

Medicare Products: Procedures/Services That Do NOT Require Preauthorization - 4-30-09 update

Criteria Used to determine "No Pre Auth Needed"

1. Service is not specifically listed as requiring Preauthorization on the Regence Medicare Products Preauthorization List. 2. There may be no specific criteria for review in CMS policy (NDC, LCD, Newsletters etc.). 3. Medicare non covered codes will not be reviewed for preauthorization. 4. The code may be listed as a Medicare Pass Through Code and is now accepted for payment. 5. The service is set up on the Physicians Relative Value Fee Schedule database. 6. Unlisted codes will not be reviewed with very rare exceptions. We are unable to determine actual procedure that will be preformed, no appropriate codes have been assigned, no Medicare medical necessity guidelines have been established. 7. Potentially cosmetic or investigational codes

The following do NOT require preauthorization

<p>Important Preauthorization Reminders: Urgent/Emergent Services do not require preauthorization</p>	<p>1. Before requesting preauthorization and before providing preauthorized services: please verify eligibility and benefits through Customer Service, 1 (877) 508-7362. 2. Member contracts determine benefits. Contract exclusions will not be preauthorized. Medicare non covered services will also not be preauthorized.</p>	
<p>CUSTOMER SERVICE: call for all benefit and coverage questions and verification of Preauthorization requirements</p>	<p>Phone: (877) 508-7362</p>	
<p>For Behavioral Health, notification required for all facility, hospital, partial hospitalization admissions; concurrent review will occur before day 3. Concurrent review required prior to visit 21 for outpatient mental health and chemical dependency services and mental health intensive outpatient services. Notification upon admission required for chemical dependency intensive outpatient services; concurrent review will occur after 8 weeks of treatment.</p>	<p>Phone: (800) 780-7881; Fax: (800) 331-3505</p>	
<p>For PHARMACY Preauthorization Questions, call for clarification of Preauth requirements for all pharmacy related items</p>	<p>Phone: (800) 547-0939; Fax: 1 (888) 335-3016 (for Medicare Pharmacy Preauthorization only)</p>	

The following do NOT require preauthorization		
For TRANSPLANT and VENTRICULAR ASSIST DEVICE Preauthorization Questions, call for requirements; Preauthorization is not required for corneal and kidney transplant	Phone: (800) 560-0749; Fax: (800) 584-0689	
For MEDICAL (DME, MEDICAL, SURGICAL) Preauthorization, call with questions.	Phone: (800) 824-8563 Option 3 for the Medicare Group; Fax: 1 (800) 453-4341	
The following do NOT require preauthorization	The following do NOT require preauthorization	The following do NOT require preauthorization
Service	Codes - All coding subject to bundling requirements	Documentation Site or other information
Breast Related		
Breast MRI	77058, 77059	Covered only for diagnostic follow up diagnostic codes; not covered for screening; Medicare Claims Processing Manual 100-4 Change Request 5121 (5/30/06)
Breast Reconstruction (including Implant Removal/Replacement)	19316*, 19340*, 19342*, 19350*, 19357*, 19361*, 19364*, 19366*, 19367*, 19368*, 19369*, 19380*	NCD (140.2) for breast reconstruction; Plastic Surg L23660 for OR/WA, L24349 for UT; covered for broken/failed/extruded implant, infection, painful, for dx of CA* (198.81, 173.5, 174, 175) ; see also LCD for Plastic Surg (L23660 - OR/WA, L24349 - UT) and Women's Health and Cancer Rights Act
Mastectomy	19301, 19302, 19303, 19304, 19305, 19306, 19307	For Cancer dx, Women's Health and Cancer Rights Act (see also Breast Reconstruction above)
Cardiac		
Atrial Tissue Ablation ("Maze"); Other Cardiac Ablation for Arrhythmia	33254, 33255, 33256; 93650, 93651, 93652	"For surgical isolation of triggers of supraventricular dysrhythmias by operative ablation that isolates the pulmonary veins or other triggers in the left or right atrium... If performed in the same session as another cardiac procedure use 33999 cardiac surgery unlisted code with the other surgical code." Medicare Part B Bulletin/Noridian

The following do NOT require preauthorization		
Angiography - Cardiac	93501, 93505, 93508, 93510, 93511, 93514, 93524, 93526, 93527, 93528, 93529, 93530, 93531, 93532, 93533, 93539, 93540, 93541, 93542, 93543, 93544, 93545, 93555, 93556, 93561, 93562, 93571, 93572	L14447-OR/WA, L24282-UT, L15674-ID Diagnosis of functional impairment
Cardiac Rehabilitation	93797, 93798	NCD (20.10)
Carotid Percutaneous Transluminal Angioplasty (PTA) with stent placement	36200, 36215, 36216, 75671, 75680	Only at Medicare approved facilities - NCD for PTA (20.7)
Cardiac grafts/stent placement (incl PTCA)	92975, 92977, 92978, 92979, 92980, 92981, 92982, 92984, 92986, 92987, 92990, 92992, 92993, 92995, 92996, 92997, 92998 (procedures), G0290 and G0291 (stents bundled?)	Percutaneous Coronary Interventions (L208077 - All states)
ECP, EECP, ECT - External Counterpulsation Therapy for Severe stable Angina	92971, G0166 per session	Medicare Part B News Issue 237 5/29/07 pgs 29 - 30 External Counterpulsation Therapy;
Pacemakers - Temporary/Permanent	33202, 33203, 33206, 33207, 33208, 33210, 33211, 33212, 33213, 33214, 33215, 33216, 33217, 33218, 33220, 33222, 33223, 33224, 33225, 33226, 33233, 33234, 33235, 33236, 33237, 33238, 33240, 33241, 33243, 33244, 33249	No specific policies; For treatment of functional impairment

The following do NOT require preauthorization

Durable Medical Equipment Reference List	Equipment purchase or repair with billed charges under \$1500 for any single line item or component unless listed as an exception in the Preauthorization list. Equipment rental with billed charges under \$500/month for any single line item or component unless listed as an exception in the Preauthorization list. Extremity prosthetics with billed charges under \$5000 for any single line item or component.	NCD 280.1 for coverage guidelines/code status; See the Pre Auth List for Medical Products for additional exceptions
Apnea monitors	No Preauthorization regardless of line item charges	
Bilirubin lights	No Preauthorization regardless of line item charges	
Cardiac Monitors	No Preauthorization regardless of line item charges	
CPAP/BiPAP/ViPAP	No Preauthorization regardless of line item charges	
CPM - knee only	No Preauthorization needed	21 days - knee only, post operative use in the home only
Dynamic Splints	No Preauthorization regardless of line item charges	
Extremity Prosthetics	Extremity prosthetics with billed charges under \$5000 for any single line item or component.	
Home Dialysis Equipment	No Preauthorization regardless of line item charges	
Infusion Supplies	Implantable Pumps: E0781, E0782, E0783, E0786	A3799 - Prosthetics and other Misc Services Provided by ASC - OR/WA
Insulin Pumps	No Preauthorization regardless of line item charges; excludes insulin pumps with continuous monitoring feature	
Intrathecal/epidural implantable pump for longterm medication administration	62350, 62360, 62362	See DMEPOS Coding lists for code status

The following do NOT require preauthorization		
Ocular (Eye) Prostheses	L9900, V2623, V2624, V2628, V2629; No preauth regardless of line item charges	LCD for Eye Prosthesis (L194)
Orthotics	No Preauthorization regardless of line item charges	Includes Oral Orthotics
Oxygen, Oxygen Equipment	No Preauthorization regardless of line item charges	
Parenteral/Enteral Feeding (TPN), Infusion Pump and related equipment	No preauthorization for any infusion pumps regardless of line item charges; Related supplies: B9000, B9002 (pump); E0776 (IV pole); B4034, B4035, B4036 (feeding supply kits); B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, (enteral solutions)	NCD 180.2; L11568 (enteral), L11576 (parenteral) - All states; Treatment with nutritional requirements intravenously covered for patients who qualify under the Prosthetic Device Benefit requirements
Prosthetic Devices - Implantable	69930, L8499, L8600, L8610, L8612, L8613, L8614, L8619, L8630, L8631, L8641, L8642, L8658, L8659, L8670, L8699, V2785, V2630-V2632 intraocular lenses inserted during or subsequent to cataract surgery are included in the facility payment rate/not separately payable; Q1001, Q1002 intraocular lens are paid separately	A3799 - Prosthetics and other Misc Services Provided by ASC - OR/WA; Region D DMERC Dialogue for Fall 2005 - Cochlear Implantation (also references MM3796); See also details below for BAHA/Cochlear Implant.
Psoriasis Lights	No Preauthorization regardless of line item charges	
SIDS Monitors	No Preauthorization regardless of line item charges	
Suction Pumps	No Preauthorization regardless of line item charges	
Ventilators (including maintenance)	No Preauthorization regardless of line item charges	
Wound Vac (Negative Pressure Wound Therapy Pump), canisters, supplies	E2402	LCD for Negative Pressure Wound Therapy Pumps (11489) - all states

The following do NOT require preauthorization		
Ear Related		
Bone Anchored Hearing Device - BAHA	L8614, L8619, L7500, L7510, 92506, 92507, 92601, 92602, 92603, 69714	Auditory Ossiointergrated devices - CMS Manual System, Pub 100-02 Medicare Benefit Policy Manual
Cochlear Implantation	L8614 (device), 69930 (procedure)	NCD 50.3
Eye Related		
Amniotic membrane transplant (eye)	V2790, 65780, 65286	Treatment of functional impairment/ocular
Blepharoplasty	15820, 15821, 15822, 15823	LCD for Blepharoplasty, Blepharoptosis and Brow Lift (L23795) : GRIP Meeting minutes for 8/15/2007 Blepharoplasty Procedures - No longer need Pre Auth
Blepharoptosis Repair (continue to preauth 67902, 67903, 67906, 67908)	67900, 67901, 67903, 67904	GRIP Meeting minutes for 8/15/2007 Blepharoplasty Procedures - No longer need Pre Auth. L2690-All States and related Noridian article (A28691) include 67900, 67901, 67903, 67904 that waives prepay documentation
Canthoplasty/lid/conjunctival repair	67930, 67935, 67938, 67950, 67961, 67966, 67971, 67973, 67974, 67975	No specific policy; covered for reconstructive surgery for functional impairment
Conjunctivoplasty	68320, 68325, 68326, 68328, 68330, 68335, 68360, 68362, 68371	No specific policy; covered for reconstructive surgery for functional impairment
Corneal Transplant/Keratoplasty	65710, 65730, 65750, 65755	For treatment of functional impairment
Ectropian Repair	67914, 67916, 67917	No specific policy; covered for reconstructive surgery for functional impairment
Entropian Repair	67921, 67923, 67924	No specific policy; covered for reconstructive surgery for functional impairment
Intraocular lens prosthesis	66982, 66983, 66986	See DMEPOS Coding lists for code status
Keratectomy (excision of corneal lesion)	65400	No specific policies; covered for treatment of functional impairment
Lacrimal duct	68400, 68420, 68440, 68500, 68505, 68510, 68520, 68525, 68530, 68540, 68550, 68700, 68705, 68720, 68745, 68760, 68761, 68770, 68801, 68810, 68815, 68816, 68840	No specific policies; covered for treatment of functional impairment
Phototherapeutic Keratectomy by Excimer Laser - PTK	66999	NCD (80.7) - used to treat specific lesions of the cornea, not cosmetic, covered by Medicare
Trabeculoplasty (glaucoma tx)	65850, 65855	Treatment of functional impairment/ocular
Genitourinary Related		

The following do NOT require preauthorization		
Collagen Implant - bladder	L8603 - injectable bulking agent, 2.5 ml syringe; 51715	NCD for Incontinence Control Devices (230.10) - maximum of 5 injection procedures covered per treatment period - may be repeated after 6-12 months if effective
Penile Implants	procedure: 54400, 54401, 54405, 54406, 54408, 54410, 54416; device: L7900	NCD for Diagnosis and Treatment of Impotence (230.4), L1234 - All States
Prostate Surgery	55801, 55810, 55812, 55815, 55821, 55831, 55842, 55845, 55860, 55862, 55865	No specific policies; For treatment of functional impairment (includes Davinci Robot but no extra \$ for use)
Prostate Special Procedures	55875, 55876	No specific policies; For treatment of functional impairment
Transurethral Prostatectomy (TURP)	52450	No specific policy; covered for reconstructive surgery for functional impairment
Miscellaneous		
Apnea monitors	No Preauthorization regardless of line item charges	
Billirubin Lights	No Preauthorization regardless of line item charges	
Botox Injections	NA	No procedure preauthorization review requirements; Refer all drug preauthorization to PHARMACY DEPT even when paid using Medical Benefits
Clinical Trials	Billed to Original Medicare for Routine Costs in a Clinical Trial using "Q1" modifier code with "Q0" modifier code for investigational clinical service provided in a clinical research study	NCD for Routine Costs in Clinical Trials (310.1) and Managed Care Manual, 40.4.3 - Special Rules...on Clinical Trials, MLN Matters Number: MM5805 (1/1/08) - New Modifiers/instructions

The following do NOT require preauthorization

Diagnostic Testing	Genetic/Cytogenic Testing treatment/surveillance of disease only: 83890, 83891, 83892, 83893, 83894, 83898, 83904, 83912, 88230, 88233, 88235, 88237, 88239, 88240, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88267, 88269, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88289, 88291, 88299. Collagen crosslinks testing - "fast losers" of bone to help direct therapy for younger Medicare beneficiaries with other therapy such as glucocorticoids; Codes too numerous to list!	Defining Criteria - Medicare only accepts the following justifying reasons as meeting the requirement of "reasonable and medically necessary" and qualifying for coverage: Symptoms, signs, past history, past symptoms or abnormal physical findings (needing reevaluation). The following justifying reasons do not meet the Medicare coverage criteria: disease (asymptomatic but requiring monitoring), monitoring post op or therapeutic procedure for response, abnormal lab or radiologic findings requiring further testing, screening to rule in or out a suspected disease where early diagnosis may improve the clinical outcome, limitation of liability/defensive medicine - may possibly be a justifying reason; error or habit. See Article for Screening Services Definition (A32605) - OR/WA. For genetic/cytogenic testing: OR/WA = L23846, L23664; UT = L24301, L24295
Endoscopy - upper GI; endoscopic retrograde cholangiopancreatography (ERCP)	43235; 43260	No specific policy; covered for diagnostic or for surgery for functional impairment
Hernia Repair	49491, 49492, 49495, 49496, 49520, 49521, 49525, 49540, 49550, 49553, 49555, 49557, 49560, 49561, 49565, 49566, 49568, 49572, 49587	MBPM, Chap 16, Sec 120 - Reconstructive Surgery fo treatment of illness or injury or to improve function
Home Health	No preauth required	Must meet Medicare medical necessity requirements
Home Sleep Study	G0398, G0399, G0400	NAS Bulletin posted 12/11/08 - 2009 active/covered; L14467 - OR/WA; L24350 - UT; NCD 240.4B
Home Sleep Study	99183 (physician attendance), C1300 (chamber)	NCD (20.29) after 30 days non response to standard wound therapy; Articles for Hyperbaric O2 (A30039, A30091) specify medical necessity documentation required in the member record at the billing provider site
Hyperbaric Oxygen	99183 (physician attendance), C1300 (chamber)	NCD (20.29) after 30 days non response to standard wound therapy; Articles for Hyperbaric O2 (A30039, A30091) specify medical necessity documentation required in the member record at the billing provider site

The following do NOT require preauthorization		
Lithotripsy (kidney stones only)	84999 (unlisted chem)	GRIP Minutes for 11/7/07; (New LCD as of 9/1/08) L28287 for Nor/So Cal for Genomic Health (sole source lab)
Outpatient Therapy	No preauthization required	Must meet Medicare medical necessity requirements
Preventive Services and Screenings	Adult Immunizations: Influenza, Pneumococcal, Hepatitis B; Bone Mass measurements; Cancer Screenings: Breast mammogram/clinical exam, Cervical & Vaginal (Pap and pelvic exam), Colorectal, Prostate; Cardiovascular Disease Screening, Diabetes Screening; Diabetes Self-Management Training; Medical Nutrition Therapy (with diabetes or renal disease); Glaucoma Screening; Initial Preventive Physical Exam (IPPE); Smoking and Tobacco-Use Cessation Counseling Services; Ultrasound Screening for Abdominal Aortic Aneurysms (AAA)	MLN Matters Number: SE0752
Ventral Hernia/Incisional Hernia	49560, 49561, 49565, 49566, 49568,	No specific policy; covered for surgery for functional impairment
Nasal/Oral Related		
Nasal Polyps, Mucosal Surgery	30100, 30110, 30115, 30117, 30118, 30120, 30130, 30140, 31240	Treatment of functional impairment; L16953 - ID; L1005 - OR
Septoplasty	30140, 30420, 30520, 31240, 31256, 31276	Covered for reconstructive surgery for trauma or obstruction - documentation in the member record must support the procedure meets the Medicare guidelines
Sinusotomy/Endoscopy	31000, 31002, 31020, 31030, 31032, 31040, 31050, 31051, 31070, 31075, 31080, 31081, 31084, 31085, 31086, 31087, 31090, 31200, 31201, 31205, 31225, 31230, 31231, 31233, 31235, 31237	No specific policies; covered for treatment of functional impairment

The following do NOT require preauthorization		
Turbinate repair/nasal vestibular stenosis repair, 30465:often includes rhinoplasty, 30140, and septal repair, 30465	30410 and 30140 if with 30465	Rhinoplasty and septal repair require preauthorization when separate - flagged as possibly cosmetic ; should not require preauthorization with turbinate repair
Nervous System Related		
Carpal Tunnel - neuroplasty, median nerve	64721	No specific policy; covered for reconstructive surgery for functional impairment
Catheter/Intrathecal or Epidural Implant	62350, 62351, 62355, 62360, 62361, 62362; E0783	NCD 280.14
Electrical Stimulator/Neurostimulator and related devices - Percutaneous Implantable (PENS)	E0752, E0756, E0757, E0758, 63655, 63685	NCD Assessing Patient's Suitability for Electrical Stimulation Therapy (160.7.1); NCD for Electrical Stimulators (160.7)
Electrical Stimulation/Neurostimulator and related devices -Sacral Nerve (for incontinence)	64581, 64585, 64590, 64595, A4290, E0752, E0756, E0759	Article for Sacral Nerve Stim (A32594), NCD for Sacral Nerve Stim for Urinary Incontinence (230.18)
Electrical Joint Stimulator - Transcutaneous	E0762, 43260	See DMEPOS Coding lists for code status
Nerve or Spinal Injections for pain	Often bundled into payment for office visits ; or 64612, 64613, 64614, 64620, 64622, 64681	Covered for treatment of functional impairment; Refer to PHARMACY DEPT for any medication preauth questions
Spinal Cord Stimulator - Trial/Permanent Implant	63650, 63655, 63685, 63688, L8681	NCD Assessing Patient's Suitability for Electrical Stimulation Therapy (160.7.1); NCD for Electrical Stimulators (160.7); L20379 - ID
Vestibular Function Testing - VNS, Nystagmus testing, ENG, PENG	92541, 92542, 92543, 92544, 92545, 92546, 92547, 92548	Medicare Benefit Policy Manual - Pub. 100-2 --- Chapter 15, Section 80.3; Medicare National Coverage Determinations Manual - Pub. 100-3
Radiologic Procedures (CT, MRI, other)		

The following do NOT require preauthorization		
Brachytherapy	77261, 77262, 77263, 77280, 77285, 77290, 77295, 77300, 77326, 77327, 77328, 77332, 77333, 77334, 77336, 77370, 77470, 77750, 77761, 77762, 77763, 77776, 77777, 77778, 77781, 77782, 77783, 77784, 77789, 77790, Q3001, 0182T, 17999, Prostate: 55860, 76000, 76001, 76873, 76965, Lung: 31643, GI: 43241, GYN: 57155, 58346, 58999, Breast: 19296, 19297, 19298, Related: 20555, 41019, 55920 + related other codes per LCDs	L21724 for OR/WA, L24281 for UT, none for ID
Cardiac Doppler Procedures and Transesophageal Echocardiography (TEE)	93303, 93304, 93307, 93308, 93313, 93314, 93315, 93316, 93317, 93318; 93320, 93321, 93325, 93350	No specific policy, covered for functional impairment
Cardiac Output by Esophageal Doppler Monitoring	76999	Regulation Title: Ultrasound Diagnostic Procedures - MLN Matters MM5608 effective 5/22/07 . Now category 1 codes and are covered procedures.
Cerebral Arterial Studies	93875, 93880, 93882, 93886, 93888, 93890, 93892, 93893	Covered for diagnosis of functional impairment
Coronary CTA ("64 slice")	71275, 0144T, 0145T, 0146T, 0147T, 0148T, 0149T, 0150T, 0151T	Not covered for screening; must be symptomatic; LCD for Coronary CTA (L23356) - all states
Hepatobiliary Scans (Hydascan)	78223	Diagnostic for functional impairment
Myocardial Profusion Studies	78460, 78461, 78464, -78480, A9500-A9505,	L16953-ID, L1005-OR, Diagnosis of functional impairment
Pet Scans - Cardiovascular System	78459, 78491, 78492, 78608, 78811, 78812, 78813, 78814, 78815, 78816	CNS NCD Pet Scans (220.6); MLN Matters # MM5665, A44223 - ID/OR; A46523 - OR/WA/UT
Proton Beam Therapy	77520, 77522, 77523, 77525	LCD for Radiation Oncology: External Beam /Teletherapy (L23754) - Page 17 - Proton Beam Delivery;
Radiologic Procedures (CT, MRI, other)	MRI & CT Scans of the Head, Brain, and Neck	L28669 - UT; See Preauthorization code list for any codes requiring preauthorization. For diagnosis of functional impairment; investigational procedures require Pre Auth

The following do NOT require preauthorization		
Stereoscopic x-ray guidance for localization (may be referred to as "Calypso")	77421	Radiation oncology: alternative means of assuring accurate 3D positioning. When performed, port verification films (77417) should not be separately reported for these sessions. L23754 - OR/WA/UT
Stereotactic Navigational Procedure	61795	Reported in addition to intracranial procedure codes 61518-61521, 61526-61530,61541, 61545-61548,61680-61702 when medically necessary to provide localization and navigation around high risk anatomical areas
Tomography (specifically: SPECT - single photon emission computed tomography scans)	Nervous System/Brain: 78607, 78647, GU: 78710, CV: 78464, 78465, 78469, 78494, GI: 78205; Musculoskeletal: 78320, Whole Body: 78803, 78807	NCD 220.6 - differential dx of frontal temporal dementia and Alzheimer's under specific requirements; head and neck, colorectal, breast & cervical cancer - selected diagnostic, staging/restaging; myocardial viability; other sites with appropriate medical necessity documentation
Transurethral Microwave Thermotherapy of the Prostate (TUMT)	53850	LCD for Tranurethral Microwave Thermotherapy (TUMT) L25607 - All states; for treatment of the prostate for Benigh Prostatic Hypertrophy.
Vascular Studies (non invasive)	93875-93893; 93922-93930	Diagnostic procedure for suspected functional impairment only
Skeletal System Related		
Bone Density Studies; dual energy absorptiometry (Dexa Scan)	76977, 77078, 77079, 77080 (DXA scan), 77081, 77083, G0130 (SEXA bone scan)	LCD for Bone Density Measurement (L1343) - All States
Hammertoe repair	28285, 28290, 28292, 28293, 28294, 28296, 28297, 28298, 28299	Claims Department ay require operative report? Treatment of functional impairment
Hip Resurfacing (Femoral Acetabular Impingement)	27130	LCD for Hip Resurfacing prosthesis, Total (Femoral and Acetabular) (L26113)
Joint Replacement (hip, knee, ankle, shoulder)	No preauthorization required	See LCD for Non-Covered Services (L24471) for related guidelines
Kyphoplasty	22524, 22525	(A30712) for OR/WA; L22552 & L1951 - all states
Spinal Prosthetic Devices	22851	No specific policy; see A3799 - Prosthetics and other Misc Services Provided by ASC - OR/WA
Tendon Repair	28200, 28208, 28210, 28220, 28222, 28225, 28226, 28230, 28232, 28234, 28238, 28240, 28250, 28260, 28261	For treatment of functional impairment
Vertebroplasty	22520, 22521, 22522	L23888 - OR/WA, L24383 - UT, L12184 - ID, L1959 - All states

The following do NOT require preauthorization		
Xstop (Insertion of Posterior Spinous Process)	0171T, 0172T, 64561	Medicare B News Issue 235, March 6, 2007
Skin/Tumor Related		
Autologous Tissue Graft	14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061, 20900, 20930, 20936, 20938	Treatment of functional impairment
	Breast: 19105, Liver: 47370, 47371, 47380, 47381, Lung/Pleura: 32999, Musculoskeletal: 20982, 20999, Renal: 50250, 50542, Tumor/General: 37204, Uterine: None Covered; Related guidance procedures: 76940, 77013, 77022	Based on medical necessity documentation as covered in the following documents: NCD (20.28), L23676 for OR/WA, L24570 for UT, (A32921), LCD 36247, 36248, L23676-OR/WA
Excision Benign/Malignant lesion/cysts/carbuncle, Skene's gland, Bartholin cyst, etc	11420-11446, 11600-11646, Mohs: 17311, 17312, 17313, 17314, 17315; 19120, 19125, 19126, 19260, 19271, 19272, 22900, 42808, 56405, 56420, 56501, 56740, 53270, 53265	MBPM, Chap 16, Sec 120 - Reconstructive Surgery for treatment of illness or injury or to improve function
Transplants and Ventricular Assist Devices		
Kidney transplant codes	50300, 50320, 50340, 50360, 50365, 50370, 50380;	
Vascular System Related		
Thromboendarterectomy; Atherectomy, Thrombectomy, stent placement - non cardiac	35301, 35302, 35303, 35304, 35305, 35306, 35311, 35321, 35331, 35341, 35351, 35355, 35361, 35363, 35371, 35372; 35473, 35474, 35475, 35476, 35480, 35481, 35482, 35483, 35484, 35485, 35490, 35491, 35492, 35493, 35494, 35495; 37184, 37185, 37186, 37187, 37188, 37195, 37200, 37201, 37202, 37203, 37204, 37205, 37206, 37207, 37208, 37209, 37215	No specific policies for non cardiac; Treatment covered for functional impairment, see L23793 - OR/WA, L24284 - UT
AV Fistula/Shunt for dialysis	36800, 36810, 36815, 36818, 36819, 36820, 36821, 36822	Covered for dialysis
Cardiovascular Therapeutic Services	92973, 92975, 92977, 92978, 92979, 92980, 92981, 92982, 92984, 92995, 92995, 92996	L23793 - OR/WA, L24284 - UT

The following do NOT require preauthorization		
Endovascular Repair Thoracic Aorta; Abdominal Aorta	33860, 33861, 33863, 33864, 33870, 33891, 33875, 33877; 34800, 34802, 34804, 34805, 34808, 34812, 34813, 34820, 34825, 34826, 34830: Prostheses: 34831, 34832, 34833, 34834	NCD 20.23, surgery covered for functional impairment
Ligation - varicose veins	37700, 37718, 37722, 37735, 37760, 37765, 37766, 37780, 37785	L23902 - OR/WA, L24375 - UT, L13199 - ID; covered for treatment of symptomatic varicose veins not responsive to 3 months of conservative treatment
PTA - Percutaneous Trans luminal Angioplasty of Carotid artery and other non cardiac locations only	37215	MLN Matters # MM5667 Effective 3/17/05 Percutaneous Transluminal Angioplasty covered for diagnosis of 433.30, 433.31, 433.10 , 433.11. Medicare Claims Processing Manual - Chapter 1 Section 70.7.1. Other related codes (e.g., 37205) require operative reports, claim review.
Stab phlebectomy alone	37765, 37766	No preauthorization if no other procedure; requires operative report w/ claim