



CMO Guidelines for Obtaining Authorization

The Medical Management Department at CMO should be notified at least 72 hours in advance when services require authorization. The CMO Precertification List is included in this document. Approval will be determined based on medical necessity. Payment for services also depends on whether the member was eligible at the time of service and if the requested procedure is covered under the member's benefit.

Emergent Services:

In a situation where a provider believes services that generally require authorization need to be provided on an urgent/emergent basis, the service should be provided and CMO must be contacted by the next business day.

How to submit a precertification request:

Tapestry Link:

Providers that have access to Tapestry Link should submit their requests for authorization electronically. Once submitted, a provider can view the status of a submitted authorization request using the "Authorization History" tab on the Tapestry Link Portal. Approval and denial letters are also mailed to the member, primary care physician and the specialist. If services are denied, the denial letter will include instruction for the filing of an appeal and will be mailed to the member and the provider.

Phone:

If you do not have access to Tapestry Link, please contact CMO Quality and Network Management as soon as possible at 914-377-4477, for instructions on account set up. You can also email CMOProviderSupport@montefiore.org and a representative will contact you regarding set-up. Until your account is set up, you can submit your requests for authorization by calling CMO Customer Service at 914-377-4400 or toll free 888-MONTE-CMO.

Fax:

You can also submit your requests for authorization by fax. The main fax number for Medical Management is **914-377-4798** and the Medical Management fax number for Radiology authorization is 914-457-9509.

**ALL PROVIDERS ARE STRONGLY ENCOURAGED TO
OBTAIN AND REVIEW AUTHORIZATIONS THROUGH Tapestry Link.**

CMO Precertification List Overview

Precertification Phone Lines: 914-377-4400 · 888-MONTE-CMO

Precertification Fax Line: 914-377-4798 Radiology Precertification Fax: 914-457-9509

<p>1. Inpatient Admissions</p> <ul style="list-style-type: none"> • Elective Admission require prior authorization at least 5 days prior to admission • Urgent/Emergent Admissions require notification within 24 hours of admission 	<p>2. Investigational or Experimental Procedures</p> <p style="text-align: center;">MD Review Required</p>	<p>3. New Technology - Category III Codes</p> <p>See the Precertification List below</p> <p style="text-align: center;">MD Review Required</p>
<p>4. Out of Plan/Out of Service Area services</p> <p>Out of Plan providers seeking in-network coverage must be requested in advance of services being performed.</p> <p style="text-align: center;">MD Review Required</p>	<p>5. Surgery – See the Precertification List below by body area.</p>	<p>6. Infertility** (Per benefit and dollar limits)</p> <ul style="list-style-type: none"> • Artificial Insemination services (Including laboratory and radiology procedures) • In-Vitro (IVF) is only covered with the benefit
<p>7. Radiology – MRA, MRI, PET, Proton Therapy</p> <p>See the Precertification List below.</p>	<p>8. Laboratory/Pathology</p> <ul style="list-style-type: none"> • Genetic Testing 	<p>9. Medicine</p> <ul style="list-style-type: none"> • Transcranial Magnetic Stimulation • Electroconvulsive therapy • Biofeedback • Capsule endoscopy • PAD/Cardiac Rehabilitation • PT/OT (see PT/OT guidelines) • Wound Care
<p>10. Home Care Services</p> <p>See the Precertification List below.</p>	<p>11. Hospice</p>	<p>12. Hyperbaric O2 Therapy</p>
<p>13. Injectables, including IVIG</p> <p>See the Precertification List below.</p>	<p>14. Transplant Procedures</p> <ul style="list-style-type: none"> • Lung • Heart • Bone marrow/Stem cell • Intestine • Liver • Renal • Cornea • Multivisceral 	<p>15. Transportation</p>
<p>16. Plans without a DME Rider include <u>Basic DME</u> * only – no precertification is required for:</p> <ul style="list-style-type: none"> • Canes • Crutches • Walkers 	<p>17. Plans with a DME Rider (including Basic DME) require precertification for non-Basic DME items.</p> <p>See the listing at: https://www.cmocares.org/documents/tools-and-forms/dme_guidelines.pdf</p>	
<ul style="list-style-type: none"> • Enteral Formulas and supplies (B4000 - B9999) are not DME; they are covered under the Medical Benefit. • Medical/Surgical Supplies (A4000 - A8999) are not DME; they are covered under the Medical Benefit. 		

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* **Basic DME** includes Canes, Crutches and Walkers. As described in the DME code list available at http://www.cmocares.org/documents/tools-and-forms/dme_guidelines.pdf, certain items require a DME rider but no authorization.

Enteral Formulas and supplies (B4000-B9999) and **Medical Surgical** supplies are covered under the **Medical Benefit**. Please refer to the HCPCS coding book to determine coverage guidelines.

New York State Department of Insurance regulations prohibit excluding coverage for hospital, surgical and medical care for the diagnosis and treatment for correctable medical conditions solely because the condition results in infertility. Coverage includes diagnostic tests, hysterosalpingography, hysteroscopy, endometrial biopsy, laparoscopy, sono-hysterogram, post-coital tests, testis biopsy, semen analysis, blood tests and ultrasound. **Please refer to Health Plan policies for specific coverage guidelines.

Please Note:

Depending on the reason for a referral, a referral may require prior authorization. Requests for these services should be sent in advance to the CMO, and where possible, services should not be rendered until a determination is made.

Payment of all services is subject to the terms and conditions of the member's health plan contract as well as member eligibility at the time services are delivered to the member. The authorization or issuance of a referral is not a guarantee of payment.

Out of Plan providers seeking in-network coverage must request precertification in advance of services being performed.

The following procedure codes require precertification:

CPT Code	Description
Inpatient admissions	Elective Admissions require prior authorization at least 5 days prior to admission. Urgent/emergent admissions require notification within 24 hours of admission.
Investigational or Experimental Procedures	Medical Director Review
New Technology	Medical Director Review
Category III Codes	Temporary codes for emerging technology, services, procedures or service paradigms.
0290T	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty
0359T	Behavioral ID Assessment
0360T	Observ Behavioral Assessment
0361T	Observ Behavioral Assessment Additional
0362T	Expose Behav Assessment
0363T	Expose Behav Assessment Additional
0364T	Adaptive Behavior Treatment
0365T	Adaptive Behavior Treatment Additional
0366T	Group Behavior Treatment
0367T	Group Behavior Treatment Additional
0368T	Behavior Treatment Modified
0369T	Behavior Treatment Modified Additional
0370T	Family Behavioral Treatment Guidance
0371T	Multi Family Behavioral Treatment Guidance
0372T	Social Skills Training Group
0373T	Exposure Behavior Treatment
0374T	Exposure Behavior Treatment Additional
0419T	Destruction neurofibroma, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibroma
0420T	trunk and extremities, extensive, greater than 100 neurofibroma
0437T	Implantation of non-biologic or synthetic implant (e.g., polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)
Out of Plan/Out of Service Area	Medical Director Review
	Out of Plan providers seeking in-network coverage must be requested in advance of services being performed.

The following procedure codes require precertification:

Integumentary Surgery	
11920	Fix skin color defect, up to 6 sq. cm
11921	6.1 to 20.0 sq. cm
11922	each additional 10 sq. cm
11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
11951	1.1 to 5 cc
11952	5.1 to 10 cc
11954	over 10 cc
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
15221	each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15775	Hair transplant punch grafts, 1 - 15
15776	16 +
15780	Dermabrasion, total face
15781	segmental, face
15782	other than face
15783	superficial, any site
15786	Abrasion, lesion, single
15787	add-on
15788	Chemical Peel, face, epidermal
15789	face, dermal
15792	non-facial
15793	non-facial
15819	Plastic surgery, neck
15820 - 15823	Blepharoplasty, revision, removal of fat pad hernia or excessive skin, upper or lower eyelid
15824	Removal of wrinkles, forehead
15825	neck
15826	brow
15828	cheek/chin/neck
15829	skin, SMAS flap
15830	Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen
15832	thigh
15833	leg
15834	hip
15835	buttock
15836	arm
15837	forearm or hand
15838	submental fat pad
15839	other area
15840	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)

The following procedure codes require precertification:

Integumentary Surgery	
15841	free muscle graft (including obtaining graft)
15842	free muscle flap by microsurgical technique
15845	regional muscle transfer
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (includes umbilical transposition and fascial plication) (add-on code to 15830)
15876	Suction removal fat tissue, head/neck
15877	trunk
15878	arms
15879	legs
Destruction/Chemical cauterization	
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm
17107	10.0 to 50.0 sq cm
17108	over 50.0 sq cm
17110	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment,) of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions.
17111	15 or more lesions
17250	Chemical cauterization of granulation tissue (i.e., proud flesh)
17340	Cryotherapy of skin
17360	Chemical skin peel for acne
17380	Electrolysis epilation, each 30 minutes
Breast (Covered with a diagnosis of cancer.)	
19000	Puncture aspiration of cyst of breast
19300	Mastectomy for gynecomastia
19303	Removal of breast tissue
19304	Mastectomy, simple, complete
19305	Mastectomy, subcutaneous
19306	Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19307	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes
19316	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
19318	Mastopexy
19324 -19325	Mammoplasty, augmentation; with or without prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction

The following procedure codes require precertification:

Integumentary Surgery	
19350	Nipple/areola reconstruction
19355	Correction of Inverted nipples
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant
19364	Breast reconstruction with free flap
19366	Breast reconstruction with other technique
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle , including closure of donor site
19370	Open periprosthetic capsulotomy, breast
19371	Periprosthetic capsulectomy, breast
19380	Revision of reconstructed breast (only after a mastectomy)
19396	Preparation of moulage for custom breast implant
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap
Musculoskeletal Surgery	
Reconstruction/Revision of Face/Bone or other Grafts	
20926	Tissue grafts, other (e.g., paratenon, fat, dermis) [covered for medically necessary breast reconstruction only]
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	with bone graft, inlay or interpositional (includes obtaining autograft)
21137	Reduction forehead; contouring only
21138	contouring and application of prosthetic material or bone graft (includes obtaining autograft)

The following procedure codes require precertification:

Musculoskeletal Surgery	Reconstruction/Revision of Face/Bone or other Grafts
21139	contouring and setback of anterior frontal sinus wall
21270	Malar augmentation, prosthetic material
21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy
21740	Reconstructive repair of pectus excavatum or carinatum; open
21742	minimally invasive approach (Nuss procedure), without thoracoscopy
21743	minimally invasive approach (Nuss procedure), with thoracoscopy
26590	Repair macrodactylia, each digit
27412	Autologous chondrocyte implantation, knee
Respiratory Surgery	Nose
30120	Excision or surgical planing of skin of nose for rhinophyma
30150	Rhinectomy; partial
30160	Rhinectomy; total
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	intermediate revision (bony work with osteotomies)
30450	major revision (nasal tip work and osteotomies)
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	tip, septum, osteotomies
30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30540	Repair choanal atresia; intranasal
30545	transpalatine
30560	Lysis intranasal synechia
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30600	Repair fistula; oronasal
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)
30630	Repair nasal septal perforations
	Larynx
31599	Revision of larynx
Cardiovascular Surgery	Varicose Veins
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk

The following procedure codes require precertification:

Cardiovascular Surgery	Varicose Veins
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)
36471	multiple incompetent veins (other than telangiectasia), same leg
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36476	subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36478	laser ; first vein treated
36479	subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
37718	Ligation, division, and stripping, short saphenous vein
37722	long (greater) saphenous veins from saphenofemoral junction to knee or below
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	more than 20 incisions
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
	Other Artery(ies)
37788	Penile revascularization, artery, with or without vein graft
Digestive Surgery	Lip/Mouth
40500	Vermilionectomy (lip shave), with mucosal advancement
40510	Excision of lip; transverse wedge excision with primary closure
40520	V-excision with primary direct linear closure
40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
40530	Resection of lip, more than one-fourth, without reconstruction
	Bariatric procedures for Morbid Obesity
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
43645	with gastric bypass and small intestine reconstruction to limit absorption
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum

The following procedure codes require precertification:

Bariatric procedures for Morbid Obesity	
43651	Laparoscopy, surgical; transection of vagus nerves, truncal
43652	selective or highly selective
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g., gastric band and subcutaneous port components)
43771	revision of adjustable gastric restrictive device component only
43772	removal of adjustable gastric restrictive device component only
43773	removal and replacement of adjustable gastric restrictive device component only
43775	longitudinal gastrectomy (i.e., sleeve gastrectomy)
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843	other than vertical-banded gastroplasty
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only
43887	removal of subcutaneous port component only
43888	removal and replacement of subcutaneous port component only
52083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline
Cholecystectomy (excisional)	
47600	Cholecystectomy; excisional
Other Procedures	
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
Male/Female Surgery	
Intersex Transformation	
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
54660	Insertion of testicular prosthesis (separate procedure)
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56620	Vulvectomy simple; partial [not covered for cosmetic indications]

The following procedure codes require precertification:

Male/Female Surgery	Intersex Transformation
56800	Plastic repair of introitus [not covered for cosmetic indications]
56805	Clitoroplasty for intersex state [not covered for cosmetic indications]
56810	Perineoplasty, repair of perineum, non-obstetrical (separate procedure) [not covered for cosmetic indications]
57291 - 57292	Construction of artificial vagina; without or with graft [not covered for cosmetic indications]
57335	Vaginoplasty for intersex state [not covered for cosmetic indications]
Nervous Surgery	
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
62351	with laminectomy
62355	Removal of previously implanted intrathecal or epidural catheter
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361	nonprogrammable pump
62362	programmable pump, including preparation of pump, with or without programming
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill
62368	with reprogramming
62369	with reprogramming and refill
62370	with reprogramming and refill (requiring skill of a physician or other qualified health care professional)
Eye Surgery	Eye/Eyelid
65760	Keratomileusis
65765	Keratophakia
65767	Epikeratoplasty
65771	Radial keratotomy
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (e.g., banked fascia)
67902	with autologous fascial sling (includes obtaining fascia)
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	external approach

The following procedure codes require precertification:

Eye Surgery	Eye/Eyelid
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	Repair of blepharoptosis; conjunctive-tarso-Müller's muscle-levator resection (e.g., Fasanella-Servet type)
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
67914	Repair of ectropion; suture
67915	thermo cauterization
67916	excision tarsal wedge
67917	extensive (e.g., tarsal strip operations)
67921	Repair of entropion; suture
67922	thermocauterization
67923	excision tarsal wedge
67924	extensive (e.g., tarsal strip or capsulopalpebral fascia repairs operation)
Ear Surgery	Ear
69090	Ear piercing
69300	Otoplasty, protruding ear, with or without size reduction
Infertility	(per benefit and dollar limits)
<p>New York State Department of Insurance regulations prohibit excluding coverage for hospital, surgical and medical care for the diagnosis and treatment for correctable medical conditions solely because the condition results in infertility. Coverage includes diagnostic tests, hysterosalpingogram, hysteroscopy, endometrial biopsy, laparoscopy, sono-hystrogram, post-coital tests, testis biopsy, semen analysis, blood tests and ultrasound. Please refer to Health Plan policies for specific coverage guidelines.</p>	
	Artificial Insemination services (including laboratory and radiology procedures)
58321	Artificial insemination; intra-cervical
58322	intra-uterine
58323	Sperm washing for artificial insemination
76948	Ultrasonic guidance for aspiration of ova, imaging and supervision
89257	Sperm Identification from aspiration (other than seminal fluid)
89259	Cryopreservation; sperm
89260	Sperm isolation; simple prep (e.g., sperm wash and swim up) for insemination or diagnosis with semen analysis
89329	Sperm evaluation; hamster penetration test
89398	Sperm evaluation, Hyaluronan sperm binding test

The following procedure codes require precertification:

	In-Vitro (IVF) is NOT COVERED without the benefit.
58970	Follicle puncture for oocyte retrieval, any method
58976	Gamete, zygote, or embryo intrafallopian transfer, any method
58974	Embryo transfer, intrauterine
89250	Culture of oocyte (s)/embryo (s), less than 4 days
89251	Culture of oocyte (s)/embryo (s), less than 4 days, with co-culture of oocyte(s)/embryo(s)
89253	Assisted embryo hatching, microtechniques (any method)
89254	Oocyte identification from follicular fluid
89255	Preparation of embryo for transfer (any method)
89257	Sperm-identification from aspiration (any method)
89264	Sperm-identification from testis tissue, fresh or cryopreserved
89268	Insemination of oocytes
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days
89280	Assisted oocyte, fertilization, microtechniques; less than or equal to 10 oocytes
89281	Assisted oocyte fertilization, microtechniques; greater than 10 oocytes
89352	Thawing of cryopreserved; embryo(s)
Radiology	MRA, MRI, Proton Therapy, PET
	MRA - Head/Neck
70544	MRA Head without contrast
70545	with contrast
70546	without contrast followed by contrast and further sequences
70547	MRA Neck without contrast
70548	with contrast
70549	without contrast followed by contrast and further sequences
	MRI
70540	MRI Orbit, Face and/or Neck without contrast
70542	with contrast
70543	without contrast followed by contrast and further sequences
70551	MRI Brain without contrast
70552	with contrast
70553	without contrast and with contrast
72141	MRI Neck Spine without contrast
72142	with contrast
72146	MRI Thoracic Spine without contrast
72147	with contrast
72148	MRI Lumbar Spine without contrast
72149	with contrast
72156	MRI Cervical Spine without contrast followed by contrast
72157	MRI Thoracic Spine without contrast followed by contrast
72158	MRI Lumbar Spine without contrast followed by contrast

The following procedure codes require precertification:

Radiology	MRA, MRI, Proton Therapy, PET
73221	MRI Upper Extremity Joint without contrast
73222	with contrast
73223	without contrast followed by contrast
73721	MRI Lower Extremity joint without contrast
73722	with contrast
73723	without contrast followed by contrast
77046	Breast MRI, without contrast, Unilateral
77047	Bilateral
77048	Breast MRI, without contrast followed by with contrast, including CAD, Unilateral
77049	Bilateral
	Proton Therapy
77520	Proton treatment delivery, simple without compensation
77522	Proton treatment delivery, simple with compensation
77523	Proton treatment delivery, intermediate
77525	Proton treatment delivery, complex
	PET
78815	Tumor Image PET/CT, Skull to thigh
78816	Tumor Image PET/CT, Whole body
	Radiopharmaceutical Therapy
79101	Radiopharmaceutical therapy, by intravenous administration
Laboratory/Pathology	Genetic Testing
81105-81479	Tier 1 and Tier 2 Molecular Pathology Procedures, including BRCA1 and BRCA2
81490-81599	Multianalyte Assays with Algorithmic Analyses
G9143	Warfarin responsiveness testing by genetic technique, any method, any number of specimens
S3800, S3840-S3870	Genetic testing for disease; DNA analysis
Medicine	
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment, initial, including cortical mapping, motor threshold determination, delivery and management
90868	subsequent delivery and management, per session
90869	subsequent motor threshold re-determination with delivery and management
90870	Electroconvulsive therapy (includes necessary monitoring)
90901, 90911	Biofeedback
91110, 91111	Capsule Endoscopy
96116	Neurobehavioral status exam

The following procedure codes require precertification:

PAD/Cardiac Rehabilitation	
93668	Peripheral arterial disease (PAD) rehabilitation, per session
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	with continuous ECG monitoring (per session)
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;
95991	requiring skill of a physician or other qualified health care professional
Physical Therapy (refer to PT/OT guidelines)	
97010	Apply Modality,1+area, Hot/Cold pack
97012	Apply Modality,1+area, Traction, Mechanical
97014	Apply Modality,1+area, Electrical Stimulation
97016	Apply Modality,1+area, Vasopneumatic
97018	Apply Modality,1+area, Paraffin bath
97020	Apply Modality,1+area, Microwave
97022	Apply Modality,1+area, Whirlpool
97024	Diathermy, e.g., Microwave
97026	Apply Modality,1+area, Infrared
97028	Apply Modality,1+area, Ultraviolet
97032	Apply Modality, Electrical Stimulation, ea. 15 min
97033	Apply Modality, Iontophoresis, ea. 15 min
97034	Apply Modality, contrast bath, ea.15 min
97035	Apply Modality, Ultrasound, ea. 15 min
97036	Apply Modality, Hubbard Tank, ea.15 min
97110	Tx Procedure, 1+area, Tx exercise, ea. 15 min
97112	Tx Procedure, 1+area, Neuro Reeducation, ea. 15 min
97113	Tx Procedure, 1+area, Aquatic, ea. 15 min
97116	Tx Procedure, 1+area, Gait Training, ea. 15 min
97124	Tx Procedure, 1+area, Massage, ea. 15 min
97140	Manual Therapy, 1+ Regions, ea. 15 min
97150	Group Therapeutic Procedure(s)
97504	Orthotics Fit/Train, ea. 15 min
97520	Prosthetics Train, Extremities, ea. 15 min
97530	Tx Activities, Direct PT, ea. 15 min
97532	Develop Cognitive Skills, ea. 15 min
97533	Sensory Integrative Technique, ea. 15 min
97535	Self-Care/Home Management Training, ea. 15 min
97537	Community/Work Reintegration Training
97542	Wheelchair Management/Propulsion Training, ea. 15 min
97545	Work Hardening/Conditioning, Initial 2 hrs.
97546	Work Hardening/Conditioning, each additional hour

The following procedure codes require precertification:

Physical Therapy (refer to PT/OT guidelines)	
97703	Orthotic/Prosthetic Checkout
97750	Physical Performance Test/Measurement, ea. 15 min
97755	Assistive Technology Assessment, ea. 15 min
97760	Orthotic Management & Training, 1st encounter
97761	Prosthetic Training, 1st encounter
97762	C/O for Orthotic/Prosthetic Use
97763	Orthotic/Prosthetic Management, Subsequent encounter
Wound Care Management/Assessment/Therapy	
97597, 97598	Debridement (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, wound assessment, use of whirlpool, when performed and instruction(s) for ongoing care, per session, total wound surface area; first 20 sq. cm or less and each additional 20 sq. cm or part thereof
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia, wound assessment, and instructions for ongoing care, per session
97605 - 97608	Negative pressure wound therapy
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application, when performed, wound assessment and instructions for ongoing care, per day
G0281	Electrical stimulation (unattended), for chronic Stage III and IV pressure ulcers, etc., as part of a therapy plan of care
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
Home Care Home Visit/E&M by MD or other Non Physician Practitioner	
99341	Home visit for the evaluation and management of a new patient ; Straight-forward decision making, low severity; 20 minutes are spent face-to-face with the patient and/or family.
99342	low complexity decision making, moderate severity; 30 minutes are spent face-to-face with the patient and/or family.
99343	moderate complexity decision making, moderate to high severity; 45 minutes are spent face-to-face with the patient and/or family.
99344	moderate complexity decision making, high severity; 60 minutes are spent face-to-face with the patient and/or family.
99345	high complexity decision making. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention; 75 minutes are spent face-to-face with the patient and/or family.
99347	Home visit for the evaluation and management of an established patient ; Straight-forward decision making, problem focused; 15 minutes are spent face-to-face with the patient and/or family.
99348	expanded problem focused interval history; low complexity decision making; 25 minutes are spent face-to-face with the patient and/or family.
99349	detailed examination; moderate complexity decision making; 40 minutes are spent face-to-face with the patient and/or family.
99350	comprehensive examination; moderate to high complexity decision making; 60 minutes are spent face-to-face with the patient and/or family.

The following procedure codes require precertification:

Home services by RN/LPN, RT, etc.	
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)
99504	mechanical ventilation care
99505	stoma care and maintenance including colostomy and cystostomy
99506	intramuscular injections
99507	care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)
99509	assistance with activities of daily living and personal care
99510	individual, family, or marriage counseling
99511	fecal impaction management and enema administration
99512	hemodialysis
99600	Unlisted home visit service or procedure
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);
99602	each additional hour (List separately in addition to code for primary procedure)
Home Sleep Studies	
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels
Adult Day Care	
S5102	Day care services, adult; per diem
S5105	center-based; services not included in program fee, per diem
Emergency Response Systems	
S5160	Emergency response system; installation and testing
S5161	Emergency response system; service fee, per month (excludes installation and testing)
S5162	Emergency response system; purchase only
Skilled Care (RN, PT/OT/ST, HHA, CSW, etc.) - CHHA	
S9122	Home Health Aide or Certified Nurse Assistant, per hour
S9123	Skilled Nursing Visit, Nursing care, in the home; by registered nurse, per hour
S9124	Skilled Nursing Visit, Nursing care, in the home; by licensed practical nurse, per hour
S9127	Medical Social Service
S9128	Speech Therapy
S9129	Occupational Therapy

The following procedure codes require precertification:

Skilled Care (RN, PT/OT/ST, HHA, CSW, etc.) - CHHA	
S9131	Physical Therapy
S9470	Nutritional counseling, dietitian visit
Other Home Care services - LCHSA	
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)
S9001	Home uterine monitor with or without associated nursing services
S9097	Home visit for wound care
S9212	Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
S9325	Home Infusion therapy, (pain management, chemotherapy, hemodialysis, anticoagulant therapy)
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497- S9504)
S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
Personal Care Services (Medicaid only)	
T1001	Nursing assessment/evaluation
T2024	UAS Assessment/UAS Reassessment/plan of care development, per visit
T1002	RN services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes
T1004	Services of a qualified nursing aide, up to 15 minutes
T1019	Personal care services, per 15 minutes
T1020	Personal care services, per diem
T1021	Home health aide or certified nurse assistant, per visit
T1030	Nursing care, in the home, by registered nurse, per diem
Other Home Services	
S5130	Homemaker service, NOS; per 15 minutes
S5170	Home delivered meals, including preparation; per meal
Other services	
G9012	Other specified case management service not elsewhere classified
H0031	Mental health assessment, by nonphysician
H0032	Mental health service plan development by nonphysician

The following procedure codes require precertification:

Hospice	
Q5001	Hospice care, in the home, per diem
Q5002	Hospice - Assisted Living Facility
Q5003	Hospice - Nursing Long Term facility or non-skilled facility
Q5004	Hospice - Skilled Nursing facility
Q5005	Hospice - Inpatient hospital (hospice bed)
Q5006	Hospice - Inpatient hospice facility
Q5007	Hospice - Long Term Facility
Q5008	Hospice - Inpatient Psychiatric facility
Q5009	Hospice - provided in place Not otherwise specified
Hyperbaric O2 therapy	
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session
Injectables	
J0401	Abilify/Aripiprazole
J9264	Abraxane/Paclitaxel
J3262	Actemra/Tocilizumab
J0800	Acthar/Corticotropin
J2504	Adagen/Pegademase
C9053	Adakveo/Crizanlizumab
J9042	Adcetris/Brentuximab
J1931	Aldurazyme/Llaronidase
J9305	Alimta/Pemetrexed
J9057	Aliqopa/Copanlisib
J0256, J0257	Aralast, Glassia, Prolastin, Zemaira/Alpha 1 Proteinase Inhibitor
J2793	Arcalyst/Riloncept
J9302	Arzerra/Ofatumumab
J9118	Asparlas/Calaspargase
J9035	Avastin/Bevacizumab
A9590	Azedra/Lobenguane I-131
J9023	Bavencio/Avelumab
J9034	Bendeka/Bendamustine
J0490	Benlysta/Belimumab
J0597	Berinert/C-1
J9229	Besponsa/Inotuzumab
J9039	Blinicyto/Blinatumomab
J0585, J0587, J0588	Botox, Xeomin/Onabotulinum
J0567	Brineura/Cerliponase
C9047	Cablivi/Caplacizumab

The following procedure codes require precertification:

Injectables	
J1786	Cerezyme/Imiglucerase
J0717	Cimzia/Certolizumabpegol
J2786	Cinquair/Reslizumab
J0598	Cinryze/C-1 esterase inhibitor
J9027	Clolar/Clofarabine
J0584	Crysvita/Burosumab
J9308	Cyramza/Ramucirumab
J0894	Dacogen/Decitabine
J9145	Darzalex/Daratumumab
J1743	Elaprase/Idursulfase
J3060	Elelyso/Taliglucerase alfa
J9176	Empliciti/Elotuzumab
J3380	Entyvio/Vedolizumab
J9055	Erbix/Cetuximab
J7323	Euflexxa/Hyaluronate *
J1428	Exondys51/Eteplirsen
J0178	Eylea/Aflibercept
J0180	Fabrazyme/Agalsidase beta
J0517	Fasenra/Benralizumab
J1744	Firazyr/Icatibant
J9307	Folotyn/Pralatrexate
J0641	Fusilev/Levoleucovorin calcium
J9210	Gamifant/Emapalumab
J9301	Gazyva/Obinutuzumab
J7326	Gel One/Hyaluronate *
J7320	Genvisc *
C9056	Givlaari/Givosiran
J9179	Halaven/Eribulin mesylate
J7175, J7179, J7180-89, J7190-95, J7198, J7199, J7200-J7202, J7205, J7207, J7209	Hemophilia factors
J9355	Herceptin/Trastuzumab
J9225, J9226	Histrelin/Vantus
J7321, J7328	Hyalgan/Hyaluronic acid *
J0638	Ilaris/Canakinumab
J3245	Ilumya/Tildrakizumab
Q5103	Inflectra/Infliximab
J2426	Invega/Paliperidone
J1459, J1556, J1557, J1559, J1560-69, J1572, J1575, J1599	IVIG products
J9043	Jevtana/Cabazitaxel
J9354	Kadcyla/Ado-trastuzumab
J1290	Kalbitor/Ecallantide

The following procedure codes require precertification:

Injectables	
J9271	Keytruda/Pembrolizumab
J2507	Krystexxa/Pegloticase
Q2042	Kymriah/Tisagenlecleucel
J0202	Lemtrada/Alemtuzumab
J9119	Libtayo/Cemiplimab
J2778	Lucentis/Ranibizumab
J0221	Lumizyme/Alglucosidase alfa
A9513	Lutathera/Lutetium LU 177 Dotate
J3398	Luxterna/Voretigene Neparvovec
J2503	Macugen/Pegaptanib Octasodium
J1726, J1729	Makena/Hydroxyprogesterone caproate
J9371	Marqibo/Vincristine Liposomal
J7327	Monovisc/Hyaluronic acid *
J2562	Mozobil/Plerixafor
Q5107	Mvasi/Bevacizumab AWWB
J9203	Mylotarg/Gemtuzumab
J1458	Naglazyme/Galsulfase
J2796	Nplate/Romiplostim
J2182	Nucala/Mepolizumab
J2350	Ocrevus/Ocrelizumab
J2353	Octreotide Injection, Depot
J0222	Onpattro/Patisiran
J9299	Opdivo/Nivolumab
J0129	Orencia/Abatacept
J7324	Orthovisc/Hyaluronate *
J9306	Perjeta/Pertuzumab
J9309	Polivy/Polatuzumab
J9204	Poteligeo/Mogamulizumab
J0897	Prolia/Denosumab
Q2043	Provenge/Sipuleucel-T
J3590	Reblozyl/Lustapatercept
J3489	Reclast/Zoledronic acid
J1745	Remicade/Infliximab
Q5104	Renflexis
J2794	Risperdal/Risperidone
J9310, J9311, J9312	Rituxan/Rituximab
J0596	Ruconest/C1 Esterase Inhibitor
J2502	Signifor/Pasireotide
J1602	Simponi Aria/Golimumab
J1300	Soliris/Eculizumab
J2326	Spinraza/Nusinersen
J3357	Stelara/Ustekinumab
J7321	Supartz/Hyaluronate *

The following procedure codes require precertification:

Injectables	
90378	Synagis/Palivizumab
J7325	Synvisc/Hylan polymers *
J9022	Tecentriq/Atezolizumab
J3590	Tegsedi/Inotersen
J9328	Temodar/Temozolomide
J3590	Tepezza/Teprotumumab
J3240	Thyrogen/Throtropin
J1628	Tremfya/Guselkumab
J7329	Trivisc/Hyaluronan *
J2323	Tysabri/Natalizumab
J1303	Ultimiris/Ravulizumab
J3590	Unituxin/Dinutuximab
J9225, J9226	Vantus/Histrelin
J9303	Vectibix/Panitumumab
J9041	Velcade/Bortezomib
J9025	Vidaza/Azacididine
J3385	Vpriv/Velaglycerase alfa
J0897	Xgeva/Denosumab
J0775	Xiaflex/Collagenase, clostridium histolyticum
A9606, A9699	Xofigo/Radium RA223 dichloride
J2357	Xolair/Omalizumab
J9228	Yervoy/Ipilimumab
Q2041	Yescarta/Axicabtagene
A9543	Zevalin/Ibritumomab
J3304	Zilretta/Triamcinolone
J3590	Zolgensma/Onasemnogene
* Not covered under Medicaid plans	
Transplant Procedures	
Lung	
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor
32851	Lung transplant, single; without cardiopulmonary bypass
32852	with cardiopulmonary bypass
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass
32854	with cardiopulmonary bypass
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral
32856	bilateral
S2060	Lobar lung transplantation
S2061	Donor lobectomy (lung) for transplantation, living donor

The following procedure codes require precertification:

	Heart
33930	Donor cardiectomy-pneumonectomy (including cold preservation)
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy
33940	Donor cardiectomy (including cold preservation)
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation
33945	Heart transplant, with or without recipient cardiectomy
	Bone Marrow/Stem Cell
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic
38206	autologous
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage
38208	thawing of previously frozen harvest, without washing, per donor
38209	thawing of previously frozen harvest, with washing, per donor
38210	specific cell depletion within harvest, T-cell depletion
38211	tumor cell depletion
38212	red blood cell removal
38214	plasma (volume) depletion
38215	cell concentration in plasma, mononuclear, or buffy coat layer
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
38241	autologous transplantation
38243	HPC boost
38242	Allogeneic lymphocyte infusions
	Intestine
44132	Donor enterectomy (including cold preservation), open; from cadaver donor
44133	partial, from living donor
44135	Intestinal allotransplantation; from cadaver donor
44136	from living donor
44137	Removal of transplanted intestinal allograft, complete
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein

The following procedure codes require precertification:

Intestine	
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each
47133	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each
Liver	
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)
47141	total left lobectomy (segments II, III and IV)
47142	total right lobectomy (segments V, VI, VII and VIII)
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split
47144	with trisegment split of whole liver graft into 2 partial liver grafts (i.e., left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])
47145	with lobe split of whole liver graft into 2 partial liver grafts (i.e., left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each
47147	arterial anastomosis, each
Pancreas	
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
48554	Transplantation of pancreatic allograft
48556	Removal of transplanted pancreatic allograft
S2065	Simultaneous pancreas kidney transplantation

The following procedure codes require precertification:

Renal	
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral
50320	Donor nephrectomy (including cold preservation); open, from living donor
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation,
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each
50329	ureteral anastomosis, each
50340	Recipient nephrectomy (separate procedure)
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy
50370	Removal of transplanted renal allograft
50380	Renal autotransplantation, reimplantation of kidney
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion
Cornea	
65710	Keratoplasty (corneal transplant); anterior lamellar
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)
65756	Keratoplasty (corneal transplant); endothelial
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)
0290T	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty
Multivisceral organs	
S2054	Transplantation of multivisceral organs
Transportation	Ambulance, Ambulette, Taxi, Air
Emergency Ground Ambulance transportation is covered without authorization for all plans and lines of business.	

The following procedure codes require precertification:

Medicaid Transportation - non-emergency	Medicaid non-Emergency transportation is a covered benefit through NYS Medicaid and should be arranged by the member through Logisticare.
A0021	Ambulance service, outside state per mile, transport (Medicaid only)
A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest
A0090	vehicle provided by individual (family member, self, neighbor) with vested interest
A0100	Nonemergency transportation; taxi
A0110	Nonemergency transportation and bus, intra- or interstate carrier
A0120	Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems
A0130	Nonemergency transportation: wheelchair van
A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged);
A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0434	Specialty Care Transport
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
A0998	Ambulance response and treatment, no transport
A0999	Unlisted ambulance service
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
DME	Durable Medical Equipment - Plans with a DME Rider (includes Basic DME)
	DME items Other than Basic DME* (Canes, Crutches, Walkers), Require precertification. See the listing at: https://www.cmocares.org/documents/tools-and-forms/dme_guidelines.pdf
	Enteral Formulas and supplies (B4000 - B9999) are not DME; they are covered under the Medical Benefit.
	Medical/Surgical Supplies (A4000 - A8999) are not DME; they are covered under the Medical Benefit.
	Plans without the DME rider include these Basic DME* items only:
	No Precertification is required for Basic DME items.
	Canes
E0100, E0105	includes canes of all materials, including quad or three-prong, adjustable or fixed, with tips
	Crutches

The following procedure codes require precertification:

E0110 - E0116	Crutches, forearm, includes crutches of various materials, adjustable or fixed, each with tip and handgrip
E0117	Crutches, underarm, articulating, spring assisted
E0118 (carrier discretion)	Crutch substitute, lower leg platform, with or without wheels, each
	Walkers
E0130 - E0147	Walker, adjustable or fixed height; folding; four sided; wheeled with posterior seat
E0148 - E0155 (carrier discretion)	Walker, heavy duty with or without wheels; platform attachment; platform attachment, forearm; per seat attachment