those plans whose certificates include a comprehensive weight management program benefit rider. 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. Please contact Magellan Behavioral Health at (800) 424-4710 for prior authorization.

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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 non covered.
Blepharoplasty or Blepharoptosis (Eyelid Surgery)	Eyelid Surgery	Yes - limitations and/or requirements might apply	Blepharoplasty codes requiring 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.
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.
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	G0202, 77067
Breast Imaging	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.
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. If 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 S9501 - 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	88141, 88142, 88143, 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: 87491, 87801

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Chlamydia 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 Z00.6. 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: Z00.6. 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.
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: 44388, 44389, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45388, 45389, 45390, 45393, 45398, G0105, G0121, G6019, 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
Contraceptive methods and counseling	Birth Control, Depo shot, The pill, diaphragm,	Yes - limitations and/or requirements might apply	Preventive Services and prior authorization is not required. 11981 INSI NON-BIODEGRADABLE DRUG DELIVERY IMPLANT 11982 REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT 11983 RMVL W/RINSI NON-BIODEGRADABLE DRUG DLVR IMPLT J1050 MEDROXYPROGESTERONE ACETATE A4266 DIAPHRAGM J1976 REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES 57170 DPHRM/CRV CAP FITG W/INSTRUCTIONS 58300 INSI INTRAUTERINE DEV 58301 RMVL INTRAUTERINE DEV 58565 HYTSC OCCLUSION PLMT PRM 58600 LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI 58605 LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX 58611 LIG/TRNSXJ FLP TUBE DONE TM C DLVR/SURG 58615 OCCLUSION FLP TUBE DEV VAG/SUPRAPUBLIC APPR 58570 LAPAROSCOP W TOTAL HYSTERECTOMY UTERUS 250 G/c 58571 LAPS TOTAL HYSTERECTOMY 250 G/-W TUBE/OVARY A4261 CERVICAL CAP CONTRACEPTIVE A4264 INTRATUBAL OCCLUSION DEVICE J7297 LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM J7298 LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM J7300 INTRAUT COPPER CONTRACEPTIVE J7301 LEVONORGESTREL-releasing intrauterine contraceptive system J7303 CONTRACEPTIVE VAGINAL RING J7304 CONTRACEPTIVE HORMONE PATCH J7306 LEVONORGESTREL IMPLANT SYS J7307 ETONOGESTREL IMPLANT SYSTEM S4989 CONTRACEPT IUD Includes codes: Z30.015, Z30.016, Z30.44, Z30.45 & Z30.46
Corneal Crosslinking		Yes - limitations and/or requirements might apply	Code 0402T require prior authorization.

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Counseling and screening for human immunodeficiency virus		Yes - limitations and/or requirements might apply	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, 87391, 86689
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
Crutch Substitute	Lower Limb Platform	Yes - limitations and/or requirements might apply	The following HCPCS code does NOT require a prior authorization: E0118
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, 74171, 74172, 74173, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74263, 75571, 58092, 75572, 75573, 75574, 75635, 76380, 70486, 70487, 70488, 77078 Prior authorization required through NIA.
CT Gastrointestinal Endoscopy	Virtual Gastrointestinal Endoscopy or CT Colonography	Yes - limitations and/or requirements might apply	Prior authorization is required through NIA: 74261, 74262, 74263. NIA can be reached by phone: 877-642-0622
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 Codes		Yes - limitations and/or requirements might apply	Please verify the oral surgery benefits in the Member Certificate. The following dental codes do not require prior authorization when billed by a plan oral surgeon: D0350, D0391, D0393, D0394, D0395. The following dental codes may be covered with prior authorization depending on the diagnosis: D2971, D3460, D3470, D6040, D6050, D6053, D6054, D6090, D6091, D6092, D6093, D6094, D6095, D7280, D7997. The following codes are noncovered: D0190, D0191, D0210, D0270, D0272, D0273, D0274, D0277, D0310, D0425, D0601, D0602, D0603, D1110, D1120, D1206, D1208, D1310, D1320, D1330, D1351, D1352, D1510, D1515, D1520, D1525, D1550, D1555, D1999, D2941, D2975, D2980, D3120, D3910, D3920, D3950, D4230, D4231, D4240, D4241, D4245, D4249, D4268, D4270, D4273, D4274, D4275, D4276, D4320, D4321, D4341, D4342, D4355, D4381, D4910, D4920, D4999, D5281, D5410, D5411, D5421, D5422, D5510, D5520, D5610, D5620, D5630, D5640, D5650, D5660, D5670, D5671, D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5850, D5851, D5862, D5863, D5864, D5865, D5866, D5867, D5875, D5911, D5912, D5913, D5914, D5915, D5916, D5919, D5922, D5923, D5924, D5925, D5926, D5927, D5928, D5929, D5931, D5932, D5933, D5934, D5935, D5936, D5937, D5951, D5952, D5953, D5954, D5955, D5958, D5959, D5960, D5962, D5983, D5984, D5985, D5987, D5991, D5999, D6100, D6190, D6930, D6940, D6950, D6975, D6980, D6985, D7111, D7272, D7280, D7282, D7283, D7290, D7291, D7292, D7293, D7294, D7295, D7320, D7321, D7485, D7490, D7530, D7540, D7550, D7920, D7948, D7950, D7951, D7953, D7955, D7971, D7972, D7973, D7990, D7991, D7995, D7996, D7998, D8010, D8020, D8030, D8040, D8050, D8060, D8070, D8080, D8090, D8210, D8220, D8660, D8670, D8680, D8690, D8691, D8692, D8693, D8694, D8999, D9110, D9120, D9410, D9910, D9911, D9930, D9941, D9970, D9971, D9972, D9973, D9974, D9975, D9985
Dental CT		Yes	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 - MAXILLA D0366 CONE BEAM CT CAPTURE/INTERP WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE 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
Dental Prosthesis and Oncology Services		Yes - limitations and/or requirements might apply	Per Medical Policy 9125, 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, 96160, 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 repairs which cost less than \$250.00 do not require prior authorization for plan providers.

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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, 82465 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
EMEND (aprepitant) (oral); EMEND (fosaprepitant) (injectable)	EMEND (aprepitant) (oral); EMEND (fosaprepitant) (injectable)	Yes - limitations and/or requirements might apply	(J1453) EMEND (fosaprepitant) is an injectable drug and does not require a prior authorization. (J8501) EMEND (aprepitant) is the oral medication and does require a prior authorization through Navitus. This medication is covered only when prescribed by Oncology or Anesthesiology Clinicians.
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.
ENTYVIO (vedolizumab)	ENTYVIO	Yes - limitations and/or requirements might apply	Prior authorization is required. Restricted to Gastroenterology clinicians. Code: J3380
Epidural Steroid Injections	ESI	Yes - limitations and/or requirements might apply	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.
E-visits (Telemedicine)	Telemedicine	Yes	Not available in Prevea market
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: S0590, S0400, S9034
FABRAZYME (agalsidase) for Treatment of Fabry's Disease	FABRAZYME	Yes	Per Medical Policy 9300, the following code requires a prior authorization through Navitus: J0180.
Facet Injections		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 for the 2016-2017 Flu Season. The following codes are not covered: 90660, 90672
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
GAZYVA (obinutuzumab)		Yes - limitations and/or requirements might apply	J9301 requires prior authorization through Navitus. Navitus can be reached by phone at 866-333-2757 or on their website: www.navitus.com
Genetic Testing Medical Policies	Link to list of genetic testing medical policies		
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 Relaxation 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 9253, the following codes do not require a prior authorization: A7023, A7020, E0483.

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Prevea360 Title and Link	Alternate Service Name	Covered?	Prevea360 CPT and HCPCS Codes
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 Treatment of Skin Conditions		Yes - limitations and/or requirements might apply	The following billing codes require aprior 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	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
Human papillomavirus testing		Yes - limitations and/or requirements might apply	Prior authorization is not required. 87624 and 87625 Z01.411, Z01.419, and Z11.51 - Screening for HPV
Human Papillomavirus testing/HPV DNA Testing		Yes	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.
Immune Globulin	IVIG	Yes - limitations and/or requirements might apply	Per Medical Policy 9423, the following codes requires a prior authorization through Navitus: J1459, J1559, J1561, J1566, J1568, J1569, J1572.
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, Q2033, Q2034, Q2035, Q2036, Q2037, Q2038 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 be used by physicians only. Planning codes do not require a prior authorization examples would be CPT codes 77014, 77417, 77301 and 77338
Intrathecal 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
LEMTRADA (alemtuzumab)	LEMTRADA (alemtuzumab)	Yes - limitations and/or requirements might apply	J0202 requires prior authorization through Navitus. Navitus. Navitus can be reached by phone at 866-333-2757 or on their website: www.navitus.com
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, L5999, 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

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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 03927 and 03937.
Lumbar Discography	Lumbar Paravertebral Injection	Yes - limitations and/or requirements might apply	Prior authorization required. 62287, 62290, 62292 Limited to Neurosurgeon or Orthopedist
Lung-Volume Reduction Surgery/Bullectomy 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.
Magneoencephalography (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 REMICADE (infliximab) and HUMIRA (adalimumab)		Yes - limitations and/or requirements might apply	84999: Unlisted code
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
Misc. Non-Covered Services			The following billing codes are not covered: 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417.
MMR/Rubella		Yes	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, 88037, 74185, 75557, 75559, 75561, 75563, 75565, 76376, 76377, 77058, 77059, Prior authorization through NIA required.
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, 78472, 78473, 78481, 78483, 78499
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
ORENCIA (abatacept)	ORENCIA	Yes - limitations and/or requirements might apply	The following HCPCS code requires a prior authorization: J0129 Medical injectable, to be given by a medical professional. This drug is covered (after prior authorization) under the patient's medical benefit when prescribed by rheumatology clinicians.

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Orthosis: Ankle (AFO), Knee Ankle (KAFO), or Knee (KO)		Yes - limitations and/or requirements might apply	<p>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, L2125, L4396, L4398, L4631</p> <p>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</p>
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	<p>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</p> <p>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</p> <p>Oxygen Therapy PA required for Cluster Headache Diagnosis Codes: G44.001, G44.009, G44.011, G44.019, G44.021, G44.029</p> <p>The list of codes are not all inclusive.</p>
Passive Jaw Motion Rehabilitation Therapy		Yes - limitations and/or requirements might apply	Prior authorization is required for Code E1700.
Pectus Excavatum		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	Mitraclip®	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.
PERJETA (pertuzumab)	PERJETA	Yes - limitations and/or requirements might apply	Per Medical Policy 9438, the following code requires a prior authorization through Navitus: J9306.
Positron Emission Tomography (PET)	positron emission tomography PET for Malignancy and PET for Neurologic Applications	Yes - limitations and/or requirements might apply	<p>PET scans require prior authorization through NIA. Codes requiring prior authorization: 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252.</p> <p>For information regarding the specific Dean ASO group, please contact Customer Service at the phone number found on the patient's insurance card.</p> <p>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</p>
Physical (PT) Therapy		Yes - limitations and/or requirements might apply	<p>Prior authorization required. 92506, 92507, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97164, 97530, 97532, 97533, 97535, 97755, 97760, 97761, 97762</p> <p>The following therapy evaluation codes do not require a prior authorization effective 01/01/2017: Physical Therapy: 97161, 97162, 97163</p> <p>For prior authorization, please call NIA Magellan Customer Service at 877.642.0622.</p>
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, 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	<p>The following codes require a prior authorization for CCHP and Medicaid: E0652, E0667, E0668, E0669</p> <p>The following codes follow the DME benefit: E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0671, E0672, E0673</p>
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.
PROLIA, XGEVA (denosumab)	PROLIA, XGEVA	Yes - limitations and/or requirements might apply	Per Medical Policy 9409, the following code requires a prior authorization: J0897 Prior authorization is required via Navitus.
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.

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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: S9473. 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: 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 19370, 19371, 21120, 21121, 21196, 21199, 30420, 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, 11424, 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. Blepharoplasty codes requiring a prior authorization: 15820, 15821, 15822, 15823. Craniofacial codes requiring a prior authorization: 42145, 42200, 42205, 42210, 42215, 42220, 42225
REMICADE (infliximab infusion)	REMICADE	Yes - limitations and/or requirements might apply	The following HCPCS coded requires prior authorization per Medical Policy MP9231: J1745, Q5102
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 S/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. Code 27096
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.
Seat lift Mechanisms		Yes - limitations and/or requirements might apply	The following codes: E0621, E0630, 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)		
Sexually Transmitted Disease (STI) Counseling		Yes	G0445
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: 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. 15005, 15150, 15151, 15152, 15155, 15156, 15157, 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, 15777, Q4101, Q4106, Q4122, Q4123, Q4125, Q4126, Q4127, Q4128, 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.
Speech Therapy			Please refer to Member's benefit certificate to verify coverage. Per Medical Policy 9171, the following codes require prior authorization: 92507, 92508, 92524, 92526, G0161, S9128, S9152. The following therapy evaluation codes do not require a prior authorization effective 07/15/2016: Speech Therapy: 92521, 92522, 92523
Spinal Cord or Dorsal Column Stimulation	Spinal Cord Stimulator for Pain	Yes - limitations and/or requirements might apply	The following CPT codes require a prior authorization per Medical Policy MP9430: 63650, 63663, 63664 CPT code 63685 can be used for either replacement or insertion and doesn't require a prior authorization. The following HCPCS code requires a prior authorization : L8689
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.

Prevea360 Health Plan Service List



Search Tip: You can easily search by entering CTRL F and it will display a search box you can type in the information you wish to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

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: 09/11/2017

Prevea360 Title and Link	Alternate Service Name	Covered?	Prevea360 CPT and HCPCS Codes
Stereotactic Radiosurgery		Yes - limitations and/or requirements might apply	Per Medical Policy 9345, 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, 77261, 77262, 77263, 77293, 77295, 77300, 77321, 77331, 77332, 77333, 77334, 77336, and 77370.
SYNAGIS (palivizumab) for Respiratory Syncytial Virus (RSV) Prophylaxis Injection	SYNAGIS	Yes - limitations and/or requirements might apply	Per Medical Policy 9221, the following codes require a prior authorization: 90378, 9562.
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. 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
TYSABRI (natalizumab)	Natalizumab		J2323 requires prior authorization through Navitus. Navitus can be reached by phone at 866-333-2757 or on their website: www.navitus.com
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 a prior authorization: 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 37765, and 37766.
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
VIVITROL (naltrexone) extended release injection	VIVITROL	Yes - limitations and/or requirements might apply	The following code: J2315, requires a prior authorization per Medical Policy 9439. Prior authorization is required via Navitus.
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, E0630, 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, K0853.
XOLAIR (omalizumab)	XOLAIR	Yes - limitations and/or requirements might apply	Per Medical Policy 9309, the following code requires a prior authorization through Navitus: J2357.
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.