

## Medical Coverage Policy | Preauthorization via Web-Based Tool for Procedures



**EFFECTIVE DATE:** 10|01|2015  
**POLICY LAST UPDATED:** 09|01|2015

### OVERVIEW

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

There is no change to the prior authorization process for specialty pharmacy drugs.

### MEDICAL CRITERIA

Generally InterQual criteria is used to determine medical necessity. 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 BlueCHiP for Medicare 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.

### POLICY STATEMENT

#### BlueCHiP for Medicare and Commercial Products

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.bcsri.com/BCBSRIWeb/Login.do?redirectTo=/providers/preauth/preauthProviderOverview.jsp>

Medical Procedures are considered medically necessary when the criteria in the BCBSRI online prior authorization tool has been met.

### 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:

**NOTE: Effective February 15, 2016, the services identified in blue font below will require prior authorization through the BCBSRI online prior authorization tool.**

Anastomosis of Extracranial-Intracranial Arteries:  
61711

Angioplasty and Stent, Carotid:  
35475, 37215, 37217

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

Aortic Valvuloplasty, Percutaneous Balloon:  
92986

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

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

Arthroscopy, Temporomandibular Joint (TMJ):  
29804

Autologous Chondrocyte Implantation:  
27412, J7330

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

Breast Reconstruction: for conditions other than part of reconstruction due to cancer  
11920, 11921, 19316, 19324, 19325, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369,  
19370, 19371, 19380, 19396

Capsule Endoscopy:  
91110, 91111

Cardiac Hemodynamic Monitoring:  
93701 (Medicare Only)

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

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

Endoscopic Antireflux Procedures:  
43235

Epidural Injection, For Pain Management Only  
The following codes would not be used for maternity delivery or as an anesthetic for surgical procedures.  
62310, 62311, 64479, 64483

Enhanced External Counterpulsation (EECP):  
G0166 (Medicare only)

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

Hyperbaric Oxygen Therapy (HBO):  
99183, G0277

Implantable Cardioverter Defibrillator (ICD) Insertion:  
33202, 33203, 33216, 33217, 33224, 33230, 33231, 33240, 33241, 33249, 33262, 33263, 33264  
Subcutaneous Implantable Cardioverter Defibrillator (S-ICD): (Medicare Only) 33270, 33271, 33273

Implantation of Intrastromal Corneal Ring Segments (Code Effective January 1, 2016):  
65785

Injectable Clostridial Collagenase for Fibroproliferative Disorders:  
20527, J0775

Integumentary Reconstruction:  
13151, 13152, 14060, 14061, 15120, 15260, 15576, 15630

**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**

Interspinous Process Decompression:

0171T (Medicare Only)

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

Lid Reconstruction:

67961, 67966, 67971, 67973, 67974, 67975

Non-Contact, Non-thermal Ultrasound Treatment for Wounds:

97610 (Medicare only)

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 Coronary Interventions (PCI):

92920, 92924, 92928, 92933, 92937, 92941, 92943

Posterior Tibial Nerve Stimulation (PTNS) for Urinary Dysfunction:

64566 (Medicare 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, Total Joint Replacement (TJR):  
Hip: 27132, 27134, 27137, 27138  
Knee: 27486, 27487  
Shoulder: 23470, 23472, 23473, 23474

Removal of Non-Covered Implantable Devices  
Artificial Intervertebral Disc: 22864, 22865  
Bone Conduction Hearing Device: 69711

**Carotid Sinus Baroflex Activation Device: 0269T, 0270T, 0271T**

Esophageal Sphincter Augmentation Device: 0393T

Gastric Electrical Stimulation: 43648, 43882, 64595

Neurostimulator System for Treatment of Central Sleep Apnea (Codes Effective January 1, 2016): 0428T,  
0429T, 0430T

Occipital Nerve Stimulation: 64570

Peripheral Subcutaneous Field Stimulator: 0284T

Permanent Cardiac Contractility System (Codes Effective January 1, 2016): 0412T, 0413T

**Permanent Leadless Pacemaker, Ventricular: 0388T**

Subcutaneous Implantable Cardioverter Defibrillator: 33272 (Commercial Only)

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

Sacroiliac (SI) Joint Injection:  
27096

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

Septoplasty:  
30520

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.

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

Stereotactic Radiation:  
32701, 77373, 77435

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

Transarterial Chemoembolization (TACE), Liver:  
37242, 37243

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

Unicondylar Knee Replacement:  
27446

Upper Gastrointestinal Endoscopy:  
43191, 43192, 43197, 43235

Uvulopalatopharyngoplasty (UPPP):  
42145

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

Varicose Vein Treatment:  
Echosclerotherapy: S2202  
Endovenous Ablation: 36475, 36478  
Ligation/Excision with or without Stripping: 37700, 37718, 37722, 37735, 37760, 37761, 37780, 37785  
Sclerotherapy: 36470, 36471  
Stab Phlebectomy: 37765, 37766  
Vascular Endoscopy: 37500

## **RELATED POLICIES**

Anastomosis of Extracranial-Intracranial Arteries  
Autologous Chondrocyte Implantation  
Cardiac Hemodynamic Monitoring  
Enhanced External Counterpulsation (EECP)  
Hyperbaric Oxygen Therapy (HBO)  
Injectable Clostridial Collagenase for Fibroproliferative Disorders  
**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  
Non-Contact, Non-thermal Ultrasound Treatment for Wounds  
Orthognathic Surgery  
Posterior Tibial Nerve Stimulation (PTNS) for Urinary Dysfunction  
Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors  
Removal of Non-Covered Implantable Devices  
Stereotactic Body Radiation Therapy

#### **PUBLISHED**

Provider Update, November 2015

Provider Update, September 2014

#### **REFERENCES**

Not applicable

**CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

