

RIGHTCARE Prior Authorization List Effective January 1, 2021

RightCare in-network providers are encouraged to log in¹ to the Provider Portal to verify member eligibility² status and utilize the [Authorization Code Look-up](#) to submit new authorization requests, view authorization status, and view prior authorization requirements. Alternately, complete the [Essential Information to Initiate an Authorization](#)³ on the [RightCare Authorization Request Form](#) and submit the [Complete Authorization Request](#)⁴ via fax.

PRESS "CTRL" AND "F" KEYS AT THE SAME TIME TO BRING UP THE SEARCH BOX. ENTER A PROCEDURE CODE OR DESCRIPTION OF THE SERVICE.

Prior Authorization	Medical Policy ⁵	Effective Date
Prior Authorization is required for ALL SERVICES provided by NON-CONTRACTED providers except for use of out-of-network benefits in PPO and POS products, unless required per listing below ⁶	MN-065	01/21/13
Notification required for admission to these facilities/services and will be subject to admission review concurrent review: ⁷ <ol style="list-style-type: none"> 1. Contracted hospitals for medical, surgical, and behavioral health services 2. Contracted hospice programs (applies to inpatient and outpatient programs) 	<ol style="list-style-type: none"> 1. MCG⁵, 250 2. MCG⁵ 	1/21/13
Notification required for DISCHARGE from all facilities	n/a	01/21/13
Observation stays exceeding 48 hours require a notification within 24 hours or the next business day after a weekend or holiday.	MCG ⁵	11/01/2019
Prior Authorization required for admission to facilities/programs listed below: <ol style="list-style-type: none"> 1. Long-term Acute Care (LTAC) hospitals, 2. Inpatient Rehabilitation hospitals 3. Behavioral health/substance abuse residential, partial hospitalization, intensive outpatient programs (IOP) 	<ol style="list-style-type: none"> 1. MCG⁵ 2. MN-248 3. TMPPM, InterQual⁵ 	01/21/13

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Anesthesia for Dental Procedures	00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified	267	6/23/2014
Cosmetic, Plastic, and Reconstructive Surgery	11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	MN-043	11/1/2019
Cosmetic, Plastic, and Reconstructive Surgery	11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	MN-043	11/1/2019
Cosmetic, Plastic, and Reconstructive Surgery	11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	MN-043	11/1/2019
Cosmetic, Plastic, and Reconstructive Surgery	11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	MN-043	11/1/2019
Cosmetic, Plastic, and Reconstructive Surgery	15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	263	11/1/2019
Cosmetic, Plastic, and Reconstructive Surgery	15781	Dermabrasion; segmental, face	263	1/21/2013
Cosmetic, Plastic, and Reconstructive Surgery	15782	Dermabrasion; regional, other than face	263	11/1/2019
Cosmetic, Plastic, and Reconstructive Surgery	15783	Dermabrasion; superficial, any site (eg, tattoo removal)	263	11/1/2019

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Cosmetic, Plastic, and Reconstructive Surgery	15786	Abrasion; single lesion (eg, keratosis, scar)	263	11/1/2019
Cosmetic, Plastic, and Reconstructive Surgery	15788	Chemical peel, facial; epidermal	263	1/21/2013
Cosmetic, Plastic, and Reconstructive Surgery	15789	Chemical peel, facial; dermal	263	1/21/2013
Blepharoplasty	15820	Blepharoplasty, lower eyelid;	MCG ⁵	1/21/2013
Blepharoplasty	15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	MCG ⁵	1/21/2013
Blepharoplasty	15822	Blepharoplasty, upper eyelid;	MCG ⁵	1/21/2013
Blepharoplasty	15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	MCG ⁵	1/21/2013
Cosmetic, Plastic, and Reconstructive Surgery	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	TMPPM	1/21/2013
Cosmetic, Plastic, and Reconstructive Surgery	15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	TMPPM	1/21/2013
Cosmetic, Plastic, and Reconstructive Surgery	15876	Suction assisted lipectomy; head and neck	MN-043	11/1/2019
Cosmetic, Plastic, and Reconstructive Surgery	15877	Suction assisted lipectomy; trunk	MN-043	11/1/2019
Cosmetic, Plastic, and Reconstructive Surgery	15878	Suction assisted lipectomy; upper extremity	MN-043	11/1/2019
Cosmetic, Plastic, and Reconstructive Surgery	15879	Suction assisted lipectomy; lower extremity	MN-043	11/1/2019
Cosmetic, Plastic, and Reconstructive Surgery	17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	MN-043	11/1/2019
Cosmetic, Plastic, and Reconstructive Surgery	17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	MN-043	11/1/2019
Cosmetic, Plastic, and Reconstructive Surgery	17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	MN-043	11/1/2019
Cosmetic, Plastic, and Reconstructive Surgery	17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	MN-043	1/21/2013
Cosmetic, Plastic, and Reconstructive Surgery	19300	Mastectomy for gynecomastia	TMPPM	1/21/2013
Breast Reduction/ Reconstruction	19303	Mastectomy, simple, complete	TMPPM	11/1/2017
Cosmetic, Plastic, and Reconstructive Surgery	19316	Mastopexy	140	1/21/2013

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Breast Reduction/ Reconstruction	19318	Reduction mammoplasty	209	1/21/2013
Breast Reduction/ Reconstruction	19324	Mammoplasty, augmentation; without prosthetic implant	140	11/1/2017
Breast Reduction/ Reconstruction	19325	Mammoplasty, augmentation; with prosthetic implant	140	1/21/2013
Breast Reduction/ Reconstruction	19328	Removal of intact mammary implant	MCG ⁵	11/1/2017
Breast Reduction/ Reconstruction	19330	Removal of mammary implant material	MCG ⁵	11/1/2017
Breast Reduction/ Reconstruction	19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	140	1/21/2013
Breast Reduction/ Reconstruction	19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	140	1/21/2013
Breast Reduction/ Reconstruction	19350	Nipple/areola reconstruction	140	1/21/2013
Breast Reduction/ Reconstruction	19355	Correction of inverted nipples	140	1/21/2013
Breast Reduction/ Reconstruction	19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	140	1/21/2013
Breast Reduction/ Reconstruction	19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	140	1/21/2013
Breast Reduction/ Reconstruction	19364	Breast reconstruction with free flap	140	11/1/2017
Breast Reduction/ Reconstruction	19366	Breast reconstruction with other technique	140	1/21/2013
Breast Reduction/ Reconstruction	19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	140	1/21/2013
Breast Reduction/ Reconstruction	19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	140	11/1/2017
Breast Reduction/ Reconstruction	19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	140	11/1/2017
Breast Reduction/ Reconstruction	19370	Open periprosthetic capsulotomy, breast	140	11/1/2017
Breast Reduction/ Reconstruction	19371	Periprosthetic capsulectomy, breast	140	11/1/2017
Breast Reduction/ Reconstruction	19380	Revision of reconstructed breast	140	1/21/2013

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Breast Reduction/ Reconstruction	19396	Preparation of moulage for custom breast implant	140	11/1/2017
Breast Reduction/ Reconstruction	19499	Unlisted procedure, breast	TMPPM	11/1/2017
Bone Growth Stimulators and Implantation	20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	TMPPM	1/21/2013
Bone Growth Stimulators and Implantation	20975	Electrical stimulation to aid bone healing; invasive (operative)	TMPPM	1/21/2013
Miscellaneous Services	20999	Unlisted procedure, musculoskeletal system, general	MCG ⁵	1/21/2013
Cosmetic, Plastic, and Reconstructive Surgery	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	MN-043	11/1/2019
Orthognathic Surgery	21121	Genioplasty; sliding osteotomy, single piece	TMPPM	2/1/2020
Orthognathic Surgery	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	TMPPM	2/1/2020
Orthognathic Surgery	21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	TMPPM	2/1/2020
Orthognathic Surgery	21125	Augmentation, mandibular body or angle; prosthetic material	TMPPM	2/1/2020
Orthognathic Surgery	21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	TMPPM	2/1/2020
Orthognathic Surgery	21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	TMPPM	2/1/2020
Orthognathic Surgery	21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	TMPPM	2/1/2020
Orthognathic Surgery	21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	TMPPM	2/1/2020
Orthognathic Surgery	21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	TMPPM	2/1/2020
Orthognathic Surgery	21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	TMPPM	2/1/2020
Orthognathic Surgery	21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	TMPPM	2/1/2020
Orthognathic Surgery	21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	TMPPM	1/21/2013
Orthognathic Surgery	21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	TMPPM	2/1/2020

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Orthognathic Surgery	21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	TMPPM	2/1/2020
Orthognathic Surgery	21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	TMPPM	2/1/2020
Orthognathic Surgery	21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	TMPPM	2/1/2020
Orthognathic Surgery	21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	TMPPM	1/21/2013
Orthognathic Surgery	21198	Osteotomy, mandible, segmental;	TMPPM	2/1/2020
Orthognathic Surgery	21199	Osteotomy, mandible, segmental; with genioglossus advancement	TMPPM	2/1/2020
Orthognathic Surgery	21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	TMPPM	2/1/2020
Orthognathic Surgery	21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	TMPPM	11/1/2019
Orthognathic Surgery	21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	TMPPM	1/21/2013
Orthognathic Surgery	21215	Graft, bone; mandible (includes obtaining graft)	TMPPM	2/1/2020
Orthognathic Surgery	21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	TMPPM	2/1/2020
Orthognathic Surgery	21242	Arthroplasty, temporomandibular joint, with allograft	TMPPM	2/1/2020
Orthognathic Surgery	21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	TMPPM	1/21/2013
Orthognathic Surgery	21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	TMPPM	2/1/2020
Orthognathic Surgery	21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	TMPPM	2/1/2020
Orthognathic Surgery	21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	TMPPM	2/1/2020
Orthognathic Surgery	21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	TMPPM	2/1/2020
Orthognathic Surgery	21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	MN-232, MN-139	1/21/2013
Orthognathic Surgery	21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	MN-232	2/1/2020
Miscellaneous Services	21299	Unlisted craniofacial and maxillofacial procedure	TMPPM	2/1/2018
Miscellaneous Services	21899	Unlisted procedure, neck or thorax	MN-043	1/21/2013
Spinal Decompression	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	MCG ⁵	10/1/2016
Vertebroplasty	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance, cervicothoracic	MN-311	10/1/2016
Vertebroplasty	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance, lumbosacral	MN-311	10/1/2016

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Vertebroplasty	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance, thoracic	MN-311	10/1/2016
Vertebroplasty	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance, lumbar	MN-311	10/1/2016
Ablation-Mechanical Discectomy	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	MCG ⁵	10/1/2016
Spinal Fusion	22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	MN-266	10/1/2016
Spinal Fusion	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	MCG ⁵	10/1/2016
Spinal Fusion	22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	MCG ⁵	6/27/2016
Spinal Fusion	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	MCG ⁵	6/27/2016
Spinal Fusion	22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	MCG ⁵	6/27/2016
Spinal Fusion	22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	MN-266	10/1/2016
Spinal Fusion	22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	MCG ⁵	6/27/2016
Spinal Fusion	22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	MCG ⁵	6/27/2016
Spinal Fusion	22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	MCG ⁵	6/27/2016
Spinal Fusion	22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	MCG ⁵	6/27/2016
Spinal Fusion	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	MCG ⁵	6/27/2016
Spinal Fusion	22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	MN-266	6/27/2016

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Spinal Fusion	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	MCG ⁵	6/27/2016
Spinal Fusion	22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	MCG ⁵	6/27/2016
Spinal Fusion	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	MCG ⁵	6/27/2016
Spinal Fusion	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)	MCG ⁵	6/27/2016
Spinal Fusion	22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	MCG ⁵	10/1/2016
Spinal Fusion	22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	MCG ⁵	10/1/2016
Spinal Fusion	22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	MCG ⁵	10/1/2016
Spinal Fusion	22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	MCG ⁵	10/1/2016
Spinal Fusion	22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	MCG ⁵	10/1/2016
Spinal Fusion	22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	MCG ⁵	10/1/2016
Cervical/Lumbar Disc Arthroplasty	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	MCG ⁵	6/27/2016
Cervical/Lumbar Disc Arthroplasty	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	MCG ⁵	10/1/2016
Cervical/Lumbar Disc Arthroplasty	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	MCG ⁵	6/27/2016
Cervical/Lumbar Disc Arthroplasty	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	MCG ⁵	10/1/2016

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Miscellaneous Services	22899	Unlisted procedure, spine	MCG ⁵	1/21/2013
Miscellaneous Services	22999	Unlisted procedure, abdomen, musculoskeletal system	MCG ⁵	1/21/2013
SI Injection	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	MN-157	10/1/2016
Miscellaneous Services	27299	Unlisted procedure, pelvis or hip joint	MN-157	1/21/2013
Knee Autologous Chondrocyte Implantation	27412	Autologous chondrocyte implantation, knee	MN-316	1/21/2013
Mosaicplasty	27415	Osteochondral allograft, knee, open	TMPPM	1/21/2013
Miscellaneous Services	28899	Unlisted procedure, foot or toes	MCG ⁵	1/21/2013
Mosaicplasty	29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	MCG ⁵	1/21/2013
Transplants	29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	MCG ⁵	1/21/2013
Transplants	29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	MCG ⁵	1/21/2013
Miscellaneous Services	29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	MCG ⁵	2/1/2018
Cosmetic, Plastic, and Reconstructive Surgery	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	MCG ⁵	1/21/2013
Cosmetic, Plastic, and Reconstructive Surgery	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	MCG ⁵	1/21/2013
Cosmetic, Plastic, and Reconstructive Surgery	30420	Rhinoplasty, primary; including major septal repair	MCG ⁵	1/21/2013
Cosmetic, Plastic, and Reconstructive Surgery	30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	MCG ⁵	1/21/2013
Cosmetic, Plastic, and Reconstructive Surgery	30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	MCG ⁵	1/21/2013
Cosmetic, Plastic, and Reconstructive Surgery	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	MCG ⁵	1/21/2013
Cosmetic, Plastic, and Reconstructive Surgery	30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	MCG ⁵	1/21/2013
Miscellaneous Services	31299	Unlisted procedure, accessory sinuses	MCG ⁵	2/1/2018
Lung Volume Reduction Surgery	32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed	TMPPM	11/1/2019
Lung Volume Reduction Surgery	32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed	TMPPM	11/1/2019

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Transplants	32851	Lung transplant, single; without cardiopulmonary bypass	TMPPM	1/21/2013
Transplants	32852	Lung transplant, single; with cardiopulmonary bypass	TMPPM	1/21/2013
Transplants	32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	TMPPM	1/21/2013
Transplants	32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	TMPPM	1/21/2013
Left Atrial Occlusion Procedure (Watchman)	33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	MCG ⁵	11/1/2019
Transaortic or Transapical Valve Insertion or Replacement (TAVR or TMVR)	33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	MCG ⁵	11/1/2019
Transaortic or Transapical Valve Insertion or Replacement (TAVR or TMVR)	33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	MCG ⁵	11/1/2019
Transaortic or Transapical Valve Insertion or Replacement (TAVR or TMVR)	33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	MCG ⁵	11/1/2019
Transaortic or Transapical Valve Insertion or Replacement (TAVR or TMVR)	33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	MCG ⁵	11/1/2019
Transaortic or Transapical Valve Insertion or Replacement (TAVR or TMVR)	33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	MCG ⁵	11/1/2019
Transaortic or Transapical Valve Insertion or Replacement (TAVR or TMVR)	33366	Transcatheter aortic valve replacement or implantation (TAVR/TAVI) is performed on patients with symptomatic aortic stenosis that are high risk or not eligible for traditional open chest surgery. A small incision is made between ribs (usually the fifth or sixth intercostal space) on the lower left side of the patient's chest to achieve direct access to the heart. The pericardium is incised and opened near the left ventricular apex. A guidewire is advanced through the opening into the left ventricle, through the septum, and into the right ventricle. A catheter is inserted following the guidewire to the aortic valve. A balloon is inflated to compress the native valve. A porcine valve attached to an expandable stent is deployed over	MCG ⁵	11/1/2019

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		the compressed native valve. The catheter and guidewire are removed, and the pericardium is closed using sutures. A chest tube may be placed. The wound is closed in layers		
Transaortic or Transapical Valve Insertion or Replacement (TAVR or TMVR)	33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed, initial prosthesis	MCG ⁵	11/1/2019
Ventricular Assist Devices	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	MCG ⁵	11/1/2019
Transplants	33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	TMPPM	1/21/2013
Transplants	33945	Heart transplant, with or without recipient cardiectomy	TMPPM	1/21/2013
Ventricular Assist Devices	33975	Insertion of ventricular assist device; extracorporeal, single ventricle	MCG ⁵	6/27/2016
Ventricular Assist Devices	33976	Insertion of ventricular assist device; extracorporeal, biventricular	MCG ⁵	6/27/2016
Ventricular Assist Devices	33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	MCG ⁵	6/27/2016
Ventricular Assist Devices	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	MCG ⁵	6/27/2016
Ventricular Assist Devices	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	MCG ⁵	6/27/2016
Ventricular Assist Devices	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	MCG ⁵	6/27/2016
Ventricular Assist Devices	33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	MCG ⁵	6/27/2016
Ventricular Assist Devices	33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture	MCG ⁵	6/27/2016
Varicose Vein Procedures	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	MCG ⁵	12/1/2019
Varicose Vein Procedures	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	MCG ⁵	12/1/2019
Varicose Vein Procedures	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	MCG ⁵	12/1/2018
Varicose Vein Procedures	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	MCG ⁵	12/1/2018

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Varicose Vein Procedures	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	MCG ⁵	1/21/2013
Varicose Vein Procedures	36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	MCG ⁵	1/21/2013
Varicose Vein Procedures	37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	MN-053	1/21/2013
Varicose Vein Procedures	37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	MCG ⁵	1/21/2013
Varicose Vein Procedures	37718	Ligation, division, and stripping, short saphenous vein	MCG ⁵	1/21/2013
Varicose Vein Procedures	37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	MCG ⁵	1/21/2013
Varicose Vein Procedures	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	MCG ⁵	1/21/2013
Varicose Vein Procedures	37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	MCG ⁵	1/21/2013
Varicose Vein Procedures	37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	MCG ⁵	1/21/2013
Varicose Vein Procedures	37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	MCG ⁵	1/21/2013
Varicose Vein Procedures	37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	MCG ⁵	1/21/2013
Varicose Vein Procedures	37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	MCG ⁵	1/21/2013
Varicose Vein Procedures	37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	MCG ⁵	1/21/2013
Varicose Vein Procedures	37799	Unlisted procedure, vascular surgery	MCG ⁵	12/1/2019
Transplants	38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	TMPPM	1/21/2013
Transplants	38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	129	1/21/2013
Transplants	38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	129	1/21/2013
Transplants	38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	129	1/21/2013
Transplants	38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	129	1/21/2013
Transplants	38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	129	1/21/2013

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Transplants	38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	129	1/21/2013
Transplants	38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	129	1/21/2013
Transplants	38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	129	1/21/2013
Transplants	38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	129	1/21/2013
Transplants	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	TMPPM	1/21/2013
Transplants	38241	Hematopoietic progenitor cell (HPC); autologous transplantation	TMPPM	1/21/2013
Miscellaneous Services	42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	MCG ⁵	1/21/2013
Miscellaneous Services	42299	Unlisted procedure, palate, uvula	MCG ⁵	1/21/2013
Procedures Related to Treatment of Morbid Obesity-Including but not limited to Gastric Bypass	43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	265	1/21/2013
Procedures Related to Treatment of Morbid Obesity-Including but not limited to Gastric Bypass	43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	265	1/21/2013
Gastric Pacing/Stimulation	43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	TMPPM	11/1/2019
Procedures Related to Treatment of Morbid Obesity-Including but not limited to Gastric Bypass	43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	265	1/21/2013
Procedures Related to Treatment of Morbid Obesity-Including but not limited to Gastric Bypass	43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	265	1/21/2013
Procedures Related to Treatment of Morbid Obesity-Including but not limited to Gastric Bypass	43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	265	1/21/2013
Procedures Related to Treatment of Morbid Obesity-Including but not limited to Gastric Bypass	43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	265	1/21/2013

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Procedures Related to Treatment of Morbid Obesity-Including but not limited to Gastric Bypass	43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	265	1/21/2013
Procedures Related to Treatment of Morbid Obesity-Including but not limited to Gastric Bypass	43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)	265	1/21/2013
Procedures Related to Treatment of Morbid Obesity-Including but not limited to Gastric Bypass	43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	265	1/21/2013
Procedures Related to Treatment of Morbid Obesity-Including but not limited to Gastric Bypass	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)	265	1/21/2013
Procedures Related to Treatment of Morbid Obesity-Including but not limited to Gastric Bypass	43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	265	1/21/2013
Procedures Related to Treatment of Morbid Obesity-Including but not limited to Gastric Bypass	43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	265	1/21/2013
Cosmetic, Plastic, and Reconstructive Surgery	43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	TMPPM	11/1/2019
Gastric Pacing/Stimulation	43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	TMPPM	11/1/2019
Procedures Related to Treatment of Morbid Obesity-Including but not limited to Gastric Bypass	43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	265	1/21/2013
Procedures Related to Treatment of Morbid Obesity-Including but not limited to Gastric Bypass	43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	265	1/21/2013
Procedures Related to Treatment of Morbid Obesity-Including but not limited to Gastric Bypass	43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	265	1/21/2013

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Procedures Related to Treatment of Morbid Obesity-Including but not limited to Gastric Bypass	43999	Unlisted procedure, stomach	265	1/21/2013
Transplants	44135	Intestinal allotransplantation; from cadaver donor	TMPPM	1/21/2013
Transplants	44136	Intestinal allotransplantation; from living donor	TMPPM	1/21/2013
Miscellaneous Services	45999	Unlisted procedure, rectum	MCG ⁵	1/21/2013
Transplants	47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	TMPPM	1/21/2013
Transplants	47399	Unlisted procedure, liver	MCG ⁵	1/21/2013
Transplants	48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	TMPPM	1/21/2013
Transplants	48554	Transplantation of pancreatic allograft	TMPPM	1/21/2013
Transplants	48999	Unlisted procedure, pancreas	MCG ⁵	1/21/2013
Transplants	50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	MCG ⁵	1/21/2013
Transplants	50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	MCG ⁵	1/21/2013
Transplants	50380	Renal autotransplantation, reimplantation of kidney	MCG ⁵	1/21/2013
Miscellaneous Services	53899	Unlisted procedure, urinary system	MCG ⁵	2/1/2018
Miscellaneous Services	55899	Unlisted procedure, male genital system	MCG ⁵	2/1/2018
Miscellaneous Services	58578	Unlisted laparoscopy procedure, uterus	MCG ⁵	2/1/2018
Fetal Surgery	59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	258	12/1/2019
Neurostimulator-Temporary or Permanent	61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	MCG ⁵	11/1/2019
Neurostimulator-Temporary or Permanent	61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	TMPPM	11/1/2019
Vagal Nerve Stimulators	61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	MCG ⁵	11/1/2019

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Vagal Nerve Stimulators	61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	MCG ⁵	11/1/2019
Ablation-Mechanical Discectomy	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	MCG ⁵	10/1/2016
Epidural/ Diagnostic Nerve Block	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	MCG ⁵	1/27/2017
Epidural/ Diagnostic Nerve Block	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT)	MCG ⁵	1/27/2017
Epidural/ Diagnostic Nerve Block	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	MCG ⁵	1/27/2017
Epidural/ Diagnostic Nerve Block	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT)	MCG ⁵	1/27/2017
Epidural/ Diagnostic Nerve Block	62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	MCG ⁵	1/27/2017
Epidural/ Diagnostic Nerve Block	62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT)	MCG ⁵	1/27/2017
Epidural/ Diagnostic Nerve Block	62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including	MCG ⁵	1/27/2017

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		neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance		
Epidural/ Diagnostic Nerve Block	62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT)	MCG ⁵	1/27/2017
Implantation of Pumps for Pain Control	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	MCG ⁵	1/21/2013
Implantation of Pumps for Pain Control	62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	MCG ⁵	1/21/2013
Implantation of Pumps for Pain Control	62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	MCG ⁵	1/21/2013
Implantation of Pumps for Pain Control	62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	MCG ⁵	1/21/2013
Implantation of Pumps for Pain Control	62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	MCG ⁵	1/21/2013
Spinal Decompression	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	MCG ⁵	3/1/2017
Spinal Decompression	63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	MCG ⁵	6/27/2016
Spinal Decompression	63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	MCG ⁵	10/1/2016
Spinal Decompression	63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	MCG ⁵	6/27/2016
Spinal Decompression	63012	Laminectomy with removal of abnormal facets and/or pars inter-articular is with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	MCG ⁵	6/27/2016
Spinal Decompression	63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	MCG ⁵	6/27/2016

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Spinal Decompression	63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	MCG ⁵	6/27/2016
Spinal Decompression	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	MCG ⁵	6/27/2016
Spinal Decompression	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	MCG ⁵	6/27/2016
Spinal Decompression	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	MCG ⁵	6/27/2016
Spinal Decompression	63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	MCG ⁵	6/27/2016
Spinal Decompression	63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	MCG ⁵	6/27/2016
Spinal Decompression	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	MCG ⁵	6/27/2016
Spinal Decompression	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	MCG ⁵	6/27/2016
Spinal Decompression	63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	MCG ⁵	6/27/2016
Spinal Decompression	63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	MCG ⁵	10/1/2016
Spinal Decompression	63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	MCG ⁵	6/27/2016
Spinal Decompression	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each	MCG ⁵	6/27/2016

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		additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)		
Spinal Decompression	63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	MCG ⁵	6/27/2016
Spinal Decompression	63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed)	MCG ⁵	6/27/2016
Spinal Decompression	63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	MCG ⁵	10/1/2016
Spinal Decompression	63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	MCG ⁵	6/27/2016
Spinal Decompression	63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	MCG ⁵	6/27/2016
Spinal Decompression	63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace	MCG ⁵	6/27/2016
Spinal Decompression	63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	MCG ⁵	10/1/2016
Neurostimulator-Temporary or Permanent	63650	Percutaneous implantation of neurostimulator electrode array, epidural	TMPPM	6/27/2016
Neurostimulator-Temporary or Permanent	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	TMPPM	6/27/2016
Neurostimulator-Temporary or Permanent	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	TMPPM	6/27/2016
Epidural/ Diagnostic Nerve Block	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	MCG ⁵	10/1/2016
Epidural/ Diagnostic Nerve Block	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	MCG ⁵	10/1/2016
Facet Injections	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	MCG ⁵	10/1/2016
Facet Injections	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	MCG ⁵	10/1/2016

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Diagnostic Nerve Block	64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	MCG ⁵	10/1/2016
Vagal Nerve Stimulators	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	TMPPM	6/27/2016
Neurostimulator-Temporary or Permanent	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	TMPPM	6/27/2016
Vagal Nerve Stimulators	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	TMPPM	6/27/2016
Neurostimulator-Temporary or Permanent	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	TMPPM	6/27/2016
Facet Neurolysis	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	MCG ⁵	6/27/2016
Facet Neurolysis	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	MCG ⁵	6/27/2016
Facet Neurolysis/ Sacroiliac Joint Rhizotomy	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	MCG ⁵	1/21/2013
Facet Neurolysis/ Sacroiliac Joint Rhizotomy	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	MCG ⁵	1/21/2013
Miscellaneous Services	64999	Unlisted procedure, nervous system	MN-068, MN-157, MN-317, MCG ⁵	10/1/2016
Miscellaneous Services	66999	Unlisted procedure, anterior segment of eye	MCG ⁵	9/1/2017
Blepharoplasty	67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	MN-060	1/21/2013
Blepharoplasty	67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	MN-060	1/21/2013
Blepharoplasty	67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	MN-060	1/21/2013
Blepharoplasty	67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	MN-060	1/21/2013
Blepharoplasty	67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	MN-060	1/21/2013
Cosmetic, Plastic, and Reconstructive Surgery	67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	TMPPM	11/1/2019
Cosmetic, Plastic, and Reconstructive Surgery	67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	TMPPM	11/1/2019
Cosmetic, Plastic, and Reconstructive Surgery	67909	Reduction of overcorrection of ptosis	TMPPM	11/1/2019

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Cosmetic, Plastic, and Reconstructive Surgery	69300	Otoplasty, protruding ear, with or without size reduction	MN-043	12/1/2018
Cochlear Device	69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	TMPPM	1/21/2013
Cochlear Device	69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	TMPPM	1/21/2013
Cochlear Device	69930	Cochlear device implantation, with or without mastoidectomy	TMPPM	1/21/2013
Magnetic Resonance Imaging (MRI)- Breast and Cardiac Only	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	MCG ⁵	1/21/2013
Magnetic Resonance Imaging (MRI)- Breast and Cardiac Only	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	MCG ⁵	1/21/2013
Cardiac Spiral CT	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	MCG ⁵	1/21/2013
Cardiac Spiral CT	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	MCG ⁵	1/21/2013
Cardiac Spiral CT	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	MCG ⁵	1/21/2013
Magnetic Resonance Imaging (MRI)- Breast and Cardiac Only	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	MCG ⁵	1/1/2019
Magnetic Resonance Imaging (MRI)- Breast and Cardiac Only	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MCG ⁵	1/1/2019
Intensity Modulated Radiation Therapy (IMRT)	77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	MCG ⁵	1/21/2013
Intensity Modulated Radiation Therapy (IMRT)	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	MCG ⁵	1/21/2013
PET scans	78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	MCG ⁵	1/21/2013
PET scans	78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	MCG ⁵	1/21/2013

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PET scans	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	MN-205	1/21/2013
PET scans	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	MN-205	1/21/2013
PET scans	78813	Positron emission tomography (PET) imaging; whole body	MN-205	1/21/2013
PET scans	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	MN-205	1/21/2013
PET scans	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	MN-205	1/21/2013
PET scans	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	MN-205	1/21/2013
Genetic Testing	81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	MCG ⁵	11/1/2019
Genetic Testing	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (i.e., detection of large gene rearrangements)	MCG ⁵	11/1/2017
Genetic Testing	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	MCG ⁵	1/1/2019
Genetic Testing	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)	MCG ⁵	1/1/2019
Genetic Testing	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	MCG ⁵	1/1/2019
Genetic Testing	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)	MCG ⁵	1/1/2019
Genetic Testing	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	MCG ⁵	11/1/2017
Genetic Testing	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	TMPPM	11/1/2017
Genetic Testing	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	TMPPM	11/1/2019
Genetic Testing	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	TMPPM	11/1/2019

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Genetic Testing	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	TMPPM	1/21/2013
Genetic Testing	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	TMPPM	1/21/2013
Genetic Testing	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	TMPPM	1/21/2013
Genetic Testing	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	TMPPM	1/21/2013
Genetic Testing	81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	037	11/1/2017
Genetic Testing	81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	MCG ⁵	11/1/2017
Genetic Testing	81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	MCG ⁵	1/21/2013
Genetic Testing	81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	MCG ⁵	1/21/2013
Genetic Testing	81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	MCG ⁵	1/21/2013
Genetic Testing	81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	MCG ⁵	1/21/2013
Genetic Testing	81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	MCG ⁵	1/21/2013
Genetic Testing	81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	TMPPM	1/21/2013
Genetic Testing	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	TMPPM	1/21/2013
Genetic Testing	81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, Bacterial Artificial Chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	MCG ⁵	1/21/2013
Genetic Testing	81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	MCG ⁵	1/21/2013
Genetic Testing	81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	MCG ⁵	11/1/2019

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Genetic Testing	81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	MCG ⁵	1/21/2013
Genetic Testing	81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	037	11/1/2019
Genetic Testing	81243	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	MCG ⁵	1/21/2013
Genetic Testing	81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	MCG ⁵	1/21/2013
Genetic Testing	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	MCG ⁵	11/1/2019
Genetic Testing	81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	MCG ⁵	11/1/2019
Genetic Testing	81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	037	11/1/2017
Genetic Testing	81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	037	11/1/2017
Genetic Testing	81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	MCG ⁵	11/1/2017
Genetic Testing	81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	MCG ⁵	11/1/2017
Genetic Testing	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	037	11/1/2017
Genetic Testing	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis, promoter methylation analysis	TMPPM	11/1/2019
Genetic Testing	81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	TMPPM	1/21/2013
Genetic Testing	81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	TMPPM	1/21/2013

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Genetic Testing	81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	TMPPM	1/21/2013
Genetic Testing	81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	TMPPM	1/21/2013
Genetic Testing	81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	TMPPM	1/21/2013
Genetic Testing	81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	TMPPM	1/21/2013
Genetic Testing	81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	TMPPM	1/21/2013
Genetic Testing	81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	TMPPM	1/21/2013
Genetic Testing	81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	TMPPM	1/21/2013
Genetic Testing	81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	TMPPM	1/21/2013
Genetic Testing	81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	MCG ⁵	1/21/2013
Genetic Testing	81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	MCG ⁵	1/21/2013
Genetic Testing	81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	MCG ⁵	1/21/2013
Genetic Testing	81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	MCG ⁵	11/1/2017
Genetic Testing	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	MCG ⁵	11/1/2017
Genetic Testing	81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	TMPPM	1/21/2013
Genetic Testing	81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	TMPPM	1/21/2013

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Genetic Testing	81319	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	TMPPM	1/21/2013
Genetic Testing	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	MCG ⁵	1/21/2013
Genetic Testing	81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	MCG ⁵	1/21/2013
Genetic Testing	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	MCG ⁵	1/21/2013
Genetic Testing	81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	MCG ⁵	11/1/2019
Genetic Testing	81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	MCG ⁵	11/1/2019
Genetic Testing	81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	MCG ⁵	11/1/2019
Genetic Testing	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	MCG ⁵	11/1/2019
Genetic Testing	81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	MCG ⁵	11/1/2019
Genetic Testing	81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	MCG ⁵	1/21/2013
Genetic Testing	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	MCG ⁵	11/1/2017
Genetic Testing	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	MCG ⁵	11/1/2017
Genetic Testing	81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	MCG ⁵	11/1/2017
Genetic Testing	81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome), genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	MCG ⁵	11/1/2017
Genetic Testing	81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome), duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	MCG ⁵	11/1/2017
Genetic Testing	81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel,	MCG ⁵	11/1/2017

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		must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GA, HEXA,		
Genetic Testing	81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	MCG ⁵	11/1/2017
Genetic Testing	81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	MCG ⁵	11/1/2017
Genetic Testing	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome), sequence analysis	MCG ⁵	11/1/2017
Genetic Testing	81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome), re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	MCG ⁵	11/1/2017
Genetic Testing	81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	264	2/1/2017
Genetic Testing	81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome), sequence analysis	MCG ⁵	11/1/2017
Genetic Testing	81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome), re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	MCG ⁵	11/1/2017
Genetic Testing	81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome), genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	MCG ⁵	11/1/2017
Genetic Testing	81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome), duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	MCG ⁵	11/1/2017
Genetic Testing	81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 1410 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53	MCG ⁵	11/1/2019
Genetic Testing	81435	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatous polyposis), genomic sequence analysis panel, must include	MCG ⁵	11/1/2017

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		analysis of at least 7 genes, including APC, CHEK2, MLH1, MSH2, MSH6, MUTYH, and PMS2		
Genetic Testing	81436	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatous polyposis), duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, and MUTYH	MCG ⁵	11/1/2017
Genetic Testing	81437	7 Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma; genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	MCG ⁵	11/1/2019
Genetic Testing	81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma; duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	MCG ⁵	11/1/2019
Genetic Testing	81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)	MCG ⁵	11/1/2017
Genetic Testing	81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	MCG ⁵	11/1/2017
Genetic Testing	81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	MCG ⁵	11/1/2019
Genetic Testing	81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	MCG ⁵	11/1/2019
Genetic Testing	81479	Unlisted molecular pathology procedure	MCG ⁵	11/1/2017
Genetic Testing	81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	264	2/1/2017

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Genetic Testing	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	TMPPM	1/21/2013
Genetic Testing	81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	MCG ⁵	11/1/2019
Genetic Testing	81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	MCG ⁵	7/1/2020
Genetic Testing	81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	MCG ⁵	7/1/2020
Genetic Testing	81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	MCG ⁵	7/1/2020
Genetic Testing	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	MCG ⁵	11/1/2019
Genetic Testing	81599	Unlisted multianalyte assay with algorithmic analysis	MCG ⁵	11/1/2017
Genetic Testing	88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	037	11/1/2019
Genetic Testing	88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	TMPPM	11/1/2019
Genetic Testing	88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	MCG ⁵	11/1/2017
Miscellaneous Services	88299	Unlisted cytogenetic study	MCG ⁵	2/1/2018
Genetic Testing	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	MCG ⁵	11/1/2017
Miscellaneous Services	89240	Unlisted miscellaneous pathology test	MCG ⁵	2/1/2018
Miscellaneous Services	89398	Unlisted reproductive medicine laboratory procedure	MCG ⁵	2/1/2018
Capsule Endoscopy	91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	MCG ⁵	1/21/2013
Capsule Endoscopy	91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	MCG ⁵	1/21/2013

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Speech Therapy	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	272	1/21/2013
Speech Therapy	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	273	1/21/2013
Speech Therapy	92526	Treatment of swallowing dysfunction and/or oral function for feeding	272	1/21/2013
Speech Therapy	92630	Auditory rehabilitation; prelingual hearing loss	272	1/21/2013
Speech Therapy	92633	Auditory rehabilitation; postlingual hearing loss	272	1/21/2013
Ventricular Assist Devices	92970	Cardioassist-method of circulatory assist; internal	201	6/27/2016
Transaortic or Transapical Valve Insertion or Replacement (TAVR or TMVR)	93799	Unlisted cardiovascular service or procedure	204	11/1/2019
Intraoperative Neuromonitoring IONM	95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	234	11/1/2017
Intraoperative Neuromonitoring IONM	95999	Unlisted neurological or neuromuscular diagnostic procedure	234	11/1/2017
Psychological testing after the 8 hour per calendar year limitations have been met.	96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	InterQual ⁵	1/1/2019
Psychological testing after the 8 hour per calendar year limitations have been met.	96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	InterQual ⁵	1/1/2019
Psychological/ neuropsychological testing after the 8 hour per calendar year limitations have been met.	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	InterQual ⁵	1/1/2019
Psychological/ neuropsychological testing after the 8 hour per calendar year limitations have been met.	96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	InterQual ⁵	1/1/2019
Physical Therapy and/or Occupational Therapy	97012	Application of a modality to 1 or more areas; traction, mechanical	272	1/21/2013

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Physical Therapy and/or Occupational Therapy	97016	Application of a modality to 1 or more areas; vasopneumatic devices	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97018	Application of a modality to 1 or more areas; paraffin bath	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97022	Application of a modality to 1 or more areas; whirlpool	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97026	Application of a modality to 1 or more areas; infrared	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97028	Application of a modality to 1 or more areas; ultraviolet	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	272	1/1/2020
Physical Therapy and/or Occupational Therapy	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97150	Therapeutic procedure(s), group (2 or more individuals)	273	1/21/2013
Physical Therapy and/or Occupational Therapy	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	272	1/21/2013

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Physical Therapy and/or Occupational Therapy	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97545	Work hardening/conditioning; initial 2 hours	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	272	1/21/2013
Physical Therapy	97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s)(ies) , lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	272	1/21/2013
Physical Therapy and/or Occupational Therapy	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	272	1/21/2013
Physical Therapy	97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	272	1/1/2018
Ambulance Transfer (Non-Emergent)	A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	MN-006	1/21/2013
Ambulance Transfer (Non-Emergent)	A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	MN-006	1/21/2013
Physical Therapy	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	272	1/21/2013
Home Health ⁹	G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	MN-083	1/1/2013
Physical Therapy	G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	272	1/21/2013
Physical Therapy	G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	272	1/21/2013

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Speech Therapy	G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	272	1/21/2013
Home Health ⁹	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	MN-131	1/1/2013
Home Health ⁹	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes	MN-131	12/31/2012
Cosmetic, Plastic, and Reconstructive Surgery	G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)	263	7/1/2020
Intraoperative Neuromonitoring IONM	G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	234	11/1/2017
Residential Withdrawal Management Services	H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	TMPPM	7/15/2020
Residential Withdrawal Management Services	H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	TMPPM	6/27/2016
Intensive Outpatient Program	H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	MCG ⁵	08/01/2020
Outpatient Withdrawal Management	H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	TMPPM	6/27/2016
Residential Withdrawal Management Services	H0031	Mental health assessment, by nonphysician	TMPPM	6/27/2016
Partial Hospitalization	H0035	Mental health partial hospitalization, treatment, less than 24 hours	MCG ⁵	07/15/2020
Residential Withdrawal Management Services	H0047	Alcohol and/or other drug abuse services, not otherwise specified	TMPPM	6/27/2016
Outpatient Withdrawal Management	H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	TMPPM	6/27/2016
Residential Treatment	H2035	Alcohol and/or other drug treatment program, per hour	TMPPM	6/27/2016
Transplants	S2053	Transplantation of small intestine and liver allografts	TMPPM	11/1/2019
Transplants	S2054	Transplantation of multivisceral organs	TMPPM	11/1/2019
Transplants	S2060	Lobar lung transplantation	TMPPM	11/1/2019
Breast Reduction/ Reconstruction	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	TMPPM	11/1/2017

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Breast Reduction/ Reconstruction	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 the flap into a breast, unilateral	TMPPM	11/1/2017
Breast Reduction/ Reconstruction	S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	TMPPM	11/1/2017
Fetal Surgery	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	258	12/1/2019
Genetic Testing	S3854	Gene expression profiling panel for use in the management of breast cancer treatment	MCG ⁵	11/1/2017
Genetic Testing	S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome	MCG ⁵	11/1/2017
Genetic Testing	S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	MCG ⁵	11/1/2017
BH-OP-Intensive Outpatient	S9480	Intensive outpatient psychiatric services, per diem	InterQual ⁵	8/1/2020
Residential Withdrawal Management Services	S9445	Patient education, not otherwise classified, nonphysician provider, individual, per session	MCG ⁵	6/27/2016
Private Duty Nursing	T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	MN-064	2/1/2015
Residential Withdrawal Management Services	T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	TMPPM	6/27/2016
Prescribed Pediatric Extended Care Centers (PPECC)	T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem	268	11/1/2016
Prescribed Pediatric Extended Care Centers (PPECC)	T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour	268	11/1/2016

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Category	Code	Code Description	Medical Policy	Effective Date
Durable Medical Equipment	69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	MN-066	11/1/2019
Durable Medical Equipment	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	TMPPM	4/1/2013
Durable Medical Equipment	B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	TMPPM	4/1/2013
Durable Medical Equipment	E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	MN-181	4/1/2013
Durable Medical Equipment	E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	MN-181	4/1/2013
Durable Medical Equipment	E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	MN-181	2/1/2020
Durable Medical Equipment	E0445	Oximeter device for measuring blood oxygen levels noninvasively	TMPPM	10/23/2017
Durable Medical Equipment	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	TMPPM	4/1/2013
Durable Medical Equipment	E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	TMPPM	4/1/2013
Durable Medical Equipment	E0617	External defibrillator with integrated electrocardiogram analysis	MN-183	4/1/2013
Durable Medical Equipment	E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	MCG ⁵	4/1/2013
Durable Medical Equipment	E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	MCG ⁵	8/1/2020
Durable Medical Equipment	E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	270	4/1/2013
Durable Medical Equipment	E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	TMPPM	4/1/2013
Durable Medical Equipment	E0749	Osteogenesis stimulator, electrical, surgically implanted	TMPPM	11/1/2019
Durable Medical Equipment	E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	270	4/1/2013
Durable Medical Equipment	E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	TMPPM	4/1/2013
Durable Medical Equipment	E1399	Durable medical equipment, miscellaneous	TMPPM	2/1/2020
Durable Medical Equipment	K0013	Motorized (powered) wheelchairs are those not included in the manual wheelchair categories. They can be standard, lightweight, and customized, and can be fitted with a variety of accessories.	271	2/1/2020

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Category	Code	Code Description	Medical Policy	Effective Date
Durable Medical Equipment	K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	TMPPM	4/1/2013
Durable Medical Equipment	K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	266	4/1/2013
Durable Medical Equipment	K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	266	4/1/2013
Durable Medical Equipment	K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	266	4/1/2013
Durable Medical Equipment	K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	266	4/1/2013
Durable Medical Equipment	K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	266	4/1/2013
Durable Medical Equipment	K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	266	4/1/2013
Durable Medical Equipment	K0812	Power operated vehicle, not otherwise classified	266	4/1/2013
Durable Medical Equipment	K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	271	2/1/2020
Durable Medical Equipment	K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	271	2/1/2020
Durable Medical Equipment	K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	271	2/1/2020
Durable Medical Equipment	K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	271	2/1/2020
Durable Medical Equipment	K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	271	2/1/2020
Durable Medical Equipment	K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	271	2/1/2020
Durable Medical Equipment	K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	271	2/1/2020
Durable Medical Equipment	K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	271	2/1/2020
Durable Medical Equipment	K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	271	2/1/2020
Durable Medical Equipment	K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	271	4/1/2013
Durable Medical Equipment	K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	271	4/1/2013
Durable Medical Equipment	K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	271	4/1/2013

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Category	Code	Code Description	Medical Policy	Effective Date
Durable Medical Equipment	K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	271	2/1/2020
Durable Medical Equipment	K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	271	2/1/2020
Durable Medical Equipment	K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	271	2/1/2020
Durable Medical Equipment	K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	271	2/1/2020
Durable Medical Equipment	K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	271	2/1/2020
Durable Medical Equipment	K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	271	2/1/2020
Durable Medical Equipment	K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	271	2/1/2020
Durable Medical Equipment	K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	271	2/1/2020
Durable Medical Equipment	K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	271	2/1/2020
Durable Medical Equipment	K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	271	2/1/2020
Durable Medical Equipment	K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	271	2/1/2020
Durable Medical Equipment	K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	271	2/1/2020
Durable Medical Equipment	K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	271	2/1/2020
Durable Medical Equipment	K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	271	2/1/2020
Durable Medical Equipment	K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	271	2/1/2020
Durable Medical Equipment	K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	271	2/1/2020
Durable Medical Equipment	K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	271	2/1/2020
Durable Medical Equipment	K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	271	2/1/2020
Durable Medical Equipment	K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	271	2/1/2020

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Category	Code	Code Description	Medical Policy	Effective Date
Durable Medical Equipment	K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	271	2/1/2020
Durable Medical Equipment	K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	271	2/1/2020
Durable Medical Equipment	K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	271	2/1/2020
Durable Medical Equipment	K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	271	2/1/2020
Durable Medical Equipment	K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	271	2/1/2020
Durable Medical Equipment	K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	271	2/1/2020
Durable Medical Equipment	K0898	Power wheelchair, not otherwise classified	271	2/1/2020
Durable Medical Equipment	S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	TMPPM	6/27/2016

Medical Drug Benefit Category	Code	Code Description ¹⁰	Medical Policy	Effective Date
Medical Pharmacy-Disease-Modifying Antirheumatic Agents	J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	TMPPM	6/27/2016
Adalimumab	J0135	Injection, adalimumab, 20 mg	MCG ⁵	6/27/2016
Medical Pharmacy-ENT Drugs, Miscellaneous	J0178	Injection, aflibercept, 1 mg	MCG ⁵	2/1/2015
Medical Pharmacy-ENT Drugs, Miscellaneous	J0179	Injection, brolocizumab-dbl, 1 mg	MN-323	7/1/2020
Medical Pharmacy-Enzymes	J0180	Injection, agalsidase beta, 1 mg	MCG ⁵	2/1/2015
Immunosuppressive Drugs	J0202	Injection, alemtuzumab, 1 mg	MCG ⁵	6/3/2016
Medical Pharmacy-Enzymes	J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	TMPPM	2/1/2015
Medical Pharmacy-Enzymes	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	TMPPM	2/1/2015
Medical Pharmacy	J0223	Injection, givosiran, 0.5 mg	MN-320	8/1/2020
Medical Pharmacy-Respiratory Tract Agents, Miscellaneous	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	MCG ⁵	6/27/2016
Immunosuppressive Drugs	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	MCG ⁵	6/27/2016

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Medical Drug Benefit Category	Code	Code Description ¹⁰	Medical Policy	Effective Date
Immunosuppressive Drugs	J0485	Injection, belatacept, 1 mg	MCG ⁵	2/1/2015
Immunosuppressive Drugs	J0490	Injection, belimumab, 10 mg	MCG ⁵	5/1/2020
Medical Pharmacy-Interleukin Antagonists	J0517	Injection, benralizumab, 1 mg	MN-246	1/1/2019
Medical Pharmacy-Antitoxins and Immune Globulins	J0565	Injection, bezlotoxumab, 10 mg	MN-216	5/1/2018
Medical Pharmacy-Enzymes	J0567	Injection, cerliponase alfa, 1 mg	238	1/1/2019
Medical Pharmacy-Electrolytic, Caloric, Water Balance Misc, (Crysvita)	J0584	Injection, burosumab-twza, 1 mg	276	1/1/2020
Medical Pharmacy-Complement Inhibitors	J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	215	1/1/2020
Medical Pharmacy-Complement Inhibitors	J0598	Injection, C-1 esterase inhibitor (human), Cinryze, 10 units	MCG ⁵	6/27/2016
Edetate Calcium Disodium	J0600	Injection, edetate calcium disodium, up to 1,000 mg	MCG ⁵	2/1/2015
Medical Pharmacy-Other Miscellaneous Therapeutic Agents	J0638	Injection, canakinumab, 1 mg	MN-029	6/27/2016
Immunosuppressive Drugs	J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	MCG ⁵	5/1/2020
Crizanlizumab-Tmca (Adakveo)	J0791	Injection, crizanlizumab-tmca, 5 mg	TMPPM	8/1/2020
Medical Pharmacy-Pituitary	J0800	Injection, corticotropin, up to 40 units	215	2/1/2015
Hematopoietic Injections	J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	TMPPM	6/27/2016
Hematopoietic Injections	J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	TMPPM	6/27/2016
Medical Pharmacy	J0896	Injection, luspatercept-aamt, 0.25 mg	TMPPM	8/1/2020
Eculizumab	J1300	Injection, eculizumab, 10 mg	MN-056	2/1/2015
Edaravone (Radicava)	J1301	Injection, edaravone, 1 mg	MN-319	1/1/2020
Medical Pharmacy-Enzymes	J1322	Injection, elosulfase alfa, 1 mg	215	1/1/2020
Medical Pharmacy-Antisense Oligonucleotides	J1428	Injection, eteplirsen, 10 mg	MN-202	1/1/2018
Medical Pharmacy	J1429	Injection, golodirsen, 10 mg	MN-330	8/1/2020

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Medical Drug Benefit Category	Code	Code Description ¹⁰	Medical Policy	Effective Date
Medical Pharmacy-Disease-Modifying Antirheumatic Agents	J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	MCG ⁵	2/1/2015
Medical Pharmacy-Hematopoietic Agents	J1442	Injection, filgrastim (G-CSF), 1 microgram	MN-332	6/27/2016
Medical Pharmacy-Neurokinin-1 Receptor Antagonists	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	MN-021	3/1/2019
Galsulfase	J1458	Injection, galsulfase, 1 mg	215	2/1/2015
Immune Globulin	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	MCG ⁵	6/27/2016
Immune Globulin	J1555	Injection, immune globulin (Cuvitru), 100 mg	MCG ⁵	1/1/2020
Immune Globulin	J1556	Injection, immune globulin (bivigam), 500 mg	MCG ⁵	2/1/2015
Immune Globulin	J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	MCG ⁵	6/27/2016
Immune Globulin	J1559	Injection, immune globulin (Hizentra), 100 mg	MCG ⁵	6/27/2016
Immune Globulin	J1560	Injection, gamma globulin, intramuscular, over 10 cc	215	2/1/2015
Immune Globulin	J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	MCG ⁵	6/27/2016
Immune Globulin	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	MCG ⁵	6/27/2016
Immune Globulin	J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	MCG ⁵	6/27/2016
Immune Globulin	J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	MCG ⁵	6/27/2016
Immune Globulin	J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	MCG ⁵	6/27/2016
Immune Globulin	J1575	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin	MCG ⁵	1/1/2020
Immune Globulin	J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	MCG ⁵	6/27/2016
Immunosuppressive Drugs	J1602	Injection, golimumab, 1 mg, for intravenous use	MCG ⁵	5/1/2020
Medical Pharmacy-Skin and Mucous Membrane Agents, Misc.	J1628	Injection, guselkumab, 1 mg	MCG ⁵	1/1/2020
Idursulfase (Elaprase)	J1743	Injection, idursulfase, 1 mg	MCG ⁵	2/1/2015
Medical Pharmacy-Disease-Modifying Antirheumatic Agents	J1745	Injection infliximab, 10 mg	MN-015	6/27/2016

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Ibalizumab-Uiyk (Trogarzo)	J1746	Injection, ibalizumab-uiyk, 10 mg	TMPPM	1/1/2020
Medical Pharmacy-Enzymes	J1786	Injection, imiglucerase, 10 units	MN-331	2/1/2015
Medical Pharmacy-Enzymes	J1931	Injection, laronidase, 0.1 mg	MCG ⁵	2/1/2015
Medical Pharmacy-Interleukin Antagonists	J2182	Injection, mepolizumab, 1 mg	MN-073	11/1/2016
Medical Pharmacy-Immunomodulatory Agents	J2323	Injection, natalizumab, 1 mg	MN-058	5/1/2020
Medical Pharmacy-Antisense Oligonucleotides	J2326	Injection, nusinersen, 0.1 mg	230	1/1/2018
Medical Pharmacy-Immunomodulatory Agents	J2350	Injection, ocrelizumab, 1 mg	MN-203	5/1/2018
Medical Pharmacy-Somatostatin Agonists	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	MCG ⁵	5/1/2020
Medical Pharmacy-Respiratory Tract Agents, Miscellaneous	J2357	Injection, omalizumab, 5 mg	MN-082	6/27/2016
Medical Pharmacy-Somatostatin Agonists	J2502	Injection, pasireotide long acting, 1 mg	MCG ⁵	1/1/2020
Medical Pharmacy-ENT Drugs, Miscellaneous	J2503	Injection, pegaptanib sodium, 0.3 mg	MN-323	2/1/2015
Medical Pharmacy-Enzymes	J2504	Injection, pegademase bovine, 25 IU	MCG ⁵	2/1/2015
Medical Pharmacy-Hematopoietic Agents	J2505	Injection, pegfilgrastim, 6 mg	MN-332	6/27/2016
Medical Pharmacy-Antigout Agents	J2507	Injection, pegloticase, 1 mg	MCG ⁵	2/1/2015
Medical Pharmacy-Hematopoietic Agents	J2562	Injection, plerixafor, 1 mg	MN-031	2/1/2015
Medical Pharmacy-ENT Drugs, Miscellaneous	J2778	Injection, ranibizumab, 0.1 mg	MCG ⁵	6/27/2016
Medical Pharmacy-Interleukin Antagonists	J2786	Injection, reslizumab, 1 mg	MCG ⁵	1/1/2020
Medical Pharmacy-Other Miscellaneous Therapeutic Agents	J2793	Injection, riloncept, 1 mg	215	6/27/2016
Medical Pharmacy-Hematopoietic Agents	J2796	Injection, romiplostim, 10 mcg	MN-286	6/27/2016

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Medical Pharmacy-Hematopoietic Agents	J2820	Injection, sargramostim (GM-CSF), 50 mcg	MN-332	2/1/2015
Medical Pharmacy-Enzymes	J2840	Injection, sebelipase alfa, 1 mg	215	1/1/2020
Medical Pharmacy-Enzymes	J3060	Injection, taliglucerase alfa, 10 units	MCG⁵	2/1/2015
Medical Pharmacy-Skin and Mucous Membrane Agents, Misc.	J3245	Injection, tildrakizumab, 1 mg	MCG⁵	1/1/2020
Medical Pharmacy-Disease-Modifying Antirheumatic Agents	J3262	Injection, tocilizumab, 1 mg	MCG⁵	5/1/2020
Medical Pharmacy-Gonadotropins	J3316	Injection, triptorelin, extended release, 3.75 mg	MN-333	1/1/2020
Medical Pharmacy-Skin and Mucous Membrane Agents, Misc.	J3357	Injection, ustekinumab, 1 mg	MCG⁵	2/1/2015
Medical Pharmacy-Skin and Mucous Membrane Agents, Misc.	J3358	Ustekinumab, for intravenous injection, 1 mg	MCG⁵	8/1/2018
Medical Pharmacy-Gi Drugs, Miscellaneous	J3380	Injection, vedolizumab, 1 mg	MCG⁵	5/1/2020
Medical Pharmacy-Enzymes	J3385	Injection, velaglucerase alfa, 100 units	MCG⁵	2/1/2015
Medical Pharmacy-Enzymes	J3397	Injection, vestronidase alfa-vjvk, 1 mg	TMPPM	1/1/2020
Medical Pharmacy-Retinal Gene Therapies	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	249	7/1/2020
Medical Pharmacy	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	253	8/1/2020
Medical Pharmacy-Other Miscellaneous Therapeutic Agents	J3490	UNDESIGNATED CODE	257, MN-021, MN-054, MN-093, MN-202, MN-216, MN-290, MN-302, MN-304, MN-333, MCG⁵	2/1/2015
Medical Pharmacy-Other Miscellaneous Therapeutic Agents	J3590	UNLISTED CODE	MN-203, MN-302, MN-301, MN-326, MCG⁵	2/1/2015
Medical Pharmacy-Hemostatics	J7170	Injection, emicizumab-kxwh, 0.5 mg	MCG⁵	1/1/2020

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Medical Pharmacy-Hemostatics	J7178	Injection, human fibrinogen concentrate, 1 mg	215	2/1/2015
Medical Pharmacy-Hemostatics	J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU	MN-331	2/1/2015
Medical Pharmacy-Hemostatics	J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo	215	6/27/2016
Medical Pharmacy-Hemostatics	J7185	Injection, factor VIII (antihemophilic factor, recombinant) (XYNTHA), per IU	MN-331	6/27/2016
Medical Pharmacy-Hemostatics	J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.	MN-331	6/27/2016
Medical Pharmacy-Hemostatics	J7187	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO	MN-322	6/27/2016
Medical Pharmacy-Hemostatics	J7188	Injection, factor VIII (antihemophilic factor, recombinant), per IU	MN-331	12/1/2016
Medical Pharmacy-Hemostatics	J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	MCG ⁵	6/27/2016
Medical Pharmacy-Hemostatics	J7190	Factor VIII (antihemophilic factor, human) per IU	MN-331	6/27/2016
Medical Pharmacy-Hemostatics	J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	MN-331	6/27/2016
Medical Pharmacy-Hemostatics	J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	215	6/27/2016
Medical Pharmacy-Hemostatics	J7194	Factor IX complex, per IU	215	6/27/2016
Medical Pharmacy-Hemostatics	J7195	Factor IX (antihemophilic factor, recombinant) per IU	MCG ⁵	6/27/2016
Medical Pharmacy-Anticoagulants, Miscellaneous	J7197	Antithrombin III (human), per IU	215	2/1/2015
Medical Pharmacy-Hemostatics	J7198	Antiinhibitor, per IU	215	6/27/2016
Medical Pharmacy-Hemostatics	J7199	Hemophilia clotting factor, not otherwise classified	TMPPM	6/27/2016
Medical Pharmacy-Hemostatics	J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebinyn), 1 iu	MCG ⁵	1/1/2019
Medical Pharmacy	J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU	MN-331	8/1/2020
Medical Pharmacy-Hemostatics	J7205	Injection, factor VIII Fc fusion protein (recombinant), per IU	MN-331	3/1/2019

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Medical Pharmacy-Hemostatics	J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 i.u.	MN-331	8/1/2018
Medical Pharmacy-Hemostatics	J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 i.u.	MN-331	8/1/2018
Medical Pharmacy-Corticosteroids (ENT)	J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	MN-318	1/1/2020
Medical Pharmacy-Corticosteroids (ENT)	J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	MN-318	1/1/2020
Medical Pharmacy-Other Miscellaneous Therapeutic Agents	J7599	Immunosuppressive drug, not otherwise classified	215	2/1/2015
Medical Pharmacy-Antineoplastic Agents	J9015	Injection, aldesleukin, per single use vial	MN-032	2/1/2015
Medical Pharmacy-Antineoplastic Agents	J9019	Injection, asparaginase (Erwinaze), 1,000 IU	MN-024	2/1/2015
Medical Pharmacy-Antineoplastic Agents	J9022	Injection, atezolizumab, 10 mg	MN-271	8/1/2018
Medical Pharmacy-Antineoplastic Agents	J9023	Injection, avelumab, 10 mg	MN-219	5/1/2018
Medical Pharmacy-Antineoplastic Agents	J9042	Injection, brentuximab vedotin, 1 mg	MN-278	2/1/2015
Medical Pharmacy-Antineoplastic Agents	J9043	Injection, cabazitaxel, 1 mg	MN-028	2/1/2015
Medical Pharmacy-Antineoplastic Agents	J9055	Injection, cetuximab, 10 mg	MCG ⁵	2/1/2015
Medical Pharmacy-Antineoplastic Agents	J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	MN-260	1/1/2019
Enfortumab Vedotin-Ejfv (Padcev)	J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	MN-327	8/1/2020
Medical Pharmacy-Antineoplastic Agents	J9179	Injection, eribulin mesylate, 0.1 mg	MN-026	2/1/2015
Medical Pharmacy-Antineoplastic Agents	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	MN-259	1/1/2018
Medical Pharmacy-Immunomodulatory Agents	J9216	Injection, interferon, gamma 1-b, 3 million units	MCG ⁵	2/1/2015
Medical Pharmacy-Gonadotropins	J9218	Leuprolide acetate, per 1 mg	MN-333	12/1/2016
Medical Pharmacy-Gonadotropins	J9226	Histrelin implant (Supprelin LA), 50 mg	MN-333	1/1/2020

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Medical Pharmacy-Antineoplastic Agents	J9228	Injection, ipilimumab, 1 mg	MCG ⁵	2/1/2015
Medical Pharmacy-Antineoplastic Agents	J9229	Injection, inotuzumab ozogamicin, 0.1 mg	MN-264	1/1/2019
Medical Pharmacy-Antineoplastic Agents	J9264	Injection, paclitaxel protein-bound particles, 1 mg	MCG ⁵	2/1/2015
Medical Pharmacy-Antineoplastic Agents	J9271	Injection, pembrolizumab, 1 mg	MN-208	7/1/2015
Medical Pharmacy-Antineoplastic Agents	J9299	Injection, nivolumab, 1 mg	MN-254	4/1/2019
Medical Pharmacy-Antineoplastic Agents	J9302	Injection, ofatumumab, 10 mg	MN-023	2/1/2015
Medical Pharmacy-Antineoplastic Agents	J9303	Injection, panitumumab, 10 mg	MCG ⁵	2/1/2015
Medical Pharmacy-Antineoplastic Agents	J9305	Injection, pemetrexed, NOS,10 mg	MCG ⁵	2/1/2015
Medical Pharmacy-Antineoplastic Agents	J9306	Injection, pertuzumab, 1 mg	MN-027	7/1/2015
Medical Pharmacy-Antineoplastic Agents	J9311	Injection, rituximab 10 mg and hyaluronidase	MN-253	1/1/2019
Medical Pharmacy-Antineoplastic Agents	J9312	Injection, rituximab, 10 mg	MN-279	5/1/2020
Medical Pharmacy-Antineoplastic Agents	J9354	Injection, ado-trastuzumab emtansine, 1 mg	MN-027	7/1/2015
Medical Pharmacy-Antineoplastic Agents	J9355	Injection, trastuzumab, 10 mg	MCG ⁵	2/1/2015
Fam-Trastuzumab Deruxtecan-Nxki	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	MN-329	8/1/2020
Medical Pharmacy-Antineoplastic Agents	J9395	Injection, fulvestrant, 25 mg	MCG ⁵	2/1/2015
Medical Pharmacy-Other Miscellaneous Therapeutic Agents	J9999	Not otherwise classified, antineoplastic drugs	MN-234 , MN-253 , MCG ⁵	11/1/2017
Axicabtagene Ciloleucel (Yescarta)	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR T Cells, including leukapheresis and dose preparation procedures, per infusion	278	8/1/2018
Tisagenlecleucel (Kymriah)	Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	279	10/1/2019

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Medical Pharmacy- Immunocellular Therapy	Q2043	Sipuleucel-T, minimum of 50 million autologous cd54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	MCG ⁵	2/1/2015
Medical Pharmacy- Hematopoietic Agents	Q5101	Injection, filgrastim (G-CSF), biosimilar, (Zarxio), 1 mcg	MN-332	12/1/2016
Medical Pharmacy- Disease-Modifying Antirheumatic Agents	Q5103	Injection, Infliximab-dyyb, biosimilar, (Inflectra), 10 mg	MN-015	4/1/2018
Medical Pharmacy- Disease-Modifying Antirheumatic Agents	Q5104	Injection, Infliximab-abda, biosimilar, (Renflexis), 10 mg	MN-015	4/1/2018
Medical Pharmacy- Hematopoietic Agents	Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg	MN-332	10/1/2018
Medical Pharmacy- Hematopoietic Agents	Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg	MN-332	4/1/2019
Medical Pharmacy- Antineoplastic Agents	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg	MN-279	8/1/2020
Medical Pharmacy	Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg	MN-279	8/1/2020
Medical Pharmacy	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg	MN-332	8/1/2020
Medical Pharmacy- Antineoplastic Agents	S0148	Injection, pegylated interferon alfa-2B, 10 mcg	MCG ⁵	6/27/2016
Antineoplastic Agents	J9204	Injection, mogamulizumab-kpkc, 1 mg	MN-244	2/1/2021
Other Miscellaneous Therapeutic Agents	J9210	Injection, emapalumab-lzsg, 1 mg	254	2/1/2021
Antineoplastic Agents	Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	219	2/1/2021
Antineoplastic Agents	J9145	Injection, daratumumab, 10 mg	MCG ⁵	2/1/2021
Antineoplastic Agents	J9047	Injection, carfilzomib, 1 mg	219	2/1/2021
Antineoplastic Agents	J9176	Injection, elotuzumab, 1 mg	MCG ⁵	2/1/2021
Antineoplastic Agents	J9034	Injection, bendamustine HCl (Bendeka), 1 mg	MCG ⁵	2/1/2021
Blood Formation, Coagulation, Thrombosis Agents, Misc.	Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	215	2/1/2021
Somatostatin Agonist	J1930	Injection, lanreotide, 1 mg	MCG ⁵	2/1/2021
Antineoplastic Agents	J9173	Injection, durvalumab, 10 mg	MN-218	2/1/2021
Antineoplastic Agents	J9261	Injection, nelarabine, 50 mg	219	2/1/2021
Antineoplastic Agents	J9309	Injection, polatuzumab vedotin-piiq, 1 mg	219	2/1/2021
Antineoplastic Agents	J9308	Injection, ramucirumab, 5 mg	MCG ⁵	2/1/2021
Antineoplastic Agents	J9205	Injection, irinotecan liposome, 1 mg	219	2/1/2021

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Antineoplastic Agents	J9301	Injection, obinutuzumab, 10 mg	MCG ⁵	2/1/2021
Antineoplastic Agents	J9352	Injection, trabectedin, 0.1 mg	MCG ⁵	2/1/2021
Antineoplastic Agents	J9266	Injection, pegaspargase, per single dose vial	219	2/1/2021
Antineoplastic Agents	J9033	Injection, bendamustine HCl, 1 mg	MCG ⁵	2/1/2021
Antineoplastic Agents	A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	TMPPM	2/1/2021
Antineoplastic Agents	J9050	Injection, carmustine, 100 mg	219	2/1/2021
Antineoplastic Agents	A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	TMPPM	2/1/2021
Hormones and Synthetic Substitutes	J3315	Injection, triptorelin pamoate, 3.75 mg	MN-333	2/1/2021
Antineoplastic Agents	A9590	Iodine I-131, iobenguane, 1 mCi	219	2/1/2021
Antineoplastic Agents	J9269	Injection, tagraxofusp-erzs, 10 mcg	TMPPM	2/1/2021
Antineoplastic Agents	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	TMPPM	2/1/2021
Antineoplastic Agents	J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	219	2/1/2021
Antineoplastic Agents	J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	219	2/1/2021
Antineoplastic Agents	Q5114	Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	219	2/1/2021
Antineoplastic Agents	J9027	Injection, clofarabine, 1 mg	TMPPM	2/1/2021
Antineoplastic Agents	J9057	Injection, copanlisib, 1 mg	219	2/1/2021
Antineoplastic Agents	J9207	Injection, ixabepilone, 1 mg	219	2/1/2021
Antineoplastic Agents	J9340	Injection, thiotepa, 15 mg	219	2/1/2021
Antineoplastic Agents	Q2017	Injection, teniposide, 50 mg	219	2/1/2021
Other Miscellaneous Therapeutic Agents	A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries	TMPPM	2/1/2021
Antineoplastic Agents	J2860	Injection, siltuximab, 10 mg	219	2/1/2021
Antineoplastic Agents	J9032	Injection, belinostat, 10 mg	219	2/1/2021
Antineoplastic Agents	J9307	Injection, pralatrexate, 1 mg	219	2/1/2021
Antineoplastic Agents	J9315	Injection, romidepsin, 1 mg	MCG ⁵	2/1/2021
Antineoplastic Agents	J9371	Injection, vincristine sulfate liposome, 1 mg	219	2/1/2021
Antineoplastic Agents	J9400	Injection, ziv-aflibercept, 1 mg	MCG ⁵	2/1/2021
Hormones and Synthetic Substitutes	J9225	Histrelin implant (Vantas), 50 mg	219	2/1/2021
Other Miscellaneous Therapeutic Agents	J0207	Injection, amifostine, 500 mg	MCG ⁵	2/1/2021
Other Miscellaneous Therapeutic Agents	J0222	Injection, patisiran, 0.1 mg	TMPPM	1/1/2021

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¹ Registered users of our secure provider website can log in and submit an electronic preauthorization request. Call the number listed on the member's ID card for more information about our secure provider website. Contact your Provider Relations Representative for additional assistance.

² All services, even if authorized, are subject to the member's benefit plan contract coverage and exclusions, eligibility and network design. Approvals are not a guarantee of coverage, as the member's benefit plan contract may retroactively terminate at a future date. Status of eligibility may be verified by logging into the provider portal at <https://rightcare.firstcare.com/Web/>.

The Texas Medicaid Provider Procedures Manual I is a comprehensive guide that contains information about Texas Medicaid benefits, policies, and procedures including medical, dental, and children's services benefits. The current version of the manual always appears prominently on the [Texas Medicaid Provider Procedures Manual](#) web page

³ Essential Information to Initiate an Authorization

If the PA request has Essential Information, the PA request will be processed. If Essential Information on a PA request is missing, incorrect, or illegible, a decision to approve or deny cannot be made. We will return the request to the requesting provider with an explanation of why the submitted request was not processed as submitted and include instruction to resubmit the PA request with complete Essential Information. A complete request form includes the following Essential Information:

- Member Name
- Member Number or Medicaid Number
- Member Date of Birth
- Requesting Provider Name
- Requesting Provider's National Provider Identifier (NPI)
- Service requested start and end date(s)
- Service requested -Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS)
- Quantity of service units requested based on the CPT, HCPCS, or CDT requested.

⁴ Complete Authorization Requests

An authorization request must include all information/documents required to make and establish a medical or functional necessity determination. Utilization Management staff obtain current clinical and local delivery system information by fax, phone, or confidential voice mail from the requesting provider, attending physician, facility personnel or access to a facility-specific electronic medical record. In order to apply the appropriate medical policy and make a decision, the following clinical information from the past 12 months (but not limited to) must be submitted:

- Servicing Provider Information, Including Mailing Address, Individual and/or Group National Provider Identifier (NPI), Tax Identification Number (TIN)
- Rationale for Out-of-Network Services
- Office and hospital records
- A history of the presenting problem
- A history of previous medical management
- Physical exam results
- Diagnostic testing results
- Treatment plans and progress notes and prognosis
- Patient psychosocial history
- Information on consultations with the treating practitioner
- Evaluations from other health care practitioners and providers
- Operative and pathological reports
- Rehabilitation evaluations
- Patient characteristics and information

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- Information from responsible family members or caregivers
- Community resources for discharge planning and follow up care
- Any other information deemed necessary to facilitate the decision-making process.

In addition to the above, the following information is collected specific to behavioral health authorizations:

- Level of functioning, including an ability to perform activities of daily living
- Presence of suicidal or homicidal ideations
- Mental status assessment; and
- Participation in the milieu.

⁵ Clinical Criteria

Written clinical criteria or medical policies are used to make fair, impartial, and consistent decisions that facilitate the appropriate use of selected elective services. The medical policies are used as tools to determine the clinical indications and information required in order to approve requests for services. The medical policies are based on sound clinical evidence and are developed with input from actively practicing physicians in relevant specialties. Medical policies are used in the following order:

1. The Texas Medicaid Provider Procedures Manual (TMPPM): Supersedes all medical policies with access at this link, <http://www.tmhp.com/resources/provider-manuals/tmpm>.
2. Internal Medical Policies: Individually hyperlinked throughout this document and are available in the Medical Policies section on the Scott and White Health Plan website: <https://swhp.org/prov/medical-resources#prov-medical-coverage-policies-documents>.
3. MCG and InterQual: A copy of the clinical criteria that are proprietary property of MCG and InterQual are available upon request to the Health Services Department. Please call toll-free at 1-855-691-7947 to request a copy of the clinical criteria on which a determination was made.

The health plan recognizes that deviations from guidelines, criteria and protocols may be medically needed due to the particular circumstances of a member's disease or injury or the local delivery system and available resources. For example, STAR members with special healthcare needs (MSHCN) have been identified as those requiring special consideration and unique requirements. The medical policies are not intended to replace sound clinical judgment or internal clinical guidance. When applying the criteria to an individual the health plan considers the following factors: age of the member, presence of co-morbidities, complications, progress of treatment, transitions of care, psychosocial situation, the home environment, when applicable.

⁶ Out-of-Network

Services rendered by non-contracted providers (except Emergency Department) must be prior authorized to receive a full benefit. Non-emergent out-of-network services with an observation level of care (revenue 760 and 762) require authorization.

⁷ Inpatient Notification

RightCare Medical Management must be notified within 1 business day of the admission.

For maternity and newborn stays, notification is only required for stays that exceed 48 hours for vaginal deliveries or 96 hours for Cesarean section deliveries.

Emergency services do not require prior authorization.

⁸ All services within these categories require authorization when a member is in an observation level of care.

⁹ Home Health Care

The first visit for newly ordered home care skilled services requires an authorization but will not require a prior authorization. RightCare will retrospectively approve the initial nursing evaluation visit when the written plan of care is received within four business days. Additional services rendered during the four business days will be retrospectively reviewed. Services may include home health aide, occupational therapy, pediatric therapy services, physical therapy, private duty nursing (PDN), skilled nursing, speech therapy, and social work.

¹⁰ Pharmacy Authorizations

To obtain a pharmacy prior authorization assistance, please call RightCare's PBM, Navitus, Toll Free at 1-877-908-6023, and select the prescriber option to speak with the Prior Authorization department between 6 a.m. to 6 p.m. (CT) Monday through Friday, and 8 a.m. to 12 p.m. (CT) Saturday, Sunday, and State-approved holidays.