WellFirst Health®
provided by SSM Health Plan
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Medicare Advantage Plans Prior Authorization List

Below is the list of services that require prior authorization. If you do not find the information you need, please contact WellFirst Heatlh—Provided by SSM Health Plan Customer Services at (877) 301-3326.

Services must be provided according to the Medicare Coverage Guidelines, established by the Centers for Medicare & Medicaid Services (CMS), and are subject to review. According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You may review the Medicare Coverage Guidelines online at **https://www.medicare.gov/coverage/your-medicare-coverage.html.**

If CMS does not provide coverage guidelines for a specific service, SSM Health Plan will use MCG criteria or a SSM Health Plan Medical Policy. The Medicare Advantage Medical Policies are linked within their appropriate category below.

Search Tip: You can easily search by entering CTRL F and it will display a search box you can type in the information you wish to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

Service Requiring Prior Authorization	DHP CPT/HCPCS Codes and/or Place of Service Requiring Prior Authorization
All Non-Urgent/Emergent, Elective Hospital Admissions	Also includes Behavioral Health, Residential Treatment Centers, Acute Rehabilitation and LTAC
All Skilled Nursing Facility Admissions (SNF)	
All Non-Contracted, Non-Urgent/Emergent Outpatient Services	
Outpatient Behavioral Health Non-Residential Day Treatment Centers and Partial Hospitalization	Place of service 52 and 57 Revenue Code 0912 – BH/Partial Hospital IOP (Intensive Oupatient Program)
All Non-Emergent Patient Transportation (Ground and Air)	A0426, A0428, A0130 **Medicare Advantage Medical Policy**: MP9137
Transplant Services	

Sex Reassignment(Sex Transformation) Surgery	**Medicare Advantage Medical Policy**: MP9465
Outpatient Therapies (PT & OT)	**Physical Therapy**: (Please submit prior authorizations to NIA RadMD (PT/OT Prior Authorization) 97001,97002,97005,97006,97012,97016,97022,97032,97033,97035,97036,97110,97112,97113,97116,97124,97140,97150,97530,97532,97533,97535,97537,97755,97760,97761,97762,G0283 **Occupational Therapy:** (Please submit prior authorizations to NIA RadMD (PT/OT Prior Authorization) 97003,97004,97005,97006,97012,97016,97022,97032,97033,97035,97036,97110,97112,97113,97116,97124,97140,97150,97530,97532,97533,97535,97537,97755,97760,97761,97762,G0283
Outpatient Elective Radiology Procedures	Includes Computed Tomography (CT) Scan, Magnetic resonance imaging (MRI), Positron Emission Tomography (PET) Scan and Magnetic Resonance Angiogram (MRA). *For more information on the CPT codes requiring prior authorization and the prior authorization submission process, please visit the Radiology Prior Authorization page.*
Medical Injectables Covered Under Medical Benefit	**Medical Injectables Covered Under Medical Benefit:** *For information on the CPT codes requiring prior authorization please visit the* Medical Injectable List *page and column titled MAPD.*
Durable Medical Equipment, Orthotics, Prosthetics	**Includes specific codes within the following categories:** Automatic External Defibrillators, Electronic Extremities, Facial Prostheses, Glucose Monitors, High Frequency Chest Wall Oscillation, Devices, Hospital Beds, Knee Orthoses, Lower Limb Prostheses, Mechanical In-Exsufflation Devices, Negative Pressure Wound Therapy Pumps, Oral Appliances, Osteogenesis Stimulators, Patient Lifts, Pneumatic Compression Devices, Positive Airway Pressure (CPAP/BiPAP) Devices, Pressure Reducing Support Surfaces, Respiratory Assist Devices, Seat Lift Mechanisms, Speech Generating Device, Ultraviolet Light Therapy, Custom Walkers, Wheelchairs **Medicare Advantage Medical Policies**: MP9085 **Codes Requiring Prior Authorization:** E0147,E0181,E0184,E0185,E0186,E0187,E0196,E0197,E0198,E0199,E0250,E0251,E0255,E0256,E0260,E0261,E0265,E0266,E0270,E0290,E0291,E0292,E0293,E0294,E0295,E0296,E0297,E0300,E0301,E0302,E0303,E0304,E0328,E0329,E0462,E0470,E0471,E0472,E0480,E0482,E0483,E0485,E0486,E0601,E0617,E0621,E0627,E0628,E0629,E0630,E0635,E0636,E0639,E0640,E0650,E0651,E0652,E0670,E0691,E0692,E0693,E0694,E0745,E0747,E0748,E0760,E0784,E0986,E1004,E1005,E1006,E1007,E1008,E1035,E1036,E1037,E1038,E1039,E1161,E1226,E1229,E1230,E1231,E1232,E1233,E1234,E1235,E1236,E1237,E1238,E1239,E1310,E1841,E2100,E2202,E2203,E2204,E2228,E2328,E2341,E2343,E2368,E2370,E2375,E2402,E2500,E2502,E2504,E2506,E2508,E2510,E2511,E2512,E2599,E2609,E2610,E2612,E2613,E2614,E2615,E2616,E2617,E2620,E2621,E2623,E2624,E2625,K0001,K0002,K0003,K0004,K0005,K0006,K0007,K0008,K0009,

	K0010,K0011,K0012,K0013,K0014,K0462,K0606,K0800,K0801,K0802,K0806,K0807,K0808,K0812,K0813,K0814,K0815, K0816,K0820,K0821,K0822,K0823,K0824,K0825,K0826,K0827,K0828,K0829,K0830,K0831,K0835,K0836,K0837,K0838, K0839,K0840,K0841,K0842,K0843,K0848,K0849,K0850,K0851,K0852,K0853,K0854,K0855,K0856,K0857,K0858,K0859, K0860,K0861,K0862,K0863,K0864,K0868,K0869,K0870,K0871,K0877,K0878,K0879,K0880,K0884,K0885,K0886,K0890, K0891,K0898,K0899,K0900,K0901,K0902,L1680,L1685,L1686,L1690,L1700,L1710,L1720,L1730,L1755,L1832,L1833, L1834,L1840,L1843,L1844,L1845,L1846,L1847,L1848,L1860,L1907,L1932,L1945,L1950,L1951,L1960,L1970,L2000, L2005,L2010,L2020,L2030,L2034,L2036,L2037,L2038,L2060,L2106,L2108,L2114,L2116,L2126,L2128,L2132,L2134, L2136,L2280,L2350,L2510,L2520,L2525,L2526,L2627,L2628,L3330,L3671,L3674,L3720,L3730,L3740,L3763,L3764, L3765,L3766,L3900,L3901,L3904,L3905,L3960,L3961,L3962,L3967,L3971,L3973,L3975,L3976,L3977,L3978,L3981, L4631,L5000,L5010,L5020,L5050,L5060,L5100,L5105,L5150,L5160,L5200,L5210,L5220,L5230,L5250,L5270,L5280, L5301,L5312,L5321,L5331,L5341,L5400,L5420,L5430,L5460,L5500,L5505,L5510,L5520,L5530,L5535,L5540,L5560, L5570,L5580,L5585,L5590,L5595,L5600,L5610,L5611,L5613,L5614,L5616,L5617,L5626,L5628,L5630,L5638,L5639, L5640,L5642,L5643,L5644,L5645,L5646,L5647,L5648,L5649,L5651,L5653,L5661,L5665,L5673,L5677,L5679,L5681, L5682,L5683,L5700,L5701,L5702,L5703,L5704,L5705,L5706,L5707,L5711,L5716,L5718,L5722,L5724,L5726,L5728, L5780,L5781,L5782,L5785,L5785,L5790,L5795,L5810,L5811,L5812,L5814,L5816,L5818,L5822,L5824,L5826,L5828, L5830,L5840,L5845,L5848,L5856,L5857,L5858,L5859,L5920,L5930,L5950,L5960,L5961,L5962,L5964,L5966,L5968, L5969,L5973,L5976,L5979,L5980,L5981,L5982,L5984,L5986,L5987,L5988,L5990,L5999,L6000,L6010,L6020,L6026, L6050,L6055,L6100,L6110,L6120,L6130,L6200,L6205,L6250,L6300,L6310,L6320,L6350,L6360,L6370,L6380,L6382, L6384,L6400,L6450,L6500,L6550,L6570,L6580,L6582,L6584,L6586,L6588,L6590,L6621,L6623,L6624,L6625,L6628, L6638,L6646,L6648,L6686,L6687,L6688,L6689,L6690,L6692,L6693,L6694,L6695,L6696,L6697,L6704,L6707,L6708, L6709,L6711,L6712,L6713,L6714,L6715,L6721,L6722,L6880,L6881,L6882,L6883,L6884,L6885,L6895,L6900,L6905, L6910,L6915,L6920,L6925,L6930,L6935,L6940,L6945,L6950,L6955,L6960,L6965,L6970,L6975,L7007,L7008,L7009, L7040,L7045,L7170,L7180,L7181,L7185,L7186,L7190,L7191,L7259,L7366,L7368,L7368,L7404,L7405,L7510,L7520, L8035, L8040,L8041,L8042,L8043,L8044,L8045,L8046,L8047,L8048,L8049,L8614
Surgeries and Procedures Covered Under Medical Benefit (Includes Office/Outpatient Hospital/Ambulatory Surgical Center)	**Auditory Brain Stem and Cochlear Implants:** 69930, L8614 **Bariatric Surgery:** 43644,43645,43647,43648,43770,43771,43772,43773,43774,43775,43843,43845,43846,43847,43848,43881,43882, 43886,43887,43888 **Blepharoplasty, Blepharoptosis, Brow Lift :** 15820,15821,15822,15823,67900,67901,67902,67903,67904,67906,67908,67909,67911,67912,67914,67915,67917, 67921 **Breast Surgeries (Includes Breast Reduction, Mammoplasty/Gynecomastia, Breast Reconstruction (PA not required if performed as treatment for carcinoma or prophylactic):**

	11920,11921,11922,15777,19300,19316,19318,19324,19325,19328,19330,19340,19342,19350,19355,19357,19361, 19364,19366,19367,19368,19369,19370,19371,19380,19396 **CardioMEMS:** C2624 **Medicare Advantage Medical Policy:** **Cochlear Implantation:** 69930, L8614 **Collagen Injections, Dermal Fillers, Chemical Peels, Dermabrasion, Cryotherapy, Laser Therapy:** 11950,11951,11952,11954,15780,15781,15782,15783,15786,15787,15788,15789,15792,15793,15878,17340,17360,17380,96920,96921,96922 **Medicare Advantage Medical Policy**: MP9023 MP9022 **Excision Excessive Skin, Panniculectomy, Liposuction, Abdominoplasty:** 15830,15832,15833,15834,15835,15836,15837,15838,15839,15876,15877,15878,15879 **Rhinoplasty, Septoplasty, Rhinophyma:** 30120,30400,30410,30420,30430,30435,30450,30460,30462,30465,30520 **Induced Abortion:** 59840,59841,59850,59851,59852,59855,59856,59857,59866 **Medicare Advantage Medical Policy**: MP9202 **Knee Allografts:** 15271,15272,15273,15274,27415,29867,29868 **Magnetoencephalography (MEG):** 95965, 95966, 95967 **Oral Surgeon Delivered Services (Orthognathic Surgery) & Any Dental (Tooth or Jaw Surgeries):** D0150,D0240,D0250,D0260,D0270,D0272,D0274,D0277,D0416,D0421,D0431,D0460,D0472,D0473,D0474,D0475, D0476,D0477,D0478,D0479,D0480,D0481,D0482,D0483,D0484,D0485,D0502,D0601,D0602,D0603,D0999,D1510, D1515,D1520,D1525,D1550,D1999,D2970,D2999,D3460,D3999,D4260,D4263,D4264,D4268,D4270,D4273,D4277, D4278,D4355,D4381,D5911,D5912,D5951,D5983,D5984,D5985,D5987,D6052,D6920,D7111,D7140,D7210,D7220, D7230,D7240,D7241,D7250,D7260,D7261,D7283,D7288,D7291,D7321,D7511,D7521,D7940,D9110,D9230,D9248, D9630,D9930,D9940,D9950,D9951,D9952,21010,21050,21060,21070,21079,21080,21081,21082,21083,21084,

	21085,21086,21087,21088,21100,21110,21116,21141,21142,21143,21145,21146,21147,21150,21151,21154,21155,21159,21160,21193,21194,21195,21196,21198,21199,21206,21208,21209,21210,21215,21240,21242,21243,21244,21245,21246,21247,21248,21249,21255,21295,21296,21480,21485,21490 **Spinal Cord and Dorsal Column Stimualtion:** 63650, 63663, 63664, 63685 **Stereotactic Radiosurgery – Cyberknife:** 32701,77371,77372,77432,G0339,G0340 **Trigger Point/Facet Injections (Pain Management):** 64490, 64493, 64633, 64635 **Vagus Nerve, Spinal Cord and Dorsal Column Stimulation:** 61885,61886,64553,64568,64569 **Varicose Vein Treatments:** 36470,36471,36473, 36474, 36475,36476,36478,36479,37700,37718,37722,37735,37760,37761,37765,37766,37780 **Vertebroplasty:** 22510,22511,22512,22513,22514,22515
Musculoskeletal (MSK) Surgeries and Procedures	Magellan's Musculoskeletal Care Management Program (MSK) will manage the medical necessity review for non-emergent inpatient and outpatient musculoskeletal surgeries. Authorization may be submitted using Magellan's website www.RadMD.com or the Magellan toll-free phone number at (866) 307-9729. **LUMBAR SPINE SURGERY** **Lumbar Microdiscectomy:** 62380, 63030, 63035 **Lumbar Decompression:** 63005, 63012, 63017, 63042, 63044, 63047, 63048, 63056, 63057 **Lumbar Fusion – Single and Multiple Levels:** 22533, 22534, 22558, 22585, 22612, 22614, 22630, 22632, 22633, 22634 **CERVICAL SPINE SURGERY** **Cervical(Anterior or Posterior) Decompression with Fusion – Single and Multiple Levels:**

	22548,22551, 22552, 22554, 22585, 22590, 22595, 22600, 22614 **Cervical (Anterior or Posterior) Decompression without Fusion:** 63001, 63015, 63020, 63035, 63040, 63043, 63045, 63048, 63050, 63051, 63075, 63076 **Cervical Artificial Disc – Single and Two Levels:** 22856, 22858, 22861, 22864, 0095T, 0098T **HIP SURGERY** **Revision/Conversion Hip Arthroplasty:** 27132, 27134, 27137, 27138 **Total Hip Arthroplasty/Resurfacing:** 27130 (*when performed as inpatient) **Femoroacetabular Impingement (FAI) Hip Surgery:** 29914, 29915, 29916 **Hip Surgery, Other (Includes synovectomy, loose body removal, diagnostic hip arthroscopy, etc.):** 29860, 29861, 29862, 29863 **KNEE SURGERY** **Revision or Total Knee Arthroplasty:** 27438, 27447 (*when performed as inpatient), 27486, 27487, 27488 **Partial-Unicompartmental Knee Arthroplasty (UKA):** 27446 **Knee Manipulation under Anesthesia (MUA):** 27570, 29884 **Knee Ligament Reconstruction/Repair:** 27405, 27407, 27409, 27427, 27428, 27429, 29888, 29889 **Knee Meniscectomy/Meniscal Repair/Meniscal Transplant:** 27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883

	Knee Surgery, Other (Includes synovectomy, diagnostic knee arthroscopy, lateral release/patellar realignment, articular cartilage restoration, etc.): 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 29866, 29867, 29870, 29873, 29874, 29875, 29876, 29877, 29879, G0289 **<u>SHOULDER SURGERY</u>** **Revision/Total/Reverse Shoulder Arthroplasty or Resurfacing:** 23472, 23473, 23474 **Partial Shoulder Arthroplasty/Hemiarthroplasty:** 23470 **Shoulder Rotator Cuff Repair:** 23410, 23412, 23420, 29827 **Shoulder Labral Repair:** 23450, 23455, 23460, 23462, 23465, 23466, 29806, 29807 **Frozen Shoulder Repair/Adhesive Capsulitis:** 29825 **Shoulder Surgery, Other (Includes manipulation, decompression, tenotomy, tenodesis, synovectomy, diagnostic shoulder arthroscopy, etc.):** 23120, 23125, 23130, 23405, 23415, 23430, 23700, 29805, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29828