



Effective: 1/1/10

**Services Requiring Prior Authorization**

Prior Authorization means that prior approval is required before obtaining certain medical services. The doctor or ordering physician must submit the necessary paperwork at least 48 hours prior to the date the service is to be rendered.

These authorization requirements apply whether *SmartHealth* is considered the primary or secondary medical insurance coverage unless otherwise noted in this document. For members with Medicare primary, these requirements do NOT apply.

CPT, HCPCS or Revenue Code*	Description	Code(s) Excluded from Prior Authorization
	Hospital confinements not occurring within the Ascension Health Michigan Network as the result of a Medical Emergency	
	Skilled Nursing Facility confinements when <i>SmartHealth</i> is the primary insurer	Hospice
	Coverage of Tier 2 providers/services at Tier 1 Co-Pays/Copayments (excluding office visits)	
	Borgess Health Members – services received from the following providers: <ul style="list-style-type: none"> <li>▲ Bronson Medical Group</li> <li>▲ Bronson Methodist Hospital</li> <li>▲ Lakeland Healthcare</li> <li>▲ Metro Health</li> <li>▲ Spectrum Health</li> </ul>	
A0130	Wheelchair van	
A0140	Air travel (private or commercial) intra- or interstate	
A0426	Ambulance, advanced life support, nonemergency transport	HCPCS Modifier – second position: D, H, I, N, S
A0428	Ambulance, basic life support, nonemergency transport	HCPCS Modifier – second position: D, H, I, N, S
A0430	Ambulance, conventional air services, one-way (fixed wing) transport	
A0431	Ambulance, conventional air services, one-way (rotary wing) transport	
A0432	Paramedic intercept (PI), rural area, transport furnished by volunteer ambulance company which is prohibited by state law from billing third party payers	
A0434	Specialty Care Transport (SCT)	
A0435	Fixed wing air mileage, per statute mile	
A0436	Rotary wing air mileage, per statute mile	
A0999	Unlisted ambulance service	
0540	Ambulance – General	
0542	Ambulance – Medical Transport	
0543	Ambulance – Heart Mobile	
0545	Ambulance – Air	
0546	Ambulance – Neonatal	
0549	Ambulance - Other	



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A4290	Sacral nerve stimulation test lead, each	
C1767	Generator, neurostimulator (implantable), nonrechargeable	
C1778	Lead, neurostimulator (implantable)	
C1787	Patient programmer, neurostimulator	
C1816	Receiver and/or transmitter, neurostimulator (implantable)	
C1820	Generator, neurostimulator (implantable), w/rechargeable battery & charging system	
C1888	Catheter, ablation, noncardiac, endovascular (implantable)	
D9220 D9221	Dental Services when performed in a hospital/facility setting (POS = 1, 21)	
E0745	Neuromuscular stimulator, electronic shock unit	
E0747- E0749 E0760	Osteogenesis stimulator - electrical, low intensity ultrasound, non-invasive, surgically implanted	
L7900	Male vacuum erection system	
L8680	Implantable neurostimulator electrode, each	
L8681	Patient programmer (external) for use w/implantable programmable neurostimulator pulse generator, replacement only	
L8682	Implantable neurostimulator radiofrequency receiver	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn	
L8695	External recharging system for battery (external) for use with implantable neurostimulator	
Q4100-4111	Skin substitutes	
S2053	Transplant – small intestine/liver	
S2054 S2152	Transplant – multivisceral	
S2202	Echosclerotherapy	
S3818	Complete gene sequence analysis; BRCA1 gene	
S3819	Complete gene sequence analysis; BRCA 2 gene	



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S3820	Complete BRCA1 and BRCA2 gene sequence analysis for susceptibility to breast and ovarian cancer	
S3822	Single mutation analysis (in individual with a known BRCA1 or BRCA2 mutation in the family) for susceptibility to breast and ovarian cancer	
S3823	Three-mutation BRCA1 and BRCA2 analysis for susceptibility to breast and ovarian cancer in Ashkenazi individuals	
S3854	Oncotype DX – gene expression profiling panel for use in the management of breast cancer treatment	
0051T	Implantation of a total replacement heart system (artificial heart)	
0071T 0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance	
14060 14061	Adjacent tissue transfer or rearrangement – eyelids, nose, ears, and/or lips <i>excluding diagnoses of Primary or CA in situ malignant neoplasms</i>	Diagnosis codes: <i>Eyelids:</i> 173.1, 232.1 <i>Nose:</i> 147.3, 160.0, 160.8, 170.0, 173.3, 195.0, 230.0, 231.8, 232.3, 234.8 <i>Ears:</i> 160.1, 160.8, 171.0, 173.2, 231.8, 232.2 <i>Lips:</i> 140.0, 140.1, 140.3, 140.4, 140.5, 140.6, 140.8, 140.9, 149.8, 173.0, 230.0, 232.0
15786 15787	Abrasion (e.g. keratosis, scar) - single & multiple	
15819	Cervicoplasty	
15820 15821	Blepharoplasty - lower eyelid	
15822 15823	Blepharoplasty - upper eyelid	
15830	Panniculectomy	
15847	Abdominoplasty	
15877	Lipectomy – suction assisted, trunk when performed in conjunction with abdominoplasty/panniculectomy	
17106- 17108	Destruction of cutaneous vascular proliferative lesions	
17110 17111	Destruction of benign lesions other than skin tags or cutaneous vascular proliferative lesions	078.0, 078.1, 078.1x, 216.0 –216.9, 702.0, 702.11, V10.82, V10.83
17999	Unlisted procedure - skin, mucous membrane & subcutaneous tissue	
19300	Mastectomy for gynecomastia	
19316	Mastopexy	
19318	Reduction mammoplasty	
19324 19325	Mammoplasty, augmentation w/ or w/o implant	



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19328 19330	Removal of mammary implant material	
19340 19342	Immediate or delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	
19350	Nipple/areola reconstruction	
19355	Correction of inverted nipples	
19357- 19369	Breast reconstruction	
19370 19371	Periprosthetic capsulectomy	
19380	Revision of reconstructed breast	
19396	Moulage preparation for custom implant	
19499	Unlisted procedure - breast	
20974 20975 20979	Electrical Stimulation to aid bone healing -non-invasive & invasive	
21070	Coronoidectomy	
21110	Interdental fixation device for conditions other than fracture or dislocation	
21120- 21123	Genioplasty; augmentation - all types	
21125 21127	Augmentation, mandibular angle; prosthetic material or bone graft	
21137- 21139	Forehead reduction	
21141- 21160 21188	Midface reconstruction	
21172- 21180	Forehead reconstruction	
21181	Cranial bones reconstruction	
21182- 21184	Orbital walls, rims, etc., reconstruction	
21193- 21196 21244- 21249	Mandibular reconstruction	
21198- 21206	Osteotomies – mandible, maxilla	
21208 21209	Osteoplasty, facial bones; augmentation/ reduction	
21210- 21235	Bone grafts – nasal, mandibular, maxillary or malar areas/rib cartilage to face, chin, nose or ear/ear cartilage to nose or ear	
21240- 21243	Arthroplasty – temporomandibular joint/all types	
21255	Zygomatic arch & glenoid fossa reconstruction	



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21256-21268	Orbital reconstruction/repositioning	
21270	Malar augmentation	
21275	Secondary revision of orbitocraniofacial reconstruction	
21280-21282	Canthopexy	
21295-21296	Masseter muscle & bone reduction	
21299	Unlisted procedure – craniofacial/ maxillofacial	
21480-21485	Closed treatment of temporomandibular dislocation	
21490	Open treatment of temporomandibular dislocation	
21497	Interdental wiring for condition other than fracture	
30120	Excision or surgical planing of skin for rhinophyma	
30130	Excision of inferior turbinate	
30140	Submucous resection of inferior turbinate	
30400-30450	Rhinoplasty	
30465	Repair of nasal vestibular stenosis	
30520	Septoplasty or submucous resection	
30620	Septal or other intranasal dermatoplasty	
30999	Unlisted procedure – nose	
31240	Nasal/sinus endoscopy w/concha bullosa resection	
32851-32854	Transplant – lung	
33935	Transplant – heart/lung	
33945	Transplant – heart	
36470-36471	Injection of sclerosing solution	
36475-36476	Endovenous ablation therapy - radiofrequency	
36478-36479	Endovenous ablation therapy - laser	
37500	Vascular endoscopy, surgical, with ligation of perforator veins subfascial (SEPS)	
37700-37735-37761-37785	Ligation/division/stripping/stab phlebectomy	
37788	Penile revascularization – artery	
37790	Penile venous occlusive procedure	
38221	Bone marrow biopsy when performed in a hospital/facility setting (POS = 1, 21)	
38240-38242-S2142	Transplant – bone marrow	



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40510-40527	Excision/reconstruction of lip	
42145	Palatopharyngoplasty	
43644	Lap Gastric Bypass w/Roux-en-Y	
43645	Gastric Bypass w/small intestine reconstruction to limit absorption	
43659	Unlisted lap procedure, stomach	
43770	Lap Band	
43771	Revision of adjustable gastric restrictive device component only	
43773	Removal & replacement of Lap Band	
43775	Sleeve Gastrectomy	
43843	Gastric restrictive procedure, w/o gastric bypass, other than vertical-banded gastroplasty	
43846	Gastric Bypass w/Roux-en-Y	
43847	Gastric Bypass w/small intestine reconstruction to limit absorption	
43848	Revision of gastric restrictive procedure, other than adjustable gastric restrictive device	
44135 44136	Transplant – small intestine	
45300-45327	Proctosigmoidoscopy when performed in a hospital/facility setting (POS = 1, 21)	
45330-45345	Sigmoidoscopy when performed in a hospital/facility setting (POS = 1, 21)	
47135 47136	Transplant – liver	
48160 48554	Transplant – pancreas	
50360 50365 50380	Transplant – kidney	
54400-54405 54408-54411 54416 54417	Penile prosthesis – insertion/repair/replacement	
57511	Cryocautery of cervix when performed in a hospital/facility setting (POS = 1, 21)	
58300	IUD – insertion for medical conditions	
58301	IUD – removal for medical conditions	
59070 59072 59074 59076 59897	Fetal Surgery	



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63650	Percutaneous implantation of neurostimulator electrodes, epidural	
63655	Laminectomy for implantation of neurostimulator electrodes	
63663 63664	Revision including replacement, when performed, of spinal neurostimulator electrodes	
63685	Insertion/replacement of spinal neurostimulator pulse generator or receiver	
63688	Revision/removal of implanted spinal neurostimulator pulse generator or receiver	
65710 65730 65750 65755 65756	Transplant – cornea	
67715	Canthotomy	
67900- 67908	Repair of brow ptosis, blepharoptosis	
67909	Reduction of overcorrection of ptosis	
67911	Correction of lid retraction	
67914- 67917	Repair of ectropian	
67921- 67924	Repair of entropian	
67950	Canthoplasty	
67999	Unlisted procedure, eyelids	
69300	Otoplasty - protruding ear	
69710 69711	Implantation/replacement/removal/repair of electromagnetic bone conduction hearing device	
69714 69715	Implantation, osseointegrated implant, temporal bone w/percutaneous attachment to external speech processor/cochlear stimulator	
69930	Implantation of cochlear hearing device	
<b>PET Scans</b>		
78459	Myocardial imaging - metabolic evaluation	
78491	Myocardial imaging - perfusion; single study	
78492	Myocardial imaging - perfusion; multiple studies	
78608	Brain imaging - metabolic evaluation	
78609	Brain imaging - perfusion evaluation	
78811- 78813	Limited area imaging	
78814- 78816	Limited area w/concurrently acquired CT	
G0219	PET Scan - whole body, full & partial ring scanners	
G0235	PET Scan - any site not otherwise specified	
G0252	PET Scan - full & partial ring scanners, initial diagnosis of breast cancer and/or surgical planning	



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90378 90379	Synagis™ injections	
91110	GI tract imaging - intraluminal, esophagus through ileum	
91111	GI tract imaging - intraluminal, esophagus	
92507 92508 G0153 S9128	Speech/Voice Therapy – Individual/Group/Home Health	434.01, 434.11, 434.91, 435.9, 436, 674.0, 997.02
96118- 96120	Neuropsychological Testing	
96900 96910- 96913	Photochemotherapy/UVL treatment for the following diagnosis codes: 691.8 Atopic Dermatitis 202.1x Mycosis Fungoides 202.2x Sezary's Disease	696.0, 696.1, 277.4, 774.x, 774.xx
96920 96921 96922	Laser Treatment for inflammatory skin disease	
96999	Unlisted - special dermatological service or procedure	
97532	Cognitive Rehabilitation	
99183 C1300 0413	Hyperbaric Oxygen Therapy	

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