Medical Coverage Policy | Prior Authorization via Web-Based Tool for Procedures

EFFECTIVE DATE: 09|01|2015
POLICY LAST UPDATED: 04|07|2021

OVERVIEW
This policy documents the prior authorization request process for certain medical procedures, using the BCBSRI online prior authorization tool. Therapies such as pulmonary rehab and certain drugs such as Belimumab will not be authorized by this system. Please refer to the individual policies on the web.

MEDICAL CRITERIA
Generally, InterQual criteria, is used to determine medical necessity and is found in the online authorization tool. Medical necessity criteria from Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations (NCD/LCD) is used when applicable for Medicare Advantage Members to determine medical necessity of services and is found in the online authorization tool. However, for those policies specifically listed in the Related Policies section of this policy, BCBSRI medical criteria is used.

PRIOR AUTHORIZATION
Prior authorization is required for Medicare Advantage Plans and recommended for Commercial products.

If a service that requires prior authorization is performed on an urgent basis, a retrospective authorization must be obtained through the online tool.

If the complexity of a procedure is unknown prior to the service, a retrospective authorization must still be obtained.

POLICY STATEMENT
Medicare Advantage Plans and Commercial Products
Medical Procedures are considered medically necessary when the criteria in the BCBSRI online prior authorization tool has been met.

Requests for medical procedures should be obtained via the BCBSRI online prior authorization tool, which is available only to participating providers. All other providers should fax the request to Utilization Management at 401-272-8885 to complete the prior authorization process. Please see reference to the procedures requiring prior authorization through the online tool below.

https://www.bcbsri.com/BCBSRIWeb/Login.do?redirectTo=/providers/preauth/preauthProviderOverview.jsp

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable coverage for surgery.

BACKGROUND
Not applicable

CODING
The following CPT and HCPCS codes require prior authorization:
Please see 2021 updates in bold in the list below.

Anastomosis of Extracranial-Intracranial Arteries:

61711

Angioplasty and Stent, Carotid:
37215, 37217

Antireflux Surgery or Hiatal Hernia Repair:
43280, 43281, 43282, 43325, 43327, 43328, 43332, 43333, 43334, 43335, 43336, 43337

Arthroplasty, Temporomandibular Joint (TMJ):
21010, 21240, 21242, 21243

Arthroscopically Assisted Knee Surgery:
29855, 29856, 29882, 29883, 29888, 29889

Arthroscopy, Temporomandibular Joint (TMJ):
29804

Artificial Disc Replacement, Cervical:
22856

Autologous Chondrocyte Implantation:
27412, J7330

Balloon Dilation of the Eustachian Tube
69705, 69706, (Effective 3/1/21)

Balloon Ostial Dilation
31295, 31296, 31297, 31298 (Effective 1/1/21)

Bariatric Surgery (Adolescent)
Adjustable Gastric Banding: 43770
Roux-en-Y Gastric Bypass (RYGB): 43644, 43645, 43846, 43847
Sleeve Gastrectomy: 43775

Bariatric Surgery (Adult) *
Adjustable Gastric Banding: 43770
Biliopancreatic Diversion with Duodenal Switch: 43845, 43847
Revisional Procedure: 43771, 43772, 43773, 43774, 43848
Roux-en-Y Gastric Bypass (RYGB): 43644, 43645, 43846, 43847
Sleeve Gastrectomy: 43775

Blepharoplasty:
15820, 15821, 15822, 15823

Bone Marrow Transplant:
Members with FEP coverage requiring a bone marrow transplant require prior authorization.

Brachytherapy, Prostate:
55875, 55876

Breast Implant Removal:

11971, 19328, 19330
19371 Effective 8/2/2021 Exception for code 19371: Prior Authorization not required for services related to reconstruction due to cancer, represented by ICD-10 diagnosis codes C50.011-C50.929; C79.81; D05.00-D05.92; Z42.1; Z85.3

Breast Reconstruction:
11920, 11921, 19316, 19324, 19325, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396
Exception: Prior Authorization not required for services related to reconstruction due to cancer, represented by ICD-10 diagnosis codes C50.011-C50.929; C79.81; D05.00-D05.92; Z42.1; Z85.3

Corneal Collagen Cross-linking
0402T (Commercial Only)

Cryosurgical Ablation of Miscellaneous Solid Tumors other than Renal, Liver and Prostate
32994

Discectomy:
Lumbar: 22224, 62380
Temporomandibular Joint (TMJ): 21060

Discectomy and Fusion, Anterior Cervical:
22220, 22551, 22554, 63075

Epidural Injection, For Pain Management Only
The following codes would not be used for maternity delivery or as an anesthetic for surgical procedures.
62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 64479, 64483

Facet Joint Injection:
64490, 64493

Fusion:
Cervical Spine: 22548, 22551, 22554, 22590, 22595, 22600
Lumbar Spine: 22533, 22558, 22612, 22630, 22633, 22800, 22804, 22810, 22812
Thoracic Spine: 22532, 22556, 22610

Hemilaminectomy:
Cervical: 63020, 63040, 63045, 63075
Lumbar: 63030, 63042, 63047, 63056, C9757

Implantation of Intrastromal Corneal Ring Segments:
65785

Infertility Services:
58970, 58974, 58976, 76948, 89250, 89251, 89253, 89254, 89280, 89281, 89255, 89268, 89272, S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4042

Intensity Modulated Radiotherapy: 77301, 77338, 77385, 77386, G6015, G6016
For more detail, see each of the individual policies as referenced in the Related Policies section below.
Abdomen and Pelvis
Breast and Lung
Central Nervous System

Head and Neck or Thyroid
Prostate

Joint Replacement:
Elbow: 24360, 24361, 24362, 24363

Shoulder: 23470, 23472
Wrist: 25441, 25442, 25443, 25444, 25445, 25446

Keratoplasty:
65710, 65730, 65750, 65755, 65756

Kyphoplasty or Vertebroplasty:
22510, 22511, 22513, 22514

Laminectomy:
Cervical, with or without Fusion: 22590, 22595, 22600, 63001, 63015, 63020, 63045, 63050, 63051
Lumbar, with or without Fusion: 22612, 22630, 63005, 63012, 63017, 63047
Thoracic, with or without Fusion: 22206, 22610, 63003, 63016, 63046, 63077

Laser Treatment for Proliferative Vascular Lesions:
17106, 17107, 17108

Lid Lesion Excision with or without Reconstruction:
67800, 67801, 67805, 67808, 67810, 67840, 67961, 67966, 67971, 67973, 67974, 67975

Magnetic Resonance Imaging-Guided Focused Ultrasound
0398T (Effective 11/1/2021)

Mastectomy for Gynecomastia
19300

Orthognathic Surgery:
(Commercial Only) 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209

Panniculectomy, Abdominal:
15830

Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation
33340 (Commercial Only)

Percutaneous Tibial Nerve Stimulation (PTNS)
64566

Prostatic Urethral Lift
52441, 52442
C9739, C9740 (For Institutional Providers Only)

Proton Beam Radiotherapy (PBRT):
77520, 77522, 77523, 77525

Ptosis Repair:
67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911

Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors
20982, 32998

Radiofrequency Ablation (RFA), Liver:
47370, 47380, 47382

Radiofrequency Ablation (RFA) or Cryoablation, Renal:
50250, 50542, 50592, 50593

Reconstruction, Temporomandibular Joint (TMJ):
21050, 21070, 21244, 21245, 21247, 21255

Reduction Mammoplasty:
19318

Removal and Replacement Joint Replacement (TJR):
Hip: 27132, 27134, 27137, 27138
Knee: 27486, 27487
Shoulder: 23470, 23472, 23473, 23474

Removal of Non-Covered Implantable Devices
Aortic Counterpulsation Ventricular Assist System and components: 0455T,
0456T, (Code Deleted 12/31/2021) 0457T, (Code Deleted 12/31/2021) 0458T (Code Deleted 12/31/2021)
Artificial Intervertebral Disc: 22865
Carotid Sinus Baroflex Activation Device: 0269T, 0270T, 0271T
Chest Wall Respiratory Sensor Electrode: 0468T (Code Deleted 12/31/2021)
Esophageal Sphincter Augmentation Device: 43285
Gastric Electrical Stimulation: 43648, 43882, 64595
Interstitial Glucose Sensor: 0447T
Intracardiac Ischemia Monitoring System: 0530T, 0531T, 0532T
Neurostimulation System for Posterior Tibial Nerve: 0588T (Commercial Only)
Neurostimulator System for Treatment of Central Sleep Apnea: 0428T, 0429T, 0430T
Occipital Nerve Stimulation: 64570
Permanent Cardiac Contractility System: 0412T, 0413T
Sinus Tarsi Implant: 0510T
Substernal Implantable Defibrillator: 0573T, 0580T (Commercial Only)
Transperineal Periurethral Balloon Continence Device: 0550T (Commercial Only) (Code Deleted
12/31/2021)
Vagus Nerve Blocking Therapy: 0314T, 0315T

Rhinoplasty:
30410, 30420, 30435, 30450, 30460, 30462

Scoliosis Surgery:
22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22849, 22850

Sleep Studies
Multiple Sleep Latency Test (MSLT): 95805
Polysomnogram (PSG), Facility Based Only: 95808, 95810, 95811
Note: Home Sleep Studies are covered without preauthorization requirement.

Effective April 1, 2010 for labs:

- *All sleep laboratories must be accredited by the American Academy of Sleep Medicine (AASM).*
- *All sleep laboratory providers performing sleep testing services must participate and be in good standing with Medicare*

Effective April 1, 2010 for physicians:
All physicians reading or supervising sleep tests must be board-certified in sleep medicine or have completed the necessary training requirements to take the exam in sleep medicine.

Spinal Cord Stimulator (SCS) Insertion:
63650, 63655, 63663, 63685

Stereotactic Radiation:
32701, 77373, 77435

Surgical and Debulking Treatments for Lymphedema
38999
15878, 15879 (with diagnosis code I89.0 or I97.2) (Effective 10/1/2021)

Total Joint Replacement (TJR):
Ankle: 27702
Hip: 27130, 27132
Knee: 27447

Transarterial Chemoembolization (TACE), Liver:
37242, 37243
Exception: Prior Authorization not required for services related to uterine fibroids, represented by ICD-10 diagnosis codes D25.0-D25.9 and O72.0-O72.2.

Transcatheter Aortic-Valve Implantation for Aortic Stenosis:
33361, 33362, 33363, 33364, 33365, 33366 (Commercial Only)

Transurethral Water Vapor Thermal Therapy
Medicare Advantage Only
53854 (Effective 7/1/2021)

Transurethral Water Jet Ablation (Aquablation)
(Medicare Advantage Only)
0421T (Effective 10/1/2021)

Tumor Treatment Fields Therapy
E0766

Unicondylar Knee Replacement:
27446

Uvulopalatopharyngoplasty (UPPP):
42145

Vagal Nerve Stimulator:
61885, 61886, 64553, 64568, 64575

Varicose Vein Treatment:

36465, 36466, 36470, 36471, 36475, 36478, 36482, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, S2202
36473 Medicare Advantage only

RELATED POLICIES

Medicare Advantage Plans and Commercial Products

Anastomosis of Extracranial-Intracranial Arteries
Autologous Chondrocyte Implantation
Balloon Dilation of the Eustachian Tube
Cryosurgical Ablation of Miscellaneous Solid Tumors other than Renal, Liver and Prostate
Implantation of Intrastromal Corneal Ring Segments
Intensity Modulated Radiotherapy of the Abdomen and Pelvis
Intensity Modulated Radiotherapy of the Breast and Lung
Intensity Modulated Radiotherapy: Central Nervous System Tumors
Intensity Modulated Radiotherapy: Cancer of the Head, Neck or Thyroid
Intensity Modulated Radiotherapy of the Prostate
Laser Treatment for Proliferative Vascular Lesions
Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation
Percutaneous Tibial Nerve Stimulation (PTNS)
Prostatic Urethral Lift
Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors
Removal of Non-Covered Implantable Devices
Stereotactic Body Radiation Therapy
Surgical and Debulking Treatments for Lymphedema
Tumor Treatment Fields Therapy
Varicose Vein Treatment

Commercial Products Only

Corneal Collagen Cross-linking
Epidural Injections for Pain Management
Magnetic Resonance Imaging-Guided Focused Ultrasound
Orthognathic Surgery
Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation
Transurethral Water Vapor Thermal Therapy and Transurethral Water Jet Ablation (Aquablation) for Benign Prostatic Hyperplasia

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Provider Update, June 2021
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REFERENCES:

Not applicable

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS