

ATTENTION:
Prior Authorization Update
Effective 01/01/2018

Absolute Total Care requires prior authorization 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 ordering physician in which we verify the medical necessity of a treatment in advance using independent, objective medical criteria.

It is the ordering provider's responsibility to determine which specific codes require prior authorization. Effective January 1, 2018, prior authorization will be required for Gender Reassignment, Genetic Counseling, X-STOP spinal surgery, Enhanced External Counterpulsation, Chondrocyte Implants, and Capsule Endoscopy. In addition, prior authorization requirements have been updated regarding Cosmetic/Dermatologic procedures and Part B Drugs which will also be effective January 1, 2018. Refer to the information below for guidance regarding how to obtain prior authorizations from Absolute Total Care.

FREQUENTLY ASKED QUESTIONS:

How do I determine if a specific treatment requires prior authorization?

- You may determine which specific codes require prior authorization by visiting our website at absolutetotalcare.com and clicking on the Prior Auth Needed tab. The Prior Auth Needed tab will take you to our PreScreen Tool. Just enter the CPT code and the PreScreen Tool will advise you whether the service requires prior authorization.

How do I request a prior authorization for these services?

- You may submit the prior authorization request utilizing our Secure Web Portal at absolutetotalcare.com. If your request is approved, you will receive verification through the Secure Web Portal. If you are not currently registered on our Secure Web Portal, you may register through a quick and simple process.
- You may submit the prior authorization request by faxing an authorization to 1-844-503-8866. The fax authorization form can be found on our website at absolutetotalcare.com.
- You may call our Medical Management department at 1-866-433-6041.

What information will I be required to submit in connection with the prior authorization request?

- Pertinent clinical information related to the request
- CPT code
- Diagnosis Code
- Rendering facility's name, Tax ID number, and NPI number

If you have any questions regarding this information, you may contact Provider Services at 1-866-433-6041 or contact your dedicated Provider Relations Specialist.

When the services below are Covered Services, the services require prior authorization. Prior authorization will be required for these services effective January 1, 2018.

Gender Reassignment Procedures (*Require authorization with a Gender Reassignment Diagnosis)	
CPT Code	Code Description
14000	ADJACENT TISS TRANSF TRUNK; DEFECT 10 SQ CM/LESS
14040	ADJACENT TRANSF CHIN/NECK/AX/FT; 10 SQ CM/LESS
14041	ADJACENT TRANSF CHIN/NECK/AX/FT; 10.1-30.0 SQ CM
15100	SPLIT GFT TRUNK; 1ST 100 SQ CM/1% BODY CHILD
15120	SPLIT GFT FACE; 1ST 100 SQ CM/LESS/1% BODY CHILD
15121	SPLIT GFT FACE; EA ADD 100 SQ CM/EA ADD 1% CHILD
15200	FULL THICK GFT-FREE-TRUNK; 20 SQ CM/LESS
15570	FORMATION DIR/TUBED PEDICLE W/WO TRANSF; TRUNK
15574	FORM DIR PEDICLE W/WO TRANSF; CHEEKS/CHIN/AX/FT
15600	DELAY FLAP/SECT FLAP; AT TRUNK
15620	DELAY FLAP/SECT FLAP; FOREHEAD/CHIN/AX/GENIT/FT
15757	FREE SKIN FLAP W/MICROVASC ANASTOM
15758	FREE FASCIAL FLAP W/MICROVASC ANASTOM
19303	MASTECTOMY, SIMPLE, COMPLETE
19304	MASTECTOMY, SUBCUTANEOUS
44145	COLECTOMY PART; W/COLOPROCTOSTOMY
53410	URETHROPLASTY 1-STAGE RECON MALE ANT URETHRA
53415	URETHROPLASTY 1 STAGE RECON PROSTATIC URETHRA
53420	URETHROPLASTY 2-STAGE RECON URETHRA; 1ST STAGE
53425	URETHROPLASTY, 2-STAGE RECON URETHRA; 2ND STAGE
53430	URETHROPLASTY RECON FE URETHRA
53460	URETHROMEATOPLASTY W/PART EXC DISTAL URETHRL SEG
54125	AMPUTA PENIS; COMPLT
54400	INSRT PENILE PROSTH; NON-INFLATABLE
54401	INSRT PENILE PROSTH; INFLATABLE
54405	INSRT INFLATBL PENILE PROSTH W/PLCMT PUMP/CYLIND
54520	ORCHIECTOMY SIMPL W/WO TESTICULAR PROSTH
54660	INSRT TESTICULAR PROSTH (SEPART PROC)
54690	LAPAROSCOPY ORCHIECTOMY
55175	SCROTOPLASTY; SIMPL
55180	SCROTOPLASTY; COMPLIC
56625	VULVECTOMY SIMPL; COMPLT
56800	PLASTIC REPR INTROITUS
56805	CLITOROPLASTY INTERSEX STATE
56810	PERINEOPLASTY REPR PERINEUM NON-OB (SEPART PROC)
57106	VAGINECTOMY PART REMOV VAG WALL;
57107	VAGINECT PART REMOV VAG WALL; REMOV PARAVAG TISS
57110	VAGINECT COMPLT REMOV VAG WALL;
57111	VAGINECT COMPLT REMOV VAG WALL; REMOV PARAVAG
57291	CONSTRUCTION ARTIFICIAL VAG; WO GFT
57292	CONSTRUCTION ARTIFICIAL VAG; W/GFT
57335	VAGINOPLASTY INTERSEX STATE

Genetic Counseling	
CPT Code	Code Description
58150	TOT ABD HYST W/WO REMOV TUBE(S) - OVARY(S)
58180	SUPRACERV ABD HYST W/WO REMOV TUBE(S) - OVARY(S)
58260	VAG HYST UTERUS 250 GRAMS OR LESS;
58262	VAG HYST UTRUS 250 GMS/<; REMV T&/O
58263	VAG HYST UTRUS 250 GM/<;REP ENTERCL
58267	VAG HYST 250 GM/<;CLPO-URTHRCYSTPXY
58270	VAG HYST UTRUS 250 GM/<;REP ENTROCL
58275	VAG HYST W/TOT/PART COLPECTOMY
58280	VAG HYST W/TOT/PART COLPECTOMY; W/REPR ENTEROCEL
58285	VAG HYST RADICAL
58290	VAG HYST UTERUS > 250 GRAMS;
58291	VAG HYST UTRUS>250 GMS; REMV T&/O
58292	VAG HYST UTRUS>250 GM; T&/O ENTROCL
58293	VAG HYST UT>250 GM;CLPO-URTHRCYSTPX
58294	VAG HYST UTRUS >250 GM;REP ENTEROCL
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, UTERUS 250 G OR LESS
58542	WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
58543	LAP, SURG, SUPERACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G
58544	WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
58550	LAP SURG VAG HYST UTRUS 250 GMS/<;
58552	LAP VAG HYST UTRUS 250 GMS/<; T&/O
58553	LAP W/VAG HYST UTRUS > 250 GMS;
58554	LAP VAG HYST UTRUS>250 GM;REMV T&/O
58570	TLH UTERUS 250 G OR LESS
58571	TLH W/T/O 250 G OR LESS
58572	TLH UTERUS OVER 250 G
58573	TLH W/T/O UTERUS OVER 250 G
58661	LAPAROSCOPY SURGICAL REMOVAL ADNEXAL STRUCTURES
58720	SALPINGO-OOPHORECTOMY COMPLT/PART (SEPART PROC)
58940	OOPHORECTOMY PART/TOT UNILAT/BILAT
Gender Reassignment Procedures (*Always requires authorization)	
CPT Code	Code Description
55970	INTERSEX SURGERY, MALE TO FEMALE
55980	INTERSEX SURGERY, FEMALE TO MALE
Genetic Counseling	
CPT Code	Code Description
S0265	GENETIC COUNSELING, UNDER PHYSICIAN SUPERVISION, EACH 15 MIN
96040	GENETIC COUNSELING, 30 MIN

Genetic Counseling	
CPT Code	Code Description
11900	INJ., INTRALESIONAL TO & INC.7 LES.
11901	INJ. INTRALESIONAL, MORE THAN 7 LES
11920	TATOOING/COLOR DFCTS SKN TO 6 SQ CM
11921	TATOOING/COLOR DFCT SKN 6-20 SQ CM
11922	TATOOING/COLOR DFCT SKN OV 20 SQ CM
11960	INSERTION TISSUE EXPANDER(S) OTHER THAN BREAST,INCLUD. SUBSEQ. EXPANS.
11970	REPLACE TISSUE EXP C PERM PROS.
11971	REMOVED TIS EXPNDR W/O INSR OF PROSTH
11980	IMPLANT HORMONE PELLET(S)
17106	DESTRUCT CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; LESS THAN 10 SQ.CM.
17107	DESTRUCT CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; 10.0-50.0 SQ. CM.
17108	DESTRUCT CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; OVER 50.0 SQ. CM.
X-STOP Spinal Surgery	
CPT Code	Code Description
0171T	LUMBAR SPINE PROCES DISTRACT
22899	UNLSTD PROC SPINE
Enhanced External Counterpulsation (EECP)	
CPT Code	Code Description
92971	CARDIOASSIST-METHOD, EXTERNAL
G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION
Chondrocyte Implants	
CPT Code	Code Description
27412	AUTOCHONDROCYTE IMPLANT KNEE
27416	OSTEOCHONDRAL KNEE AUTOGRAFT
29866	AUTGRFT IMPLNT, KNEE W/SCOPE
29867	ALLGRFT IMPLNT, KNEE W/SCOPE
J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT
S2112	ARTHROSCOPY, KNEE, SURGICAL FOR HARVESTING OF CARTILAGE (CHONDROCYTE CEL
Capsule Endoscopy	
CPT Code	Code Description
91110	GI TRACT CAPSULE ENDOSCOPY
91111	ESOPHAGEAL CAPSULE ENDOSCOPY
91112	GI WIRELESS CAPSULE MEASURE
Medicare Part B Drugs	
CPT Code	Code Description
C9130	INJ IMMUNE GLOBULIN BIVIGAM 500 MG
C9133	FACTOR IX RECOMBINANT
C9134	FACTOR XIII A-SUBUNIT RECOMB
C9136	FACTOR VIII (ELOCTATE)
C9137	ADYNOVATE FACTOR VIII RECOM
C9138	NUWIK FACTOR VIII RECOMB

C9139	IDELVION 1 IU
C9140	AFSTYLA FACTOR VIII RECOMB
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS
C9473	INJECTION, MEPOLIZUMAB
C9481	INJECTION RESLIZUMAB
C9484	INJECTION ETEPLIRSEN 10 MG
J0129	ABATACEPT INJECTION
J0135	INJECTION, ADALIMUMAB, 20 MG
J0178	AFLIBERCEPT INJECTION
J0180	INJECTION, AGALSIDASE BETA, 1 MG
J0202	INJECTION ALEMTUZUMAB 1 MG
J0220	ALGLUCOSIDASE ALFA INJECTION
J0220	ALGLUCOSIDASE ALFA INJECTION
J0221	LUMIZYME INJECTION
J0221	LUMIZYME INJECTION
J0256	ALPHA 1 PROTEINASE INHIBITOR
J0256	ALPHA 1 PROTEINASE INHIBITOR
J0256	ALPHA 1 PROTEINASE INHIBITOR
J0257	GLASSIA INJECTION
J0257	GLASSIA INJECTION
J0257	GLASSIA INJECTION
J0257	GLASSIA INJECTION
J0270	ALPROSTADIL, PER 1.25MCG
J0364	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG
J0490	BELIMUMAB INJECTION
J0570	BUPRENORPHINE IMPLANT 74.2MG
J0585	INJECTION,ONABOTULINUMTOXINA
J0585	INJECTION,ONABOTULINUMTOXINA
J0586	ABOBOTULINUMTOXINA
J0586	ABOBOTULINUMTOXINA
J0586	ABOBOTULINUMTOXINA
J0587	INJ, RIMABOTULINUMTOXINB
J0587	INJ, RIMABOTULINUMTOXINB
J0587	INJ, RIMABOTULINUMTOXINB
J0588	INCOBOTULINUMTOXIN A
J0588	INCOBOTULINUMTOXIN A
J0598	C-1 ESTERASE, CINRYZE
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS
J0638	CANAKINUMAB INJECTION
J0718	CERTOLIZUMAB PEGOL INJ
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYS

J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
J0886	INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)
J0888	EPOETIN BETA NON ESRD
J0894	INJECTION DECITABINE 1 MG
J1110	INJECTION, DEHYDROERGOTAMINE, UP TO 1 MG
J1300	ECULIZUMAB INJECTION
J1324	ENFUVRTIDE INJECTION
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG AD
J1442	INJ FILGRASTIM EXCL BIOSIMIL
J1443	INJ FERRIC PRPP CIT SOL 0.1 MG IRON
J1458	INJECTION GALSULFASE 1 MG
J1459	INJ IVIG PRIVIGEN 500 MG
J1556	INJ, IMM GLOB BIVIGAM, 500MG
J1557	GAMMAPLEX INJECTION
J1559	HIZENTRA INJECTION
J1561	GAMUNEX-C/GAMMAKED
J1562	INJECTION; IMMUNE GLOBULIN 10%, 5 GRAMS
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. P
J1568	OCTAGAM INJECTION
J1569	GAMMAGARD LIQUID INJECTION
J1572	FLEBOGAMMA INJECTION
J1575	INJ IG/HYALURONIDASE 100 MG IG
J1595	INJECTION, GLATIRAMER ACETATE, 20 MG
J1599	IVIG NON-LYOPHILIZED, NOS
J1602	GOLIMUMAB FOR IV USE 1MG
J1610	INJECTION; GLUCAGON HYDROCHLORIDE
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
J1675	INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS
J1744	ICATIBANT INJECTION
J1745	INJ INFLIXIMAB EXCL BIOSIMILR 10 MG
J1786	IMUGLUCERASE INJECTION
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
J1825	INJECTION, INTERFERON BETA-1A, 33 MCG
J1931	INJECTION, LARONIDASE, 0.1 MG
J2170	MECASERMIN INJECTION
J2182	INJECTION MEPOLIZUMAB 1MG
J2212	METHYLNALTREXONE INJECTION
J2315	INJECTION NALTREXONE DEPOT FORM 1 MG
J2323	NATALIZUMAB INJECTION
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS IN
J2355	INJECTION, OPRELVEKIN, 5 MG
J2357	INJECTION, OMALIZUMAB, 5 MG
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG

J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG
J2505	INJECTION, PEGFILGRASTIM, 6 MG
J2507	PEGLOTICASE INJECTION
J2778	RANIBIZUMAB INJECTION
J2786	INJECTION RESLIZUMAB 1MG
J2793	RILONACEPT INJECTION
J2796	ROMIPLOSTIM INJECTION
J2820	INJECTION, SARGRAMOSTIM (CM-CSF), 50 MCG
J2940	INJECTION, SOMATREM, 1 MG
J2941	INJECTION, SOMATROPIN, 1 MG
J3030	INJECTION; SUMATRIPTAN SUCCINATE; 6MG
J3110	INJECTION, TERIPARATIDE, 10 MCG
J3140	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
J3262	TOCILIZUMAB INJECTION
J3285	INJECTION, TREPROSTINIL, 1 MG
J3357	USTEKINUMAB FOR SUBQ INJECTION 1 MG
J3385	VELAGLUCERASE ALFA
J3396	INJECTION, VERTEPORFIN, 0.1 MG
J3490	UNCLASSIFIED DRUGS
J3490	UNCLASSIFIED DRUGS
J3490	UNCLASSIFIED DRUGS
J3490	UNCLASSIFIED DRUGS
J3490	UNCLASSIFIED DRUGS
J3490,J3590orJ9999	MISCELLANEOUS CODES
J3590	UNCLASSIFIED BIOLOGICS
J3590	UNCLASSIFIED BIOLOGICS
J3590,C9399	MISCELLANEOUS CODES
J7175	INJ FACTOR X (HUMAN) 1IU
J7179	VONVENDI INJ 1 IU VWF:RCO
J7180	FACTOR XIII ANTI-HEM FACTOR
J7181	FACTOR XIII RECOMB A-SUBUNIT
J7182	FACTOR VIII RECOMB NOVOEIGHT
J7183	WILATE INJECTION
J7185	XYNTHA INJ
J7186	ANTIHEMOPHILIC VIII/VWF COMP
J7187	INJECTION VON WILLEBRAND FACTOR COMPLEX HUMAN RISTOCETIN COFACTOR PER IV
J7188	INJECTION FACTOR VIII PER I.U.
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICR
J7190	FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (HUMAN)), PER I.U.
J7191	FACTOR VIII (PORCINE)
J7192	FACTOR VIII RECOMBINANT NOS
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.
J7194	FACTOR IX, COMPLEX, PER I.U.
J7195	FACTOR IX RECOMBINANT NOS

J7196	ANTITHROMBIN RECOMBINANT
J7197	ANTITHROMBIN III (HUMAN), PER I.U.
J7198	ANTI-INHIBITOR, PER I.U.
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED
J7200	FACTOR IX RECOMBINAN RIXUBIS
J7201	INJ FACTOR IX FC FUS PROTEIN PER IU
J7202	FACTOR IX IDELVION INJ
J7207	FACTOR VIII PEGYLATED RECOMB
J7209	FACTOR VIII NUWIQ RECOMB 1IU
J7518	MYCOPHENOLIC ACID, ORAL, 180 MG
J7527	ORAL EVEROLIMUS
J7639	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE F
J7686	TREPROSTINIL, NON-COMP UNIT
J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
J8501	APREPITANT, ORAL, 5 MG
J8565	GEFITINIB, ORAL, 250 MG
J8650	NABILONE, ORAL
J8705	TOPOTECAN ORAL
J9010	ALEMTUZUMAB, 10 MG
J9015	ALDESLEUKIN/SINGLE USE VIAL
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG
J9213	INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS
J9214	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS
J9215	INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU
J9216	INTERFERON, GAMMA 1-B, 3 MILLION UNITS
J9218	LEUPROLIDE ACETATE, PER 1 MG
J9310	RITUXIMAB, 100 MG
Q0162	ONDANSETRON ORAL
Q0515	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM
Q2026	RADIESSE INJECTION
Q2027	SCULPTRA INJECTION
Q2028	INJ, SCULPTRA, 0.5MG
Q2043	SIPLEUCEL-T AUTO CD54+
Q2044	BELIMUMAB INJECTION
Q3025	INJECTION, INTERFERON BETA-1A, 11 MCG FOR INTRAMUSCULAR USE
Q3026	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE
Q3027	INJ BETA INTERFERON IM 1 MCG
Q4074	ILOPROST NON-COMP UNIT DOSE
S0145	INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML
S0162	INJECTION, EFALIZUMAB, 125 MG

Cosmetic/Dermatologic Procedures	
CPT Code	Code Description
11900	INJ., INTRALESIONAL TO & INC.7 LES.
11901	INJ. INTRALESIONAL, MORE THAN 7 LES
11920	TATOOING/COLOR DFCTS SKN TO 6 SQ CM
11921	TATOOING/COLOR DFCT SKN 6-20 SQ CM
11922	TATOOING/COLOR DFCT SKN OV 20 SQ CM
11960	INSERTION TISSUE EXPANDER(S) OTHER THAN BREAST,INCLUD. SUBSEQ. EXPANS.
11970	REPLACE TISSUE EXP C PERM PROS.
11971	REMVE TIS EXPNDR W/O INSR OF PROSTH
11980	IMPLANT HORMONE PELLET(S)
17106	DESTRUCT CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; LESS THAN 10 SQ.CM.
17107	DESTRUCT CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; 10.0-50.0 SQ. CM.
17108	DESTRUCT CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; OVER 50.0 SQ. CM.