



## MEDICAL PRIOR AUTHORIZATION LIST (Internal)

Effective May 1, 2024

SERVICE/PROCEDURE		CPT/HCPCS	COMMENTS
Acupuncture		97810, 97811, 97813, 97814	PA after 15th visit No PA
Bariatric Surgery, including, but not limited to, sleeve gastrectomy, gastric bypass, gastric band		43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43860, 43865, 43886, 43887, 43888	Open as outpatient first; upon admission Intake opens an inpatient case
Cardiovascular	<ul style="list-style-type: none"><li>• Left Atrial Appendage Closure (LAAC)</li><li>• Total Artificial Heart</li><li>• Varicose Vein Treatments: ablation, sclerotherapy, or stab phlebectomy</li><li>• Ventricular Assist Device Implantation (LVAD OR RVAD)</li></ul>	33267, 33268, 33340 33927, 33928 36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 37765, 37766  33975, 33976, 33979, 33981, 33982, 33983	Varicose Vein Treatments: Notification
Chiropractic Services			The first 15 visits per calendar year/plan year requires Notification for infant, child, adolescent, & adult for all providers. Prior authorization is required after 15 visits, subject to benefits  PA after 20 <sup>th</sup> visit for North Central Health Care-ASP20003 PA after 15th visit for infant, child, adolescent, & adult for all providers
Clinical Trials			May have to ask if investigative
Cosmetic (potentially) and/or Reconstructive Procedures	<ul style="list-style-type: none"><li>• Blepharoplasty, blepharoptosis repair, brow lift</li><li>• Breast augmentation/mastopexy (w/ or w/o implant)</li><li>• Breast implant/implant material removal</li><li>• Breast periprosthetic capsulectomy</li><li>• Breast reconstruction</li></ul>	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908 19316, 19325, 19340, 19342  19328, 19330 19370, 19371 19350, 19357, 19361, 19364, 19366, 19367,	

SERVICE/PROCEDURE		CPT/HCPCS	COMMENTS
<b>Cosmetic (potentially) and/or Reconstructive Procedures (continued)</b>	<ul style="list-style-type: none"> <li>• Breast reduction, mammoplasty</li> <li>• Breast revision of reconstructed breast</li> <li>• Chest wall deformities, surgical reconstruction (eg, Pectus excavatum, Poland Syndrome)</li> <li>• Excision/removal of excessive skin and subcutaneous/redundant tissue (includes lipectomy, panniculectomy)</li> <li>• Fat grafting, autologous, harvested by liposuction or any other means</li> <li>• Genitalia modification, vulvectomy</li> <li>• Mastectomy for gynecomastia</li> <li>• Rhinoplasty</li> </ul> <ul style="list-style-type: none"> <li>• Scar revision, surgical</li> </ul>	19368, 19369, S2066, S2067, S2068 19318 19380 21740, 21742, 21743  15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879 15771, 15772  56620, 56625 19300 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462	
<b>Dental, coverage for anesthesia, hospitalization, under Medical benefit</b>		G0330	For members age 5yrs and older
<b>Durable Medical Equipment, Prosthetics, Orthotics, and Supplies</b>	<ul style="list-style-type: none"> <li>• Continuous glucose monitoring system</li> <li>• Insulin infusion pump</li> <li>• Pneumatic compression device</li> <li>• Power operated vehicle (scooter)</li> <li>• Prosthesis, lower limb, microprocessor controlled ankle/foot, or knee, Ottobock 4R57 Rotation Adapter</li> <li>• Prosthesis, upper limb myoelectric elbow, hand, or wrist</li> <li>• Standing frame/table system</li> <li>• Wheelchair access., manual standing system</li> <li>• Wheelchair access., power attendant control</li> <li>• Wheelchair access, power tilt and/or recline seating systems</li> </ul>	A9278, E2102, E2103, S1030, S1034, S1037, 0446T E0784, E0787, S1034 E0652, E0675 K0800, K0801, K0802, K0806, K0807, K0808, K0812 L5856, L5857, L5858, L5973, L5926  L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L6026 E0638, E0641, E0642 E2230 E2331 E1002, E1003, E1004, E1005, E1006, E1007, E1008	

SERVICE/PROCEDURE		CPT/HCPCS	COMMENTS
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (continued)	• Wheelchair accessory, power seat elevation	E2298	
	• Wheelchair, power	K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891	
Gender Reassignment, surgical procedure for reassigning biological gender	Surgical procedures for reassigning biological gender - when billed with diagnosis codes F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890	14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 15769, 15771, 15772, 15773, 15774, 19303, 19318, 53410, 53430, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 55970, 55980, 56625, 56800, 56805, 57110, 57335, 58150, 58180, 58260, 58262, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720, 58940, 64856, 64892, 64896	
Home Health Care Including home infusion			No PA for One well child/mother visit when discharged early or lactation consultant in the home No PA for respiratory therapy in the home No PA for in-home mental health (Home Health Care) No PA for per diem S codes for home infusion <b>Aspirus VNA Home Health Inc / Aspirus At Home</b> <b>NPIs 1770682288 1396074936:</b> <b>Notification</b>

SERVICE/PROCEDURE		CPT/HCPCS	COMMENTS
Humanitarian Use Device (HUD)/ Humanitarian Device Exemption (HDE)			
Hyperhidrosis Surgery	<ul style="list-style-type: none"> <li>Excision of skin and subcutaneous tissue for hidradenitis, axillary</li> <li>Sympathectomy, cervical, cervicothoracic, thoracolumbar, lumbar, palmar</li> <li>Thoracoscopy, with thoracic sympathectomy - when billed with diagnosis codes L74.510-L74.519, L74.52</li> </ul>	11450, 11451  64802, 64804, 64809, 64818, 64823  32664	
Inpatient admission	Non-emergency/ elective, including but not limited to, hospital, skilled nursing facility, rehabilitation facility, or behavioral health treatment facility		Maternity: LOS from delivery 2 days NVD; 4 days C-Section: Notification
Laboratory Testing	Genetic, molecular, and pharmacogenetic/ pharmacogenomic testing	81120,81121,81161,81162,81163,81164, 81165,81166,81167,81168,81170,81171, 81172,81173,81174,81175,81176,81177, 81178,81179,81180,81181,81182,81183, 81184,81185,81186,81187,81188,81189, 81190,81191,81192,81193,81194,81200, 81201,81202,81203,81204,81205,81206, 81207,81208,81209,81210,81212,81215, 81216,81217,81218,81219,81221,81222, 81223,81224,81225,81226,81228,81229, 81233,81234,81235,81236,81237,81239, 81242,81243,81244,81245,81246,81247, 81248,81249,81250,81251,81252,81253, 81254,81255,81256,81260,81261,81262, 81263,81264,81270,81271,81272,81273, 81274,81275,81276,81277,81278,81279, 81283,81284,81285,81286,81288,81289, 81290,81292,81293,81294,81295,81296, 81297,81298,81299,81300,81301,81302, 81303,81304,81305,81307,81308,81309,	

SERVICE/PROCEDURE		CPT/HCPCS	COMMENTS
Laboratory Testing (continued)		81310,81311,81312,81314,81315,81316, 81317,81318,81319,81320,81321,81322, 81323,81324,81325,81326,81327,81328, 81330,81331,81332,81333,81334,81338, 81339,81340,81341,81342,81343,81344, 81345,81346,81347,81348,81349,81350, 81351,81352,81353,81357,81360,81400, 81401,81402,81403,81404,81405,81406, 81407,81408,81410,81411,81412,81413, 81414,81415,81416,81417,81418,81419, 81425,81426,81427,81430,81431,81432, 81433,81434,81435,81436,81437,81438, 81439,81440,81441,81442,81443,81445, 81448,81449,81450,81451,81455,81456, 81460,81465,81470,81471,81479,81518, 81519,81520,81521,81522,81523,81538, 81541,81542,81546,81551,81552,81595, 81599,0016U,0017U,0018U,0022U,0023U, 0026U,0027U,0029U,0037U,0040U,0046U, 0047U,0049U,0057U,0058U,0059U,0070U, 0071U,0072U,0073U,0074U,0075U,0076U, 0090U,0094U,0129U,0111U,0154U,0155U, 0156U,0171U,0172U,0173U,0175U,0177U, 0179U,0209U,0212U,0213U,0214U,0215U, 0216U,0217U,0218U,0229U,0230U,0231U, 0232U,0233U,0234U,0235U,0237U,0238U, 0239U,0242U,0245U,0265U,0267U,0287U, 0288U,0306U,0326U,0332U,0333U,0334U, 0340U,0342U,0345U,0347U,0348U,0349U, 0350U,0355U,0356U,0364U,0376U,0378U, 0379U,0388U,0391U,0392U,0396U,0400U, 0409U,0411U,0423U,0425U,0426U,0428U, 0434U,0438U,0448U,S3800,S3840,S3841, S3842,S3844,S3849,S3852,S3853,S3854, S3861,S3865,S3866,S3870,00113M	
	Genetic, molecular, and pharmacogenetic/ pharmacogenomic testing (continued)		

SERVICE/PROCEDURE		CPT/HCPCS	COMMENTS
<b>Neurology</b>	<ul style="list-style-type: none"> <li>• Deep Brain and Cortical Brain stimulation</li> <li>• Hypoglossal nerve stimulation</li> <li>• Radiofrequency ablation: cervical, thoracic, lumbosacral, sacroiliac or knee</li> <li>• Sacral nerve stimulation</li> <li>• Spinal Cord/Dorsal Column and Dorsal Root Ganglion stimulation</li> <li>• Transcranial Magnetic stimulation</li> </ul>	<p>61850, 61860, 61863, 61864, 61867, 61868, 61880, 61885, 61886, 61888</p> <p>64582, 64583</p> <p>64624, 64625, 64628, 64629, 64633, 64634, 64635, 64636, 64640</p> <p>64561, 64581</p> <p>63650, 63655, 63663, 63664, 63685, 63688</p> <p>90867, 90868, 90869</p>	Neurostimulators - initial/trial placement and replacement/revision require prior authorization – No PA required if removing device/leads and not replacing
<b>New/Emerging Technology</b>	See clinical policy <a href="https://p1.aspirushealthplan.com/getting-care/medical-policy/viewpdf.aspx?dc=MP_N003">New/Emerging Technology/Health Care Services, Omnibus Code List (MP/N003)</a> <a href="https://p1.aspirushealthplan.com/getting-care/medical-policy/viewpdf.aspx?dc=MP_N003">https://p1.aspirushealthplan.com/getting-care/medical-policy/viewpdf.aspx?dc=MP_N003</a>		
<b>Obstructive Sleep Apnea Surgery, Adult</b> For adults (age 18 and older) and primary diagnoses of sleep apnea diagnosis codes: G47.30, G47.33 & G47.39	<ul style="list-style-type: none"> <li>• Adenoidectomy</li> <li>• Hyoid Myotomy and Suspension</li> <li>• Osteoplasty, facial bones - reduction or augmentation</li> <li>• Osteotomy, mandible segmental or subapical (with or without genioglossus advancement)</li> <li>• Palatopharyngoplasty</li> <li>• Septoplasty</li> <li>• Tonsillectomy</li> <li>• Tracheostomy</li> </ul>	<p>42821, 42831, 42836</p> <p>21685</p> <p>21208, 21209</p> <p>21198, 21199, D7944</p> <p>42145</p> <p>30520</p> <p>42821, 42826</p> <p>31600</p>	
<b>Orthopedic Surgery</b>	<ul style="list-style-type: none"> <li>• Intervertebral Disc Prosthesis, cervical and lumbar</li> </ul>	22856, 22857, 22858	Open as outpatient first; upon admission Intake opens an inpatient case
<b>Other Procedures/Treatments</b>	<ul style="list-style-type: none"> <li>• Biofeedback</li> <li>• Cryoablation/cryosurgery, bone, hepatic, prostate, pulmonary, renal tumor, soft tissue sarcoma/desmoid tumors</li> </ul>	<p>90901, 90912, 90913</p> <p>20983, 31641, 47371, 47381, 47383, 50250, 50593, 55873</p>	Biofeedback: Notification

SERVICE/PROCEDURE		CPT/HCPCS	COMMENTS
Other Procedures/Treatments (continued)	• Fetal surgery in utero	59072, 59076, 59897, S2400, S2401, S2402, S2403, S2404, S2405, S2409 S2411	Hyperbaric Oxygen Therapy: Notification  Nutritional Counseling: Notification
	• Hyperbaric Oxygen Therapy  • Nutritional Counseling	99183, G0277  97802, 97803, 97804, G0270	
Outpatient Therapy Services	• Cardiac Rehabilitation Phase II • Occupational • Physical • Speech	93797, 93798	Cardiac Rehabilitation Phase II: Notification ST/OT: Habilitative therapy after evaluation visit ST/OT: Rehabilitative – NO PA is required PT: Habilitative – NO PA is required PT: Rehabilitative therapy after 20 <sup>th</sup> visit for all providers Rehabilitative therapy after 20 <sup>th</sup> visit for all providers North Central Health Care ASP20003 OT/PT/ST PA after 25th visit for all providers
Radiology/Radiation Therapy	• Computed Tomography (CT)  • Computed Tomography Angiography (CTA)  • Intensity Modulated Radiation Therapy (IMRT) • Magnetic Resonance Angiography (MRA)  • Magnetic Resonance Imaging (MRI)  • Neutron Beam Radiation Therapy • Nuclear Imaging, Cardiac PET/CT	70450,70460,70486,71250,71260,72125, 72126,72128,72129,72131,72132,72192, 72193,73200, 73201,73700,73701,73702, 74150,74160 70496,70498,71275,72191,73206,73706, 74174,74175 77385, 77386, G6015, G6016 70544,70545,70546,70547,70548,70549, 71555,72159,72198,73225,73725,C8900, C8901,C8920,C8931,C8932, C8933,C8934, C8935,C8936 70552,70553,70554,70555,74712,74713, 77046,77047,77048,77049,C8903,C8905, C8906, C8908 77423	Elective CT, CTA, MRI, MRA, Nuclear Stress Test and PET: Notification

SERVICE/PROCEDURE		CPT/HCPCS	COMMENTS
<b>Radiology/Radiation Therapy (continued)</b>	<ul style="list-style-type: none"> <li>• Nuclear Stress Test</li> <li>• Positron Emission Tomography (PET)</li> <li>• Proton Beam Radiation Therapy</li> <li>• Selective Internal Radiation Therapy with microspheres (SIRT)</li> <li>• Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)</li> </ul>	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492 78451, 78452, 78453, 78454, 78472, 78473, 78481, 78483, 94618 78451, 78452, 78494, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0235, G0252, S8085 77520, 77522, 77523, 77525 S2095, C2616  61796, 61797, 61798, 61799, 63620, 63621, 77371, 77372, 77373, G0339, G0340	<b>Elective CT, CTA, MRI, MRA, Nuclear Stress Test and PET: Notification</b>
<b>Temporomandibular Joint Disorders: Diagnostic and Treatment Procedures</b>	When billed with any of the following diagnosis codes: M26.601, M26.602, M26.603, M26.609, M26.611, M26.612, M26.613, M26.619, M26.621, M26.622, M26.623, M26.629, M26.631, M26.632, M26.633, M26.639, M26.641, M26.642, M26.643, M26.649, M26.651, M26.652, M26.653, M26.659		<b>Notification</b>
<b>Transplantation</b>	<ul style="list-style-type: none"> <li>• Blood/bone marrow/ hematopoietic/stem cell</li> <li>• Donor lymphocyte infusions (DLI) / allogeneic lymphocyte infusion</li> <li>• Solid organ</li> </ul>	38240, 38241 38242  32851, 32852, 32853, 32854, 33945, 47135, 48554, 50360, 50365, G0341, G0342, G0343, S2053, S2054, S2060, S2065, S2102	Open all cases for Transplants and workups
<b>Transportation, non-emergency</b>			Air or Ambulance transportation



## Revisions:

- 05/01/24 Chiropractic Services: Under Comments, added "The first 15 visits per calendar year/plan year requires Notification for infant, child, adolescent, & adult for all providers. Prior authorization is required after 15 visits, subject to benefits"; Durable Medical Equipment, Prosthetics, Orthotics, and Supplies: Deleted E2300, Added E2298
- 04/01/24 Outpatient Therapy Services: Under Comments, added ST/OT: Rehabilitative – NO PA is required and PT: Habilitative – NO PA is required
- 03/25/24 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies: Deleted K1022, Added L5926; Gender Reassignment, surgical procedure for reassigning biological gender: Deleted 57111; Laboratory Testing: Added CPTs 0423U, 0425U, 0426U, 0428U, 0434U, 0438U, 0448U
- 01/01/24 Added specific color coded notes for **Aspirus North Central**; Acupuncture: removed comments related to Fulcrum providers; Bariatric Surgery: deleted CPTS 43850, 43855, revised comments to state "Open as outpatient first; upon admission Intake opens an inpatient case"; Cardiovascular: under Left Atrial Appendage Closure (LAAC) deleted CPT 33269; Dental Coverage: revised comment to "For members age 5yrs and older"; DMEPOS, CGM: added CPT 0446T; Home Health Care: added names/NPIs of home health agencies for Notification; Inpatient admission: IP eating disorder treatment: in network: Notification comment removed; Laboratory Testing: added CPTS 0409U, 0411U, deleted CPT 0397U; Orthodontia, comprehensive treatment under Medical benefit: deleted; Orthopedic Surgery: comment added "Open as outpatient first; upon admission Intake opens an inpatient case"; Transplantation: Blood/bone marrow/ hematopoietic/stem cell deleted CPT 38243, Solid Organ added HCPCS S2053, S2054, S2060, S2065, S2102, comment added "Open all cases for Transplants and workups"; Other revisions throughout to remove any reference to PreferredOne specific PA requirements.
- 09/01/23 Cardiovascular: under Ventricular Assist Device Implantation, deleted CPTs 33990, 33991, 33995; Cosmetic (potentially) and/or Reconstructive Procedures: under Breast reconstruction, added HCPCS S2066, S2067, S2068; Laboratory Testing: added CPTs 0388U, 0391U, 0392U, 0396U, 0397U, 0400U, deleted CPTS 0091U, 0337U, 0338U.
- 05/01/23 Durable Medical Equipment - Continuous Glucose monitoring system: added HCPCS E2102; New/Emerging Technology – added reference to the new policy New/Emerging Technology/Health Care Services, Omnibus Code List (MP/N003); Laboratory Testing: addition of CPTs 0091U, 0179U, 0306U, 0326U, 0333U, 0338U, 0356U, 0364U, 0376U, 0378U, 0379U; Oncology – Cryoablation/cryosurgery moved under Other Procedures/ Treatments – Biofeedback: CPT 909012 replaced with CPT 90912; Fetal surgery in utero: replaced HCPCS S2049 with S2409.
- 03/01/23 Dental, Coverage for Anesthesia: addition of HCPCS G0330; Durable Medical Equipment – Continuous glucose monitoring system: added HCPCS E2103, S1034; deleted HCPCS K0554; Laboratory Testing: addition of CPTs 81418, 81441, 81449, 81451, 81456, 0355U; deleted CPTs 81306, 0236U, 0333U, 0338U; Neurology – Sacral nerve stimulation: deleted CPTs 64590, 64595; Radiology/Radiation Therapy - Selective Internal Radiation Therapy with microspheres (SIRT): deleted CPT 37243; Transplantation – Solid organ: deleted CPT code 48160.
- 01/01/23 Laboratory Testing: deleted CPT codes 0236U, 0333U, 0338U
- 11/22/22 Outpatient Therapy Services: under Comments, replaced **PT/OT/ST: Habilitative therapy after evaluation visit; Rehabilitative therapy after 20th visit for OON providers; Rehabilitative therapy after 20th visit for all providers** with the following: **ST/OT: Habilitative therapy after evaluation visit; PT: Rehabilitative therapy after 20th visit for all providers; PT: Rehabilitative therapy after the 20th visit for OON Provider.**
- 10/28/22 Laboratory Testing: added CPT codes 81404, 81599, 0070U, 0173U, S3842 to the List of those requiring prior authorization; deleted CPT code 0012U.
- 10/07/22 Laboratory Testing: added CPT codes 81237, 81239 and 81479 to the List of those requiring prior authorization.
- 10/01/22 Cardiovascular: Total Artificial Heart - CPT code 33929 replaced with 33928; Cosmetic (potentially) and/or Reconstructive Procedures: Excision/removal of excessive/redundant tissue - revised to reflect "(includes lipectomy, panniculectomy)" - CPT codes 15830 and 15837 added, "Mastectomy for" added to Gynecomastia entry, deleted separate Lipoma and Panniculectomy removal entries; Laboratory Testing: replaced separate entries with "Genetic, molecular, and pharmacogenetic/ pharmacogenomic testing" – all CPT codes requiring prior authorization added, under Comments, deleted the list of codes which do not require prior authorization; Transplantation: under Comments, revised the list and contact

information for the groups that PreferredOne does not do transplant prior authorizations for.

- 07/13/22 Gender Reassignment: CPT 19803 replaced with 19030.
- 07/12/22 Neurology: Radiofrequency Ablation – CPT 64659 replaced with 64629.
- 07/01/22 Laboratory: under Pharmacogenetic/Pharmacogenomic Testing added CPT Codes 81225,81226; Outpatient Therapy Services: Under Comments for OT/PT/ST, revised from age-based approach for prior authorization to delineating PA requirements by habilitative versus rehabilitative, and then color-coded by **All**, **PreferredOne**, **Aspirus**, and **Aspirus-ETF**. 07/11/22.
- 06/15/22 Cosmetic and/or Reconstructive Procedures: added (potentially); Laboratory Testing: Molecular Testing, Gene Expression – added 0013M, Whole Genome Sequencing and associated CPT codes 81425, 81426, 81427, 0012U, 0094U, 0209U, 0212U, 0213U, 0265U, 0267U added; Neurology: Hypoglossal Nerve Stimulation – deleted CPT 64568; Oncology: Cryoablation – added soft tissue sarcoma/desmoid tumors; Other Procedures/Treatments: deleted Risk Reducing Mastectomy; Outpatient Therapy Services: Under Comments, added **North Central Health Care ASP20003 OT/PT/ST PA after 25th visit for all providers**; Removed all “+” signs for add-on code designation due to it interfering with search function.
- 03/08/22 Cardiovascular: Left Atrial Appendage - added CPT codes 33267, 33268, 33269; Chiropractic: Comments – added “PA after 20th visit for North Central Health Care-ASP20003 (whether in or out of network)” - this is applicable for this Aspirus group, only; Gender Reassignment - added CPTs 14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 15769, 15771, 15772, 15773,15774, 53410, 58180, 58554, 58720, 58940, 64856, 64892, 64896 and deleted CPTs 56810, 57106, 57107, 57291, 57292, 58263, 58275; Laboratory Testing: Comparative Genomic Hybridization - added CPTs 81349, 0209U, S3870; Molecular Testing, Gene Expression – added CPTs 81523, 0287U, 0288U – deleted 0208U; Pharmacogenetic/Pharmacogenomic testing added CPTs 0029U, +0071U, +0072U, +0073U, +0074U, +0075U, +0076U, 0175U; Neurology: Hypoglossal nerve stimulation – added CPTs 64582, 64586 and deleted CPTs 0466T, 0467T; Radiofrequency ablation – added CPTs 64627, 64659 – deleted HCPCS C9752, C9753; Obstructive Sleep Apnea Surgery, Adult: replaced Uvulopalatopharyngoplasty with Palatopharyngoplasty (same CPT Code). Outpatient Therapies – under Comments added “**Age 13 and Older, PA after 20th visit for all providers**” for Aspirus Health Plan (this is not a change in process - just adding the note)
- 12/15/21 1/1/2022 Effective Revisions for ETF - WI: Other Procedures/Treatments – added Biofeedback and Nutritional Counseling; Outpatient Therapy Services – added Cardiac Rehabilitation Phase II; Radiology/Radiation Therapy – added CT, CTA, MRA, MRI, Nuclear Stress Tests, and PET; Temporomandibular Joint Disorders: Diagnostic and Treatment Procedures and associated diagnosis codes added. Non-ETF related revisions: Cosmetic - Breast Reconstruction - added CPT 19366; Home Health Care – under Comments, added for home infusion to the note regarding No PA for per diem S codes. Throughout document, added color coding and key for any **Aspirus Health Plan**, **Employee Trust Fund-Wisconsin (ETF-WI)**, and **PreferredOne** unique PA requirements - notations in black are applicable to all.
- 11/04/21 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies - under Prosthesis, lower limb, microprocessor controlled ankle/foot, or knee, added Ottobock 4R57 Rotation Adapter and HCPCS K1022; Laboratory Testing - under Comments - thalassemias/hemoglobinopathies: added CPTs 81257, 81258, 81259 and 81269 as not requiring prior authorization; Other Procedures/Treatments - Fetal Surgery In utero - deleted CPT 59074 – this no longer requires prior authorization.
- 09/30/21 Effective 10/1/2021, prior authorization for excision dermoid cyst – nose (CPTs 30124, 30125) is no longer required.
- 08/20/21 Effective 1/1/2021, prior authorization for prophylactic organ removal for hysterectomy, oophorectomy and salpingo-oophorectomy is no longer required. Chiropractic: Comments revised to capture separate directives for Aspirus and PreferredOne; Solid organ transplantation – CPTs added to this entry.
- 06/18/21 Cardiovascular: Varicose vein treatments – added CPTs 36473 and 36474; Orthopedic: Total Disc Arthroplasty – changed title to Intervertebral Disc Prosthesis (to match clinical policy) and removed CPT 0098T
- 06/09/21 Dental: Removed Orthodontia from this entry and created a new, separate entry - added dental HCPCS for comprehensive orthodontia services -

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Under Comments, added that this is applicable for P1, only ; Hyperhidrosis Surgery: under Service/Procedure column – added note, “When billed with diagnosis codes L74.510-L74.519, L74.52” ; Laboratory Testing : Molecular Testing, Gene Expression - added 81210 and 0208U and deleted 0108U, 0114U, 0120U – these are on the Investigative List; Pharmacogenetic/Pharmacogenomic Testing: added 0155U, 0239U, 0242U, 81236, 81273, 81311, 81314 - deleted 81287 and 86152 - PA no longer required; Other Procedures: Prophylactic Mastectomy entry relabeled to Risk Reducing Mastectomy.

- 05/11/21 Cardiovascular: Total Artificial Heart - addition of CPT codes 33927, 33929; Cosmetic and/or Reconstructive: Pectus excavatum or carinatum repair replaced with Chest wall deformities, surgical reconstruction; Laboratory Testing: Molecular Testing - addition of CPT codes 81546, 0026U, 0245U; Pharmacogenetic testing - deletion of CPT codes 82491 (no-longer valid), 82657 (non-specific and no longer flagged for PA); Whole Exome Sequencing - addition of CPT codes 0214U, 0215U; Neurology: RFA - addition of HCPCS C9752, C9753
- 03/26/21 Other Procedures: added Prophylactic Mastectomy for 6/8 effective date
- 03/18/21 Acupuncture/Chiropractic: under Comments, added Fulcrum providers should consult their Fulcrum contract; Transplantation: under Comments, added information re: Mate Precision Tooling
- 03/09/21 Laboratory testing: deleted Non-invasive Pregnancy Testing (NIPT) using cell-free DNA (cfDNA)
- 02/09/21 Cardiovascular: added CPT 33995; Cosmetic: deleted 19324, 19366 (no longer valid), added Fat grafting, autologous, harvested by liposuction or any other means and CPTs 15771/15772 for 4/1 effective date; Neurology: deleted 61870 (no longer valid).
- 02/03/21 Transplantation: Under Comments added Optum as the PA contact for transplants for Chippewa County and Swift county.
- 01/14/21 Acupuncture: replaced previous Comments with “Prior authorization required for Aspirus only”; Obstructive Sleep Apnea – Adenoidectomy/Tonsillectomy deleted duplicate CPTs, added D7944; Fetal Surgery In Utero - added CPTs 59072, 59074, 59076, 59897 (all retroactive effective to 1/1/2021)
- 01/01/21 Deleted: Biofeedback; Cosmetic\Reconstructive: Otoplasty, Ultraviolet or laser light therapy for potentially cosmetic conditions; Eye: Amniotic membrane implantation/injection, Collagen-cross linking for keratoconus, Implantable miniature telescope, INTACS (intrastromal corneal ring segments); laboratory Testing: Kidney (renal) Transplant Rejection testing; Neurology: Cranial nerve stimulation, Gastric stimulation, Peripheral nerve stimulation, Phrenic nerve stimulation; Orthognathic (Jaw) Surgery; Orthopedic Surgery: Arthroplasty, ankle, elbow, knee, hip or wrist, Arthrodesis, sacroiliac joint, minimally invasive, Autologous chondrocyte implantation with Carticel, Open osteochondral autograft, talus; Other Procedures/Treatments: Ablation of prostate, high intensity focused ultrasound, Ablation, renal tumor, Cleft Lip/Palate repair if patient is aged 19 and older, Heart valve repair or replacement, transcatheter, Hyperthermic Chemotherapy, Lung Volume Reduction, Microwave ablation via bronchoscopy, Penile Implant insertion and replacement, Prostate thermotherapy-radiofrequency generated water vapor, Radiofrequency ablation, renal mass/tumor, Ventricular restoration; Outpatient Therapy Services: Eating disorder treatment; Transplants: Fecal/ stool microbiota bacteriotherapy.
- Revised: Moved DMEPOS PA required items from the DMEPOS List to this list: Continuous glucose monitoring system; Insulin infusion pump; Pneumatic compression devices; Power operated vehicles (scooters); Prostheses, lower limb - microprocessor controlled ankle/foot, or knee; Prostheses, upper limb - myoelectric elbow, hand, or wrist; Standing frame/table system; Wheelchair accessories - manual seating systems, power attendant control feature, power tilt and/or recline seating systems, power seat elevation system; and Wheelchair - powered.
- Infusions/Injections and any medication related entries moved to the Medical Drugs Prior Authorization List.
- Bariatric Surgery for Obesity: added CPTs 43850, 43855, 43860, 43865; Cosmetic Procedures – Rhinoplasty: added excision dermoid cyst-nose and CPTS 30124, 30125, 30460, 30462; Myocardial imaging entry, renamed to Cardiac PET CT: added CPTs 78459, 78491, 78492 and deleted 78434 (investigative); Radiation Therapy – SIRT: added HCPCS S2095 and C2616; Tonsillectomy and /or adenoidectomy for sleep apnea entry deleted age for PA for 12 years and older (now for adults, only).

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PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

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- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist  
PreferredOne Community Health Plan  
PO Box 59052  
Minneapolis, MN 55459-0052  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaajiila qarqaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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ໂບດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው፡ 763.847.4013 ) .

ဟ်သုာ်ဟ်သး- နမာ်ကတိ၊ ကညီ ကိာ်အယံ၊ နမာ် ကိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘၣ်လၢာ်စၢၤ နီတမံၤဘၣ်သန့လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

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ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

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Grievance Specialist  
PreferredOne Insurance Company  
PO Box 59212  
Minneapolis, MN 55459-0212  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

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U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
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