

Medicare Prior Authorization
Change Summary
Legacy Centene
Effective 7/1/2022





Medicare Prior Authorization

List effective 7/1/2022

Absolute Total Care requires prior authorization (PA) as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all Medicare products offered by Absolute Total Care.

Absolute Total Care is committed to delivering cost effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in network utilization, where applicable.

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL HMO SERVICES EXCEPT WHERE INDICATED.

For complete CPT/HCPCS code listing, please see Online Prior Authorization Tool on Health Plan website at www.absolutetotalcare.com.

Effective July 1st, 2022, the following are changes to prior authorization requirements:

Service Category	Change	Services	Procedure Codes
Anesthesia	Add PA	Anesthesia for Spine Manipulation or Closed Proc	00640
Dermatology	Add PA	Skin Tag Removal	11200, 11201
	Add PA	Benign Lesion Excision	11451
Surgical	Add PA	Skin Substitutes & Biologicals	15271, 15273, 15274,15275, 15277, 15278, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4110, Q4116, Q4121, Q4122, Q4124, Q4126, Q4128, Q4132, Q4133, Q4137, Q4138, Q4148, Q4151, Q4153, Q4154, Q4155, Q4158, Q4159, Q4160, Q4161, Q4163, Q4169, Q4178, Q4183, Q4186, Q4187, Q4195, Q4196, Q4197
	Add PA	Breast Reconstruction	19357, 19380
	Add PA	Flap Procedures	15600, 15620, 15630, 15650, 15730, 15731, 15733, 15734, 15736, 15738
	Add	Suction Assisted Lipectomy	15877, 15879
	Add PA	Blepharoplasty (Lower Eyelid)	15820
	Add PA	Autogenous Rib Cartilage Graft	21230
	Add PA	Temporomandibular joint treatment	21240, 21242, 21243
	Add PA	Malar Augmentation	21270
	Add PA	Unlisted Procedures	21299, 21899, 41899, 60699
Orthopedic	Add PA	Procedures of Upper Extremities	23405, 23406, 23430, 23485, 24301, 24305, 24341, 24342, 24343, 24344, 24357, 24359, 25111, 25112, 25115, 25118, 25310, 25320, 26480, 26483, 26485, 26498, 29805, 29806, 29820, 29821, 29822, 29823, 29824, 29825, 29828, 29834, 29837, 29838, 29844, 29846
	Add PA	Procedures of Lower Extremities	27310, 27380, 27385, 27620, 27696, 27698, 27871, 29891, 29892, 29894, 29895, 29897, 29898
	Add PA	Procedures of the foot or toes	28008, 28285, 28288, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28300, 28306, 28308, 28312
	Add PA	Endoscopy (Foot, Wrist)	29848, 29893
	Add PA	Unlisted Procedures	23929, 27599, 28899, 29799
Pulmonology	Add PA	Unlisted Pulmonary Service	94799
Cardiac	Add PA	Cardiac Monitor Insertion	33285
	Add PA	Endovenous Ablation	36473
	Add PA	Endovascular Revascularization	37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231
	Add PA	Vascular Embolization and Occlusion	37241, 37242, 37243, 37244

Service Category	Change	Services	Procedure Codes
	Add PA	Unlisted Vascular Surgery	37799
	Add PA	Intracardiac Catheter Ablation	93653, 93654, 93656
ENT	Add PA	Sinus Procedures	30130, 30140, 30560
	Add PA	Nasal/Sinus Endoscopy	31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31298
	Add PA	Palatopharyngoplasty	42145
	Add PA	Osseointegrated Implant	69714
	Add PA	Unlisted ENT Procedure	30999, 31299, 92700
Gastroenterology	Add PA	Laparoscopy Procedures	43280, 43281, 43282, 43283
	Add PA	Unlisted Procedures	43289, 43499, 43659, 44238, 44799, 44979, 45399, 45999, 46999, 47379, 49329, 49659, 49999
	Add PA	Cholecystectomy	47562, 47563, 47600
	Add PA	Exploratory Laparotomy	49000
Urology	Add PA	Prostrate Procedure	53850, 53854, 53899, 55899
	Add PA	Penile Prosthesis	54408, 54410, 54416
	Add PA	Laparoscopy Surgery (Prostrate)	55866
Neurology	Add PA	Neurostimulators Procedures	61885, 61886, 64568, 64575, 64999
	Add PA	Neuroplasty Procedures	64704, 64708, 64716, 64718, 64719, 64721
	Add PA	Sinusoidal Vertical Axis Rotational Testing	92546
	Add PA	EEG/VEEG	95700, 95711, 95712, 95713, 95714, 95715, 95716
Ophthalmology	Add PA	Corneal Procedures/Transplant	65730, 65750, 65755, 65756, 65757, 65770
	Add PA	Glaucoma Procedures/Surgery	65855, 66170, 66172, 66183,
	Add PA	Cataract Procedures	66820, 66821, 66825, 66830, 66840, 66850, 66852, 66940, 66982, 66983, 66984, 66985, 66986, 66987, 66988
	Add PA	Repair Procedures of Eye	67228, 67255, 67912, 67961, 67966, 68761
	Add PA	Unlisted Ophthalmological Service/Procedure	67999, 92499
Diagnostic radiology	Add PA	Thyroid/Parathyroid Imaging	78012, 78013, 78014, 78018, 78070, 78071, 78072
	Add PA	Bone Marrow Imaging	78102
	Add PA	Liver/Spleen & Gallbladder Imaging	78201, 78202, 78215, 78216, 78226, 78227
	Add PA	Radiopharmaceutical Localization of Tumor	78800, 78802, 78803, 78830, 78831, 78832
	Add PA	Unlisted Procedure	78999
Laboratory	Add PA	Genetic Analysis Procedures	81245, 81246, 81261, 81263, 81264, 81310, 81315, 81340, 81342
	Add PA	Engraftment Analysis	81267, 81268
	Add PA	Chronic HCV assay	81596

Service Category	Change	Services	Procedure Codes
	Add PA	Bone Marrow Culture	88237
Behavioral Health	Add PA	Transcranial Magnetic Stimulation	90867
Miscellaneous	Add PA	Unlisted Special Service, Procedure, or Report	99199
Part B Drugs	Add PA	Medical Injectables	C9077, C9081, J2506, J2597, J2794, Q2054, Q2055, Q5123
	Add PA	Inhalation Solutions	J7605, J7606, J7626
	Add PA	CAR-T Therapy	0537T, 0539T, 0540T