

EH ENTERPRISE PA List_HIP_GHI_V4.1.4
Posted February 17, 2025

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 0012M | Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma | 1/15/2023 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | | New PA Requirement | Preauthorization - EH services |
| 0013M | Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma | 1/15/2023 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | | | New PA Requirement | Preauthorization - EH services |
| 0017M | Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin | 1/15/2023 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | | | New PA Requirement | Preauthorization - EH services |
| 0037U | Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden | 6/15/2024 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | Preauthorization - EH services |
| 0228U | Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer | 1/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 0229U | BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis | 1/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 0230U | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions | 1/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 0231U | CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions | 1/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 0232U | CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions | 1/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 0233U | FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions | 1/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 0234U | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions | 1/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 0235U | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions | 1/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 0236U | SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions | 1/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 0237U | Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions | 1/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 0238U | Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions | 1/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 0239U | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations | 1/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 0306U | Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for future comparisons to evaluate for MRD | 4/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 4/01/2022; PA required effective 4/01/2022 | Preauthorization - EH services |
| 0307U | Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD | 4/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 4/01/2022; PA required effective 4/01/2022 | Preauthorization - EH services |

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| 0313U | Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia) | 4/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 4/01/2022; PA required effective 4/01/2022 | Preauthorization - EH services |
| 0314U | Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant) | 4/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 4/01/2022; PA required effective 4/01/2022 | Preauthorization - EH services |
| 0315U | Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B) | 4/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 4/01/2022; PA required effective 4/01/2022 | Preauthorization - EH services |
| 0317U | Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer | 4/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 4/01/2022; PA required effective 4/01/2022 | Preauthorization - EH services |
| 0318U | Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood | 4/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 4/01/2022; PA required effective 4/01/2022 | Preauthorization - EH services |
| 0319U | Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection | 4/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 4/01/2022; PA required effective 4/01/2022 | Preauthorization - EH services |

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| 0320U | Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection | 4/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 4/01/2022; PA required effective 4/01/2022 | Preauthorization - EH services |
| 0326U | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 7/01/2022; PA required effective 7/01/2022 | Preauthorization - EH services |
| 0331T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 0332T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 0332U | Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint-inhibitor therapy | 10/1/2022 | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 10/01/2022 | Preauthorization - EH services |
| 0333U | Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy prothrombin (DCP), algorithm reported as normal or abnormal result | 10/1/2022 | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 10/01/2022 | Preauthorization - EH services |

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| 0334U | Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden | 10/1/2022 | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 10/01/2022 | Preauthorization - EH services |
| 0335U | Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants | 10/1/2022 | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 10/01/2022 | Preauthorization - EH services |
| 0336U | Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent) | 10/1/2022 | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 10/01/2022 | Preauthorization - EH services |
| 0339U | Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer | 10/1/2022 | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 10/01/2022 | Preauthorization - EH services |
| 0340U | Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate | 10/1/2022 | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 10/01/2022 | Preauthorization - EH services |
| 0341U | Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid | 10/1/2022 | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 10/01/2022 | Preauthorization - EH services |

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| 0343U | Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (snRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer | 10/1/2022 | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 10/01/2022 | Preauthorization - EH services |
| 0345U | Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6 | 10/1/2022 | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 10/01/2022 | Preauthorization - EH services |
| 0347U | Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes | 10/1/2022 | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 10/01/2022 | Preauthorization - EH services |
| 0348U | Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes | 10/1/2022 | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 10/01/2022 | Preauthorization - EH services |
| 0349U | Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis including reported phenotypes and impacted gene-drug interactions | 10/1/2022 | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 10/01/2022 | Preauthorization - EH services |
| 0350U | Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes | 10/1/2022 | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 10/01/2022 | Preauthorization - EH services |

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| 0355U | APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2) | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code Effective 1/01/2023 | Preauthorization - EH services |
| 0356U | Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet-digital-PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 New Code Effective 1/01/2023 | Preauthorization - EH services |
| 0362U | Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description revised effective 10/01/2023 New Code Effective 1/01/2023 | Preauthorization - EH services |
| 0363U | Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code Effective 1/01/2023 | Preauthorization - EH services |
| 0364U | Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate | 4/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 4/1/2023 | Preauthorization - EH services |
| 0368U | Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer | 4/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 4/1/2023 | Preauthorization - EH services |

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| 0379U | Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden | 4/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 4/1/2023 | Preauthorization - EH services |
| 0380U | Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype | 4/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 4/1/2023 | Preauthorization - EH services |
| 0388U | Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection | 7/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 7/1/2023 | Preauthorization - EH services |
| 0392U | Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug | 7/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 7/1/2023 | Preauthorization - EH services |
| 0394T | High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 0395T | High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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| 0400U | Obstetrics (expanded carrier screening), 145 genes by next generation sequencing, fragment analysis and multiplex ligation dependent probe amplification, DNA, reported as carrier positive or negative | 7/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 7/1/2023 | Preauthorization - EH services |
| 0403U | Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer | 10/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 10/01/2023 | Preauthorization - EH services |
| 0405U | Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected | 10/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 10/01/2023 | Preauthorization - EH services |
| 0409U | Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability | 10/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 10/01/2023 | Preauthorization - EH services |
| 0410U | Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected | 10/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 10/01/2023 | Preauthorization - EH services |
| 0411U | Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6 | 10/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 10/01/2023 | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|-------------------------------|--------------------------------|
| 0413U | Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations | 10/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 10/01/2023 | Preauthorization - EH services |
| 0414U | Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive or negative for each biomarker | 10/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 10/01/2023 | Preauthorization - EH services |
| 0417U | Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder-associated genetic variants | 10/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 10/01/2023 | Preauthorization - EH services |
| 0418U | Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score | 10/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 10/01/2023 | Preauthorization - EH services |
| 0419U | Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype | 10/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 10/01/2023 | Preauthorization - EH services |
| 0420U | Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|--------------------------------|
| 0421U | Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 0422U | Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 0423U | Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 0424U | Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 0425U | Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings) | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 0426U | Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------------|--------------------------------|
| 0428U | Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 0433U | Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 0434U | Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 0437U | Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 0438U | Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 0439T | Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure) | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| 0444U | Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s) | 4/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | Preauthorization - EH services |
| 0448U | Oncology (lung and colon cancer), DNA, qualitative, next-generation sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffin-embedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options | 4/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | Preauthorization - EH services |
| 0460U | Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes | 7/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 7/01/2024 | Preauthorization - EH services |
| 0461U | Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes | 7/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 7/01/2024 | Preauthorization - EH services |
| 0473U | Oncology (solid tumor), nextgeneration sequencing (NGS) of DNA from formalin-fixed paraffinembedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden | 7/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 7/01/2024 | Preauthorization - EH services |
| 0474U | Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using nextgeneration sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene | 7/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 7/01/2024 | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|-------------------------------|--------------------------------|
| 0475U | Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer | 7/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 7/01/2024 | Preauthorization - EH services |
| 0476U | Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | Preauthorization - EH services |
| 0477U | Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis, including impacted gene-drug interactions and reported phenotypes | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | Preauthorization - EH services |
| 0478U | Oncology (non-small cell lung cancer), DNA and RNA, digital PCR analysis of 9 genes (EGFR, KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffin-embedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | Preauthorization - EH services |
| 0481U | IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions) | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | Preauthorization - EH services |
| 0485U | Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|----------------------------------|--------------------------------|
| 0487U | Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | Preauthorization - EH services |
| 0488U | Obstetrics (fetal antigen noninvasive prenatal test), cell-free DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | Preauthorization - EH services |
| 0489U | Obstetrics (single-gene noninvasive prenatal test), cell-free DNA sequence analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants, and relative mutation-dosage analysis based on molecular counts to determine fetal inheritance of maternal mutation, algorithm reported as a fetal risk score for the condition (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia) | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | Preauthorization - EH services |
| 0494U | Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as positive or negative | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | Preauthorization - EH services |
| 0499U | Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | Preauthorization - EH services |
| 0501T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | Deleted Code Effective 1/01/2024 | |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|----------------------------------|--------------------------------|
| 0502T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | Deleted Code Effective 1/01/2024 | |
| 0503T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | Deleted Code Effective 1/01/2024 | |
| 0504T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | Deleted Code Effective 1/01/2024 | |
| 0515T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery]) | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 0516T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 0516U | Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--|--------------------------------|
| 0517T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 | Preauthorization - EH services |
| 0518T | Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 | Preauthorization - EH services |
| 0519T | Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter) Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter) | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 | Preauthorization - EH services |
| 0520T | Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 | Preauthorization - EH services |
| 0521T | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 0522T | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|-----------------------------|--------------------------------|
| 0523U | Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of single-nucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffinembedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change | 1/1/2025 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | Preauthorization - EH services |
| 0529U | Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE | 1/1/2025 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | Preauthorization - EH services |
| 0530U | Oncology (pan-solid tumor), ctDNA, utilizing plasma, nextgeneration sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copynumber alterations, with therapy association | 1/1/2025 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | Preauthorization - EH services |
| 0584T | Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 0585T | Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 0586T | Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 0609T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 0610T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 0611T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 0612T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 0633T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 0634T | Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s) | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 0635T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s) | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 0636T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 0637T | Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s) | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 0638T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s) | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 0697T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs | 1/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | No | N/A | N/A | | eviCore |
| 0698T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure) | 1/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | No | N/A | N/A | | eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|------------------|
| 0710T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report | 1/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | No | N/A | N/A | | eviCore |
| 0742T | Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure) | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code Effective 1/01/2023 | eviCore |
| 0745T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| 0746T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| 0747T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| 0865T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| 0866T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure) | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| 10040 | Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules) | 11/15/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New PA Requirement effective 11/15/2022 | Preauthorization - EH services |
| 11920 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 11921 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 11922 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure) | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 11960 | Insertion of tissue expander(s) for other than breast, including subsequent expansion | 1/1/2020 | | HIP Medicare, HIP Medicaid, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| 11971 | Removal of tissue expander(s) without insertion of prosthesis Removal of tissue expander without insertion of implant | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement effective 11/15/2022 | Preauthorization - EH services |
| 14000 | Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if code submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 14001 | Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if code submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 14041 | Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 15730 | Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location | 11/15/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New PA Requirement effective 11/15/2022 | Preauthorization - EH services |
| 15734 | Muscle, myocutaneous, or fasciocutaneous flap; trunk | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 15738 | Muscle, myocutaneous, or fasciocutaneous flap; lower extremity | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 15750 | Flap; neurovascular pedicle | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 15757 | Free skin flap with microvascular anastomosis | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 15758 | Free fascial flap with microvascular anastomosis | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 15769 | Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia) | 1/1/2020 | | HIP Medicare, GHI Medicare | Yes | PA is required for only gender dysphoria diagnoses codes F64.0-F64.9, Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 15771 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate | 1/1/2020 | | HIP Medicare, GHI Medicare | Yes | PA is required for only gender dysphoria diagnoses codes F64.0-F64.9, Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|---|--|--------------------|--------------------------------|
| 15772 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure) | 1/1/2020 | | HIP Medicare, GHI Medicare | Yes | PA is required for only gender dysphoria diagnoses codes F64.0-F64.9, Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 15773 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate | 1/1/2020 | | HIP Medicare, GHI Medicare | Yes | PA is required for only gender dysphoria diagnoses codes F64.0-F64.9, Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 15774 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure) | 1/1/2020 | | HIP Medicare, GHI Medicare | Yes | PA is required for only gender dysphoria diagnoses codes F64.0-F64.9, Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 15775 | Punch graft for hair transplant; 1 to 15 punch grafts | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 15776 | Punch graft for hair transplant; more than 15 punch grafts | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 15780 | Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 15781 | Dermabrasion; segmental, face | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 15782 | Dermabrasion; regional, other than face | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 15783 | Dermabrasion; superficial, any site (eg, tattoo removal) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 15788 | Chemical peel, facial; epidermal | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 15789 | Chemical peel, facial; dermal | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 15792 | Chemical peel, nonfacial; epidermal | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 15793 | Chemical peel, nonfacial; dermal | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 15820 | Blepharoplasty, lower eyelid | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 15821 | Blepharoplasty, lower eyelid; with extensive herniated fat pad | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 15822 | Blepharoplasty, upper eyelid | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 15823 | Blepharoplasty, upper eyelid; with excessive skin weighting down lid | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 15830 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| 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) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 15877 | Suction assisted lipectomy; trunk | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 17106 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 17107 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 17108 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 17380 | Electrolysis epilation, each 30 minutes | 11/15/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement effective 11/15/2022 | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 17999 | Unlisted procedure, skin, mucous membrane and subcutaneous tissue | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 19294 | Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure). | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 19296 | Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 19297 | Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 19298 | Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 19300 | Removal of Breast Tissue | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|---|---|--------------------------|--------------------------------|
| 19303 | Mastectomy, simple, complete | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA. | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 19316 | Mastopexy | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | | Preauthorization - EH services |
| 19318 | Breast reduction | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | Code description updated | Preauthorization - EH services |
| 19325 | Breast augmentation with implant | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | Code description updated | Preauthorization - EH services |
| 19328 | Removal of intact breast implant | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Notification/prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | Code description updated | Preauthorization - EH services |
| 19330 | Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | Code description updated | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------------|--------------------------------|
| 19340 | Insertion of breast implant on same day of mastectomy (ie, immediate) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | Code description updated | Preauthorization - EH services |
| 19342 | Insertion or replacement of breast implant on separate day from mastectomy | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | Code description updated | Preauthorization - EH services |
| 19350 | Nipple/areola reconstruction | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | | Preauthorization - EH services |
| 19357 | Tissue expander placement in breast reconstruction, including subsequent expansion(s) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | Code description updated | Preauthorization - EH services |
| 19361 | Breast reconstruction; with latissimus dorsi flap | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | Code description updated | Preauthorization - EH services |
| 19364 | Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | Code description updated | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------------|--------------------------------|
| 19367 | Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | Code description updated | Preauthorization - EH services |
| 19368 | Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | Code description updated | Preauthorization - EH services |
| 19369 | Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | Code description updated | Preauthorization - EH services |
| 19370 | Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | Code description updated | Preauthorization - EH services |
| 19371 | Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | Code description updated | Preauthorization - EH services |
| 19380 | Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | Code description updated | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|---|--|---|--------------------------------|
| 19396 | Preparation of moulage for custom breast implant | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | | Prior authorization not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | | Preauthorization - EH services |
| 20560 | Needle insertion(s) without injection(s); 1 or 2 muscle(s) | 1/21/2020 | | HIP Medicare; GHI Medicare | N/A | M54.5 See Medical Policy- Acupuncture for Chronic Low Back Pain. | N/A | M54.5 invalid dx code effective 9/30/2021. See Medical Policy- Acupuncture for Chronic Low Back Pain. PA required 13 -20 visit only. | Preauthorization - EH services |
| 20561 | Needle insertion(s) without injection(s); 3 or more muscles | 1/21/2020 | | HIP Medicare; GHI Medicare | N/A | M54.5 See Medical Policy- Acupuncture for Chronic Low Back Pain. | N/A | M54.5 invalid dx code effective 9/30/2021. See Medical Policy- Acupuncture for Chronic Low Back Pain. PA required 13 -20 visit only. | Preauthorization - EH services |
| 20974 | Electrical stimulation to aid bone healing; noninvasive (nonoperative) | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 20975 | Electrical stimulation to aid bone healing; invasive (operative) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 20979 | Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| 21086 | Impression and custom preparation; auricular prosthesis | 11/15/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement effective 11/15/2022 | Preauthorization - EH services |
| 21087 | Impression and custom preparation; nasal prosthesis | 11/15/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement effective 11/15/2022 | Preauthorization - EH services |
| 21110 | INTERDENTAL FIXATION | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21120 | Genioplasty; augmentation (autograft, allograft, prosthetic material) | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21121 | Genioplasty; sliding osteotomy, single piece | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21122 | Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin) | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 21123 | Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21125 | Augmentation, mandibular body or angle; prosthetic material | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21127 | Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21137 | Reduction forehead; contouring only | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21138 | Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft) | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21139 | Reduction forehead; contouring and setback of anterior frontal sinus wall | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 21141 | Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21142 | Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21143 | Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21145 | Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21146 | Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 21150 | Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21151 | Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21154 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21155 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21159 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21160 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 21172 | Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21175 | Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21179 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21180 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21181 | Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21182 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 21183 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21184 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21188 | Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21193 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21194 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21195 | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 21196 | Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21198 | Osteotomy, mandible, segmental; | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21199 | Osteotomy, mandible, segmental; with genioglossus advancement | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21206 | Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21208 | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21209 | Osteoplasty, facial bones; reduction | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 21210 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21215 | Graft, bone; mandible (includes obtaining graft) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21230 | Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21235 | Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21240 | Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21242 | Arthroplasty, temporomandibular joint, with allograft | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 21243 | RECONSTRUCTION OF JAW JOINT | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21244 | Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21245 | Reconstruction of mandible or maxilla, subperiosteal implant; partial | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21246 | Reconstruction of mandible or maxilla, subperiosteal implant; complete | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21247 | Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21248 | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 21249 | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21255 | Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21256 | Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21260 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach | 1/1/2020 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21261 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach | 1/1/2020 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21263 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement | 1/1/2020 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 21267 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach | 1/1/2020 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21268 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach | 1/1/2020 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21270 | AUGMENTATION CHEEK BONE | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21275 | Secondary revision of orbitocraniofacial reconstruction | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21280 | Medial canthopexy (separate procedure) | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21282 | Lateral canthopexy | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 21295 | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21296 | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21299 | Unlisted craniofacial and maxillofacial procedure | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21685 | Hyoid myotomy and suspension | 1/1/2020 | | HIP Medicare, HIP Medicaid, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21740 | Reconstructive repair of pectus excavatum or carinatum; open | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21742 | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 21743 | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 21899 | Unlisted procedure, neck or thorax | 1/1/2020 | | HIP Medicare, GHI Medicare | Yes | Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA. | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 22100 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 22101 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 22102 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 22110 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 22112 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 22114 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 22206 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 22207 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 22210 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 22212 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 22214 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 22220 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 22222 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 22224 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 22310 | Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22315 | Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 22325 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22326 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22327 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22510 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22511 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22512 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22515 | 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; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22532 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22533 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22534 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 22548 | Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22551 | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22552 | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22554 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22556 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22558 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|---|------------------|
| 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) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22590 | Arthrodesis, posterior technique, craniocervical (occiput-C2) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22595 | Arthrodesis, posterior technique, atlas-axis (C1-C2) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22600 | Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code Description updated effective 1/1/2022 | Orthonet |
| 22610 | Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code Description updated effective 1/1/2022 | Orthonet |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---|------------------|
| 22612 | Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code Description updated effective 1/1/2022 | Orthonet |
| 22614 | Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code Description updated effective 1/1/2022 | Orthonet |
| 22630 | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code Description updated effective 1/1/2022 | Orthonet |
| 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; lumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code Description updated effective 1/1/2022 | Orthonet |
| 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; each additional interspace and segment (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code Description updated effective 1/1/2022 | Orthonet |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 22800 | Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22802 | Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22804 | Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22808 | Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22810 | Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22812 | Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 22818 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22819 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22830 | Exploration of spinal fusion | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22840 | Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22841 | Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22842 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 22843 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22844 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22845 | Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22846 | Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22847 | Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22848 | Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 22849 | Reinsertion of spinal fixation device | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22850 | Removal of posterior nonsegmental instrumentation (eg, Harrington rod) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22852 | Removal of posterior segmental instrumentation | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22853 | Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22854 | Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22855 | Removal of anterior instrumentation | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 22856 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22857 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22857 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 22858 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 22859 | Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22861 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 22862 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22862 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 22864 | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22865 | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22867 | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level (New Code: 01/01/2017) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22868 | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure) (New Code: 01/01/2017) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--|--------------------------------|
| 22869 | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level (New Code: 01/01/2017) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 22870 | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure) (New Code: 01/01/2017) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 26340 | Manipulation, finger joint, under anesthesia, each joint | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 27279 | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | | N/A | | Orthonet |
| 27280 | Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | | N/A | Updated Code Description Effective 1/01/2023 | Orthonet |
| 27412 | Autologous chondrocyte implantation, knee | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 28344 | Reconstruction, toe(s); polydactyly | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 28890 | Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 29866 | Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s]) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 29867 | Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 29868 | Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 30400 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 30410 | Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 30420 | Rhinoplasty, primary; including major septal repair | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 30430 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 30435 | Rhinoplasty, secondary; intermediate revision (bony work with osteotomies) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 30450 | Rhinoplasty, secondary; major revision (nasal tip work and osteotomies) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 30460 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 30462 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 30465 | Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 30540 | Repair choanal atresia; intranasal | 1/1/2020 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 30545 | Repair choanal atresia; transpalatine | 1/1/2020 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 30560 | Lysis intranasal synechia | 1/1/2020 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 30620 | Septal or other intranasal dermatoplasty (does not include obtaining graft) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 31295 | Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 31296 | Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 31297 | Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 31298 | Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 31643 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 32553 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple | | 4/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed | |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 32850 | Donor pneumonectomy(s) (including cold preservation), from cadaver donor | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 32851 | Lung transplant, single; without cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 32852 | Lung transplant, single; with cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 32853 | Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 32854 | Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 32855 | Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 32856 | Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33251 | Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33254 | Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33255 | Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33256 | Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33257 | Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------------|--------------------------------|
| 33258 | Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33259 | Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33261 | Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33276 | Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 33277 | Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure) | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 33278 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s) | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------------|--------------------------------|
| 33279 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 33280 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 33281 | Repositioning of phrenic nerve stimulator transvenous lead(s) | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 33287 | Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 33288 | Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 33361 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 33362 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33363 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33364 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33365 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33366 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy) New code effective 1/1/2014 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33369 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 33404 | Construction of apical-aortic conduit | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33414 | Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33415 | Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33416 | Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33417 | Aortoplasty (gusset) for supra-avalvular stenosis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33476 | Tricuspid valve repositioning and plication for Ebstein anomaly | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 33477 | Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33478 | Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33500 | Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33501 | Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33502 | Repair of anomalous coronary artery from pulmonary artery origin; by ligation | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33503 | Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 33504 | Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33505 | Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33506 | Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33507 | Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33600 | Closure of atrioventricular valve (mitral or tricuspid) by suture or patch | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33602 | Closure of semilunar valve (aortic or pulmonary) by suture or patch | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 33606 | Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33608 | Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33610 | Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33611 | Repair of double outlet right ventricle with intraventricular tunnel repair; | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33612 | Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33615 | Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 33617 | Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33619 | Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33641 | Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33645 | Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33647 | Repair of atrial septal defect and ventricular septal defect, with direct or patch closure | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33660 | Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 33665 | Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33670 | Repair of complete atrioventricular canal, with or without prosthetic valve | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33675 | Closure of multiple ventricular septal defects; | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33676 | Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33677 | Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33681 | Closure of single ventricular septal defect, with or without patch; | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 33684 | Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33688 | Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33690 | Banding of pulmonary artery | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33692 | Complete repair tetralogy of Fallot without pulmonary atresia; | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33694 | Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33697 | Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 33702 | Repair sinus of Valsalva fistula, with cardiopulmonary bypass; | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33710 | Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33720 | Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33724 | Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33726 | Repair of pulmonary venous stenosis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33730 | Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---------------------------------|--------------------------------|
| 33732 | Repair of cor triatriatum or supra-avalvular mitral ring by resection of left atrial membrane | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33735 | Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33736 | Atrial septectomy or septostomy; open heart with cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33737 | Atrial septectomy or septostomy; open heart, with inflow occlusion | 1/1/2020 | 1/1/2025 | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Deleted Code effective 1/1/2025 | Preauthorization - EH services |
| 33750 | Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33755 | Shunt; ascending aorta to pulmonary artery (Waterston type operation) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 33762 | Shunt; descending aorta to pulmonary artery (Potts-Smith type operation) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33764 | Shunt; central, with prosthetic graft | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33766 | Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33767 | Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33768 | Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33770 | Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 33771 | Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33774 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33775 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33776 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33777 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33778 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 33779 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33780 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33781 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33786 | Total repair, truncus arteriosus (Rastelli type operation) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33788 | Reimplantation of an anomalous pulmonary artery | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33802 | Division of aberrant vessel (vascular ring); | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 33803 | Division of aberrant vessel (vascular ring); with reanastomosis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33820 | Repair of patent ductus arteriosus; by ligation | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33822 | Repair of patent ductus arteriosus; by division, younger than 18 years | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33840 | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33845 | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33851 | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 33852 | Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33853 | Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33917 | Repair of pulmonary artery stenosis by reconstruction with patch or graft | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33920 | Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33924 | Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33927 | Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 33928 | Removal and replacement of total replacement heart system (artificial heart) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33929 | Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33930 | Donor cardiectomy-pneumonectomy (including cold preservation) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33933 | Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33935 | Heart-lung transplant with recipient cardiectomy-pneumonectomy | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33940 | Donor cardiectomy (including cold preservation) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 33944 | Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33945 | Heart transplant, with or without recipient cardiectomy | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33975 | Insertion of ventricular assist device; extracorporeal, single ventricle | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33976 | Insertion of ventricular assist device; extracorporeal, biventricular | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33977 | REMOVE VENTRICULAR DEVICE | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33978 | REMOVE VENTRICULAR DEVICE | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------------|--------------------------------|
| 33979 | Insertion of ventricular assist device, implantable intracorporeal, single ventricle | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33980 | REMOVE INTRACORPOREAL DEVICE | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33981 | Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33982 | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33983 | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 33991 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description updated | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------------|--------------------------------|
| 33993 | Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description updated | Preauthorization - EH services |
| 36465 | NJX NONCMPND SCLRSNT 1 VEIN | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 36466 | NJX NONCMPND SCLRSNT MLT VN | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 36468 | Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 36470 | NJX SCLRSNT 1 INCMPTNT VEIN | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 36471 | NJX SCLRSNT MLT INCMPTNT VN | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 36473 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated (New Code 01/01/2017) | 1/1/2020 | | HIP-Commercial ; HIP Medicare, HIP-Medicaid , GHI-EPO/PPO ; GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 36474 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) (New Code 01/01/2017) | 1/1/2020 | | HIP-Commercial ; HIP Medicare, HIP-Medicaid , GHI-EPO/PPO ; GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 36475 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 36476 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) (Revised Code 01/01/2017) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 36478 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 36479 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) (Revised Code 01/01/2017) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 36482 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 36483 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 36514 | Therapeutic apheresis; for plasma pheresis | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 37500 | ENDOSCOPY LIGATE PERF VEINS | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 37700 | Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 37718 | Ligation, division, and stripping, short saphenous vein | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 37722 | Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 37735 | REMOVAL OF LEG VEINS/LESION | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 37760 | LIGATE LEG VEINS RADICAL | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 37761 | LIGATE LEG VEINS OPEN | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 37765 | STAB PHLEB VEINS XTR 10-20 | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 37766 | PHLEB VEINS - EXTREM 20+ | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 37780 | Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 37785 | LIGATE/DIVIDE/EXCISE VEIN | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 37788 | Penile revascularization, artery, with or without vein graft | 1/1/2020 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 37790 | Penile venous occlusive procedure | 1/1/2020 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 37799 | Vascular surgery procedure NEC | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 38206 | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Preauthorization required for all diagnosis codes | Preauthorization required for all diagnosis codes | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 38208 | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 38209 | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 38210 | Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 38212 | Transplant preparation of hematopoietic progenitor cells; red blood cell removal | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 38213 | Transplant preparation of hematopoietic progenitor cells; platelet depletion | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 38214 | Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|-----------------------------|--------------------------------|
| 38215 | Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 38228 | Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous | 1/1/2025 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | Preauthorization - EH services |
| 38232 | Bone marrow harvesting for transplantation; autologous | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 38240 | Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 38241 | Hematopoietic progenitor cell (HPC); autologous transplantation | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 38242 | Allogeneic lymphocyte infusions | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| 38999 | Unlisted procedure, hemic or lymphatic system | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Preauthorization required for all diagnosis codes | Preauthorization required for all diagnosis codes | | Preauthorization - EH services |
| 40500 | Vermilionectomy (lip shave), with mucosal advancement | 11/15/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement effective 11/15/2022 | Preauthorization - EH services |
| 41019 | Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 41512 | Tongue base suspension, permanent suture technique | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 41530 | Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 41599 | Unlisted procedure, tongue, floor of mouth | 1/1/2020 | | HIP Medicare, HIP Medicaid, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--|--------------------------------|
| 42145 | Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty) | 1/1/2020 | | HIP Medicare, HIP Medicaid, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43283 | LAP ESOPH LENGTHENING | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43290 | Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon | 1/1/2023 | | HIP Medicare, GHI Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed from Commercial lines of business to align with medical policy effective 1/1/2023 New Code Effective 1/01/2023 | Preauthorization - EH services |
| 43291 | Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s) | 1/1/2023 | | HIP Medicare, GHI Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed from Commercial lines of business to align with medical policy effective 1/1/2023 New Code Effective 1/01/2023 | Preauthorization - EH services |
| 43338 | ESOPH LENGTHENING | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43644 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less) | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 43645 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43647 | Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43648 | Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43659 | Unlisted laparoscopy procedure, stomach | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43770 | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components) | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43771 | Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 43772 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43773 | Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43774 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43775 | Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy) new code effective date 01/01/2010 | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43842 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43843 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 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) | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43846 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43847 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43848 | Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure) | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43860 | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43865 | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 43881 | Implantation or replacement of gastric neurostimulator electrodes, antrum, open | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43882 | Revision or removal of gastric neurostimulator electrodes, antrum, open | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43886 | Gastric restrictive procedure, open; revision of subcutaneous port component only | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 43887 | Gastric restrictive procedure, open; removal of subcutaneous port component only | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 44132 | Donor enterectomy (including cold preservation), open; from cadaver donor | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 44133 | Donor enterectomy (including cold preservation), open; partial, from living donor | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 44135 | Intestinal allotransplantation; from cadaver donor | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 44136 | Intestinal allotransplantation; from living donor | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 44137 | Removal of transplanted intestinal allograft, complete | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 44715 | Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 44720 | Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 44721 | Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 47133 | Donor hepatectomy (including cold preservation), from cadaver donor | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 47135 | Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 47140 | Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 47141 | Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 47142 | Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 47143 | Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 47144 | Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII]) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 47145 | Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII]) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 47146 | Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each | 1/1/2020 | | HIP Medicare, HIP Medicaid, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 47147 | Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 48551 | Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 48552 | Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 48554 | Transplantation of pancreatic allograft | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 49411 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple | | 4/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed | |
| 49412 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure) | | 4/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed | |
| 50300 | Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 50320 | Donor nephrectomy (including cold preservation); open, from living donor | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 50323 | Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 50325 | Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary | 1/1/2020 | | HIP Medicare, HIP Medicaid, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 50340 | Recipient nephrectomy (separate procedure) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 50360 | Renal allotransplantation, implantation of graft; without recipient nephrectomy | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 50365 | Renal allotransplantation, implantation of graft; with recipient nephrectomy | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 50370 | Removal of transplanted renal allograft | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 50380 | Renal autotransplantation, reimplantation of kidney | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 50547 | Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 53410 | Urethroplasty, 1-stage reconstruction of male anterior urethra | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA. | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 53420 | Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage | 1/1/2020 | | HIP Medicare, GHI Medicare | Yes | Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA. | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 53425 | Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage | 1/1/2020 | | HIP Medicare, GHI Medicare | Yes | Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA. | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 53430 | Urethroplasty, reconstruction of female urethra | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 54125 | Amputation of penis; complete | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--|--------------------------------|
| 54400 | Insertion of penile prosthesis; non-inflatable (semi-rigid) | 1/1/2020 | | HIP Medicare, HIP Medicaid, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 54401 | Insertion of penile prosthesis; inflatable (self-contained) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Commercial membership eff 02/01/22 PA is required. | Preauthorization - EH services |
| 54405 | Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Commercial membership eff 02/01/22 PA is required. | Preauthorization - EH services |
| 54405 | Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir | 1/1/2020 | | HIP Medicare, GHI Medicare | Yes | Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA. | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 54408 | Repair of component(s) of a multi-component, inflatable penile prosthesis | 1/1/2020 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 54408 | Repair of component(s) of a multi-component, inflatable penile prosthesis | 1/1/2020 | | HIP Medicare, GHI Medicare | Yes | Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA. | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| 54410 | Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session | 1/1/2020 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 54411 | Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue | 1/1/2020 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 54416 | Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Commercial and Medicare membership eff 02/01/22 PA is required. | Preauthorization - EH services |
| 54417 | Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue | 1/1/2020 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 54520 | Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 54660 | Insertion of testicular prosthesis (separate procedure) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|---|--|------------------------------|--------------------------------|
| 54690 | Laparoscopy, surgical; orchiectomy | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 55175 | Scrotoplasty; simple | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 55180 | Scrotoplasty; complicated | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 55866 | Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed | 1/1/2020 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 55866 | Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed | 1/1/2020 | | HIP Medicare, GHI Medicare | Yes | Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA. | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 55867 | Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | PA is required for only gender dysphoria diagnoses codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA. | If submitted with other diagnosis codes, then does not require a PA. | New Code Effective 1/01/2023 | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 55870 | Electroejaculation | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 55875 | Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 55876 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple | | 4/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed | |
| 55920 | Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 55970 | Intersex surgery; male to female | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 55980 | Intersex surgery; female to male | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|--|---------------------------------|---|--|--------------------|--------------------------------|
| 56625 | Vulvectomy simple; complete | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 56800 | Plastic repair of introitus | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 56805 | Clitoroplasty for intersex state | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 57106 | Vaginectomy, partial removal of vaginal wall | 1/1/2020 | | HIP Medicare, GHI Medicare | Yes | Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA. | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 57110 | Vaginectomy, complete removal of vaginal wall | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 57155 | Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 57156 | Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 57291 | Construction of artificial vagina; without graft | 1/1/2020 | | HIP Medicare, GHI Medicare | Yes | Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA. | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 57292 | Construction of artificial vagina; with graft | 1/1/2020 | | HIP Medicare, GHI Medicare | Yes | Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA. | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 57295 | Revision (including removal) of prosthetic vaginal graft; vaginal approach | 1/1/2020 | | HIP Medicare, GHI Medicare | Yes | Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA. | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 57296 | Revision (including removal) of prosthetic vaginal graft; open abdominal approach | 1/1/2020 | | HIP Medicare, GHI Medicare | Yes | Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA. | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 57335 | Vaginoplasty for intersex state | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 57426 | Revision (including removal) of prosthetic vaginal graft, laparoscopic approach | 1/1/2020 | | HIP Medicare, GHI Medicare | Yes | Requires a PA when submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890. If submitted with other diagnosis codes, then does not require a PA. | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 58290 | Vaginal hysterectomy, for uterus greater than 250 g; | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 58291 | Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 58292 | Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele | 1/1/2020 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 58321 | Artificial insemination; intra-cervical | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 58322 | Artificial insemination; intra-uterine | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 58323 | Sperm washing for artificial insemination | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 58345 | Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 58346 | Insertion of Heyman capsules for clinical brachytherapy | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 58752 | Tubouterine implantation | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 58760 | Fimbrioplasty | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 58940 | Oophorectomy, partial or total, unilateral or bilateral; | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 58970 | Follicle puncture for oocyte retrieval, any method | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 58974 | Embryo transfer, intrauterine | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 59897 | Uterine evacuation and curettage for hydatidiform mole | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | Preauthorization - EH services |
| 61796 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 61797 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 61798 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 61799 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 61800 | Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 61850 | Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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 | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 61864 | 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; each additional array (List separately in addition to primary procedure) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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 | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------------|--------------------------------|
| 61868 | 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; each additional array (List separately in addition to primary procedure) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 61885 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 61886 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 61889 | Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s) | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 61891 | Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s) | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 61892 | Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 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 (New Code 01/01/2017) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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 (ie, fluoroscopy or CT) (New Code 01/01/2017) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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 (New Code: 01/01/2017) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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 (ie, fluoroscopy or CT) (New Code: 01/01/2017) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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 (New Code: 01/01/2017) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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 (ie, fluoroscopy or CT) (New Code: 01/01/2017) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 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 neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance (New Code: 01/01/2017) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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 (ie, fluoroscopy or CT) (New Code: 01/01/2017) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | | N/A | | Orthonet |
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | | N/A | | Orthonet |
| 62355 | Removal of previously implanted intrathecal or epidural catheter | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | | N/A | | Orthonet |
| 62360 | Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | | N/A | | Orthonet |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 62361 | Implantation or replacement of device for intrathecal or epidural drug infusion; non programmable pump | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | | N/A | | Orthonet |
| 62362 | Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | | N/A | | Orthonet |
| 62365 | Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | | N/A | | Orthonet |
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 63011 | 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; sacral | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63012 | Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63016 | 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; thoracic | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63020 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 63030 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63040 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63042 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---|------------------|
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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 additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code Description updated effective 1/1/2022 | Orthonet |
| 63050 | Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 63055 | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63064 | Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63066 | Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63075 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; cervical, single interspace | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 63076 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, each additional interspace (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63077 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, single interspace | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63078 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, each additional interspace (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63081 | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63082 | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63085 | Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 63086 | Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63087 | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63088 | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63090 | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63091 | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63101 | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retracted bone fragments); thoracic, single segment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 63102 | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63103 | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63170 | Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63172 | Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63173 | Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63185 | Laminectomy with rhizotomy; one or two segments | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 63190 | Laminectomy with rhizotomy; more than 2 segments | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63191 | Laminectomy with section of spinal accessory nerve | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63197 | Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63200 | Laminectomy, with release of tethered spinal cord, lumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63250 | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63251 | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 63252 | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63265 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63266 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63267 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63268 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63270 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 63271 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63272 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63273 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63275 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63276 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63277 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 63278 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63280 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63281 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63282 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63283 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63285 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 63286 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63287 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63290 | Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63295 | Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63300 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63301 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 63302 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63303 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63304 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63305 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63306 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63307 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 63308 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 63655 | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63655 | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 63661 | Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--|--------------------------------|
| 63662 | Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63663 | Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63664 | Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed | 2/1/2022 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 63664 | Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 | Orthonet |
| 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--|--------------------------------|
| 63688 | Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array Revision or removal of implanted spinal neurostimulator pulse generator or receiver | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 | Orthonet |
| 63688 | Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array Revision or removal of implanted spinal neurostimulator pulse generator or receiver | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 | Preauthorization - EH services |
| 64405 | Injection, anesthetic agent; greater occipital nerve | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 64479 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description updated | Orthonet |
| 64480 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description updated | Orthonet |
| 64483 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description updated | Orthonet |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------------|------------------|
| 64484 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description updated | Orthonet |
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 64491 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), cervical or thoracic; second level (list separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 64492 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), cervical or thoracic; third and any additional level(s) (list separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 64494 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), lumbar or sacral; second level (list separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--|--------------------------------|
| 64495 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), lumbar or sacral; third and any additional level(s) (list separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| 64553 | Percutaneous implantation of neurostimulator electrode array; cranial nerve | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 64555 | Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 64568 | Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code Description updated effective 1/1/2022 | Preauthorization - EH services |
| 64570 | Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 64590 | Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--|--------------------------------|
| 64595 | Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 | Preauthorization - EH services |
| 64596 | Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 64597 | Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure) | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 64598 | Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 64628 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral | 11/1/2022 | | HIP Medicare and GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | Preauthorization - EH services |
| 64629 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure) | 11/1/2022 | | HIP Medicare and GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 64722 | Decompression; unspecified nerve(s) (specify) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 64744 | Transection or avulsion of; greater occipital nerve | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 64856 | Suture of major peripheral nerve, arm or leg, except sciatic; including transposition | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 64892 | Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 64896 | Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | Yes | Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890 | If submitted with other diagnosis codes, then does not require a PA. | | Preauthorization - EH services |
| 65765 | Keratophakia | 1/1/2020 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 65767 | Epikeratoplasty | 1/1/2020 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 66180 | Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft | 1/1/2020 | | HIP Medicare, HIP Medicaid, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67900 | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach) | 1/1/2020 | | HIP Medicare, HIP Medicaid, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67901 | Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia) | 1/1/2020 | | HIP Medicare, HIP Medicaid, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67902 | Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia) | 1/1/2020 | | HIP Medicare, HIP Medicaid, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67903 | Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach | 1/1/2020 | | HIP Medicare, HIP Medicaid, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 67904 | Repair of blepharoptosis; (tarso) levator resection or advancement, external approach | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67906 | Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67908 | Repair of blepharoptosis; conjunctive-tarso-Müller's muscle-levator resection (eg, Fasanella-Servet type) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67909 | Reduction of overcorrection of ptosis | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67911 | Correction of lid retraction | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67912 | Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 67914 | Repair of ectropion; suture | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67915 | Repair of ectropion; thermocauterization) | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67916 | Repair of ectropion; excision tarsal wedge | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67917 | Repair of ectropion; extensive (eg, tarsal strip operations) | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67921 | Repair of entropion; suture | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67922 | Repair of entropion; thermocauterization | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 67923 | Repair of entropion; excision tarsal wedge | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67924 | Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation) | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67950 | Canthoplasty (reconstruction of canthus) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67961 | Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 67966 | Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 69710 | Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| 69714 | Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code Description updated effective 1/1/2022 | Preauthorization - EH services |
| 69728 | Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code Effective 1/01/2023 | Preauthorization - EH services |
| 69729 | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code Effective 1/01/2023 | Preauthorization - EH services |
| 69730 | Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code Effective 1/01/2023 | Preauthorization - EH services |
| 69930 | Cochlear device implantation, with or without mastoidectomy | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 70336 | Magnetic resonance (eg, proton) imaging, temporomandibular joint(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 70450 | Computed tomography, head or brain; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70460 | Computed tomography, head or brain; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70470 | Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70480 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70481 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70482 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 70486 | Computed tomography, maxillofacial area; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70487 | Computed tomography, maxillofacial area; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70488 | Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70490 | Computed tomography, soft tissue neck; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70491 | Computed tomography, soft tissue neck; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70492 | Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 70496 | Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70498 | Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70540 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70542 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70543 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70544 | Magnetic resonance angiography, head; without contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 70545 | Magnetic resonance angiography, head; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70546 | Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70547 | Magnetic resonance angiography, neck; without contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70548 | Magnetic resonance angiography, neck; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70549 | Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70551 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------------|------------------|
| 70552 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70553 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70554 | Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 70555 | Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 71250 | Computed tomography, thorax, diagnostic; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description updated | eviCore |
| 71260 | Computed tomography, thorax, diagnostic; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description updated | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------------|------------------|
| 71270 | Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description updated | eviCore |
| 71271 | Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | 1/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 71275 | Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 71550 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 71551 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 71552 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 71555 | Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72125 | Computed tomography, cervical spine; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72126 | Computed tomography, cervical spine; with contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72127 | Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72128 | Computed tomography, thoracic spine; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72129 | Computed tomography, thoracic spine; with contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 72130 | Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72131 | Computed tomography, lumbar spine; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72132 | Computed tomography, lumbar spine; with contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72133 | Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72141 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72142 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 72146 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72147 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72148 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72149 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72156 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72157 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 72158 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72159 | Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72191 | Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72192 | Computed tomography, pelvis; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72193 | Computed tomography, pelvis; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72194 | Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|--|---------------------------------|--|--|--------------------|------------------|
| 72195 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72196 | Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72197 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 72198 | Magnetic resonance angiography, pelvis, with or without contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73200 | Computed tomography, upper extremity; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73201 | Computed tomography, upper extremity; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 73202 | Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73206 | Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73218 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73219 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73220 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73221 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 73222 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73223 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73225 | Magnetic resonance angiography, upper extremity, with or without contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73700 | Computed tomography, lower extremity; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73701 | Computed tomography, lower extremity; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73702 | Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 73706 | Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73718 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73719 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73720 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73721 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73722 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 73723 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 73725 | Magnetic resonance angiography, lower extremity, with or without contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 74150 | Computed tomography, abdomen; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 74160 | Computed tomography, abdomen; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 74170 | Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 74174 | Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 74175 | Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 74176 | Computed tomography, abdomen and pelvis; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 74177 | Computed tomography, abdomen and pelvis; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 74178 | Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 74181 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 74182 | Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 74183 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 74185 | Magnetic resonance angiography, abdomen, with or without contrast material(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 74261 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 74262 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed. | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 74263 | Computed tomographic (CT) colonography, screening, including image postprocessing | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 74712 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 74713 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 75557 | Cardiac magnetic resonance imaging for morphology and function without contrast material; | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 75559 | Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 75561 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 75563 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 75571 | Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|---|------------------|
| 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) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 75573 | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code Description updated effective 1/1/2022 | eviCore |
| 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) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 75580 | Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | eviCore |
| 75635 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76376 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---|------------------|
| 76377 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76380 | Computed tomography, limited or localized follow-up study | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76390 | Magnetic resonance spectroscopy | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76391 | Magnetic resonance (eg, vibration) elastography | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76497 | Unlisted computed tomography procedure (eg, diagnostic, interventional) | 11/15/2022 | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement effective 11/15/2022 | eviCore |
| 76498 | Unlisted magnetic resonance procedure (eg, diagnostic, interventional) | 11/15/2022 | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement effective 11/15/2022 | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 76801 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76802 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76805 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76810 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76811 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76812 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 76813 | Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76814 | Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76815 | Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76816 | Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76817 | Ultrasound, pregnant uterus, real time with image documentation, transvaginal | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76818 | Fetal biophysical profile; with non-stress testing | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 76819 | Fetal biophysical profile; without non-stress testing | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76820 | Doppler velocimetry, fetal; umbilical artery | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76821 | Doppler velocimetry, fetal; middle cerebral artery | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76825 | Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76826 | Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76827 | Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------------------|--------------------------------|
| 76828 | Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76873 | Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure) | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| 76948 | Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation | 7/14/2023 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA requirement effective 7/14/2023 | Preauthorization - EH services |
| 76965 | Ultrasonic guidance for interstitial radioelement application | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76975 | Gastrointestinal endoscopic ultrasound, supervision and interpretation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76978 | Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--|--------------------------------|
| 76979 | Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 76981 | Ultrasound, elastography; parenchyma (eg, organ) | 1/1/2020 | 9/1/2024 | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Preauthorization requirement removed effective 9/01/2024 | Preauthorization - EH services |
| 76983 | Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure) | 1/1/2020 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 77014 | Computed tomography guidance for placement of radiation therapy fields | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77021 | Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77022 | Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 77046 | Magnetic resonance imaging, breast, without contrast material; unilateral | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77047 | Magnetic resonance imaging, breast, without contrast material; bilateral | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77049 | 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; bilateral | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77084 | Magnetic resonance (eg, proton) imaging, bone marrow blood supply | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77261 | Therapeutic radiology treatment planning; simple | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 77262 | Therapeutic radiology treatment planning; intermediate | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77263 | Therapeutic radiology treatment planning; complex | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77280 | Therapeutic radiology simulation-aided field setting; simple | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77285 | Therapeutic radiology simulation-aided field setting; intermediate | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77290 | Therapeutic radiology simulation-aided field setting; complex | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77293 | Respiratory motion management simulation (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 77295 | 3-dimensional radiotherapy plan, including dose-volume histograms | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77300 | Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77301 | Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77306 | Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77307 | Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77316 | Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 77317 | Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77318 | Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77321 | Special teletherapy port plan, particles, hemibody, total body | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77331 | Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77332 | Treatment devices, design and construction; simple (simple block, simple bolus) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77333 | Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 77334 | Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77336 | Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77338 | Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77370 | Special medical radiation physics consultation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77371 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77372 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 77373 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77385 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77386 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77387 | Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77399 | Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77401 | Radiation treatment delivery, superficial and/or ortho voltage, per day | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 77402 | Radiation treatment delivery, =>1 MeV; simple | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77407 | Radiation treatment delivery, =>1 MeV; intermediate | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77412 | Radiation treatment delivery, => 1 MeV; complex | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77417 | Therapeutic radiology port image(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77423 | High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77424 | Intraoperative radiation treatment delivery, x-ray, single treatment session | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 77425 | Intraoperative radiation treatment delivery, electrons, single treatment session | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77427 | Radiation treatment management, 5 treatments | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77431 | Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77432 | Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of one session) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77435 | Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77469 | Intraoperative radiation treatment management | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 77470 | Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77499 | Unlisted procedure, therapeutic radiology treatment management | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77520 | Proton treatment delivery; simple, without compensation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77522 | Proton treatment delivery; simple, with compensation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77523 | Proton treatment delivery; intermediate | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77525 | Proton treatment delivery; complex | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 77600 | Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77605 | Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77610 | Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77615 | Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77620 | Hyperthermia generated by intracavitary probe(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77750 | Infusion or instillation of radioelement solution (includes 3-month follow-up care) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 77761 | Intracavitary radiation source application; simple | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77762 | Intracavitary radiation source application; intermediate | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77763 | Intracavitary radiation source application; complex | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77767 | Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77768 | Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77770 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 77771 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77772 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77778 | Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77789 | Surface application of low dose rate radionuclide source | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77790 | Supervision, handling, loading of radiation source | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 77799 | Unlisted procedure, clinical brachytherapy | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 78012 | Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78013 | Thyroid imaging (including vascular flow, when performed); | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78014 | Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78015 | Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78016 | Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78018 | Thyroid carcinoma metastases imaging; whole body | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 78020 | Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78070 | Parathyroid planar imaging (including subtraction, when performed); | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78071 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78072 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78075 | Adrenal imaging, cortex and/or medulla | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78102 | Bone marrow imaging; limited area | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 78103 | Bone marrow imaging; multiple areas | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78104 | Bone marrow imaging; whole body | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78185 | Spleen imaging only, with or without vascular flow | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78195 | Lymphatics and lymph nodes imaging | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78201 | Liver imaging; static only | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78202 | Liver imaging; with vascular flow | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 78215 | Liver and spleen imaging; static only | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78216 | Liver and spleen imaging; with vascular flow | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78226 | Hepatobiliary system imaging, including gallbladder when present; | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78227 | Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78230 | Salivary gland imaging; | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78231 | Salivary gland imaging; with serial images | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 78232 | Salivary gland function study | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78258 | Esophageal motility | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78261 | Gastric mucosa imaging | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78262 | Gastroesophageal reflux study | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78264 | Gastric emptying imaging study (eg, solid, liquid, or both); | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78265 | Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 78266 | Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78278 | Acute gastrointestinal blood loss imaging | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78282 | Gastrointestinal protein loss | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78290 | Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78291 | Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78300 | Bone and/or joint imaging; limited area | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 78305 | Bone and/or joint imaging; multiple areas | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78306 | Bone and/or joint imaging; whole body | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78315 | Bone and/or joint imaging; 3 phase study | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78414 | Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78428 | Cardiac shunt detection | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78429 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 78430 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 78431 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 78432 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 78433 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 78434 | Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure) | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 78445 | Non-cardiac vascular flow imaging (ie, angiography, venography) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 78451 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78452 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78453 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78454 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78456 | Acute venous thrombosis imaging, peptide | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78457 | Venous thrombosis imaging, venogram; unilateral | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 78458 | Venous thrombosis imaging, venogram; bilateral | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78459 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78466 | Myocardial imaging, infarct avid, planar; qualitative or quantitative | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78468 | Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78469 | Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78472 | Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 78473 | Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78481 | Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78483 | Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78491 | Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78492 | Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78494 | Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 78496 | Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78579 | Pulmonary ventilation imaging (eg, aerosol or gas) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78580 | Pulmonary perfusion imaging (eg, particulate) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78582 | Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78597 | Quantitative differential pulmonary perfusion, including imaging when performed | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78598 | Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 78600 | Brain imaging, less than 4 static views; | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78601 | Brain imaging, less than 4 static views; with vascular flow | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78605 | Brain imaging, minimum 4 static views; | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78606 | Brain imaging, minimum 4 static views; with vascular flow | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78608 | Brain imaging, positron emission tomography (PET); metabolic evaluation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78609 | Brain imaging, positron emission tomography (PET); perfusion evaluation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 78610 | Brain imaging, vascular flow only | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78630 | Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78635 | Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78645 | Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78650 | Cerebrospinal fluid leakage detection and localization | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78660 | Radiopharmaceutical dacryocystography | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 78700 | Kidney imaging morphology; | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78701 | Kidney imaging morphology; with vascular flow | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78707 | Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78708 | Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78709 | Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78725 | Kidney function study, non-imaging radioisotopic study | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 78730 | Urinary bladder residual study (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78740 | Ureteral reflux study (radiopharmaceutical voiding cystogram) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78761 | Testicular imaging with vascular flow | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78800 | Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78801 | Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78802 | Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--|------------------|
| 78803 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Updated Code Description Effective 1/01/2023 | eviCore |
| 78804 | Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78811 | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78812 | Positron emission tomography (PET) imaging; skull base to mid-thigh | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78813 | Positron emission tomography (PET) imaging; whole body | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--|------------------|
| 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78816 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 78830 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Updated Code Description Effective 1/01/2023 New PA Requirement | eviCore |
| 78831 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Updated Code Description Effective 1/01/2023 New PA Requirement | eviCore |
| 78832 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Updated Code Description Effective 1/01/2023 New PA Requirement | eviCore |
| 79005 | Radiopharmaceutical therapy, by oral administration | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 79101 | Radiopharmaceutical therapy, by intravenous administration | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 79403 | Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 81105 | Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81106 | Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81107 | Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81108 | Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R14) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 81109 | Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E)) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81110 | Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa])(eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81111 | Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81120 | IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81121 | IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81161 | DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--|--------------------------------|
| 81162 | BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81163 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | *Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening. | Preauthorization - EH services |
| 81164 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | *Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening. | Preauthorization - EH services |
| 81165 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | *Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening. | Preauthorization - EH services |
| 81166 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangement) | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | *Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening. | Preauthorization - EH services |
| 81167 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | *Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening. | Preauthorization - EH services |

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| 81170 | ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain (New code effective 01/01/2016) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81175 | ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81176 | ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81185 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81186 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81189 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 81190 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s) | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81200 | ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81201 | APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81202 | APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81203 | APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81205 | BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81206 | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81207 | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81208 | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81209 | BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81210 | BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81212 | BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185 delAG, 5385insC, 6174delT variants | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | *Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening. | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--|--------------------------------|
| 81215 | BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | *Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening. | Preauthorization - EH services |
| 81216 | BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | *Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening. | Preauthorization - EH services |
| 81217 | BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | *Prior Authorization for BRCA Testing: For most benefit plans, prior authorization requirements apply to BRCA lab screening. | Preauthorization - EH services |
| 81218 | Oophorectomy, partial or total, unilateral or bilateral; | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81219 | CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81220 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81221 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81222 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81223 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81224 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81225 | CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81227 | CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81228 | Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code Description updated effective 1/1/2022 | Preauthorization - EH services |
| 81229 | Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code Description updated effective 1/1/2022 | Preauthorization - EH services |
| 81230 | CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81231 | CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description updated | Preauthorization - EH services |
| 81232 | DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--|--------------------------------|
| 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) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81238 | F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81240 | F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81241 | F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81242 | FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81243 | FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--|--------------------------------|
| 81244 | FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status) FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 | Preauthorization - EH services |
| 81245 | FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81246 | FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81247 | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81248 | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81249 | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81250 | G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81251 | GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81252 | GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81253 | GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81254 | GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)]) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81255 | HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81256 | HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (e.g., C282Y, H63D) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81257 | HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81258 | HBA1/HBA2 (alpha globin 1 and alpha globin 2)(eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81260 | HBA1/HBA2 (alpha globin 1 and alpha globin 2)(eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81262 | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81263 | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81264 | IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81265 | Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81266 | Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81267 | Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81268 | Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81269 | HBA1/HBA2 (alpha globin 1 and alpha globin 2)(eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81270 | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81273 | KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81275 | KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81276 | KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81277 | Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81283 | IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81287 | MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81288 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81290 | MCOLN1 (mucopolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81291 | MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81292 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81293 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81294 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81295 | MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81296 | MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81297 | MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81298 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81299 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81300 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81302 | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81303 | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81304 | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81306 | NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6) | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81307 | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81308 | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81309 | PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20) | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81310 | NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81313 | PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81314 | PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81315 | PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81316 | PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81317 | PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81318 | PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81319 | PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81321 | PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81322 | PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81323 | PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81324 | PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81325 | PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81326 | PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81327 | SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81328 | SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81330 | SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81331 | SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81332 | SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81334 | RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81335 | TPMT(thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81340 | TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81341 | TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81342 | TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81346 | TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81349 | Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis | 1/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | No | N/A | N/A | | Preauthorization - EH services |
| 81350 | UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81351 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence | 1/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81353 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant | 1/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81355 | VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81361 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81362 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81363 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81364 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81370 | HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81371 | HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81372 | HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81373 | HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81374 | HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81375 | HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81376 | HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81377 | HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81378 | HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81379 | HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81380 | HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81381 | HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81382 | HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81383 | HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81400 | Molecular pathology procedure, Level 1(eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81401 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 2 Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description updated | Preauthorization - EH services |
| 81402 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 3 Molecular pathology procedure, Level 3 (eg, 10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description updated | Preauthorization - EH services |
| 81403 | Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) MOLECULAR PATHOLOGY PROCEDURE LEVEL 4 Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of 10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 Code description updated | Preauthorization - EH services |
| 81404 | Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) MOLECULAR PATHOLOGY PROCEDURE LEVEL 5 Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/ deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 Code description updated | Preauthorization - EH services |

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| 81405 | Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) MOLECULAR PATHOLOGY-PROCEDURE LEVEL-6 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 Code description updated | Preauthorization - EH services |
| 81406 | Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 | Preauthorization - EH services |
| 81407 | Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 | Preauthorization - EH services |
| 81408 | Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 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, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, AND SMPD1 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81415 | Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81416 | Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81417 | Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81418 | Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code Effective 1/01/2023 | Preauthorization - EH services |
| 81419 | Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2 | 1/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81425 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81426 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81427 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 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 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81432 | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer, hereditary pancreatic cancer, hereditary prostate cancer), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants 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 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53 | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code Description Revised Effective 1/1/2025 | Preauthorization - EH services |
| 81433 | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11 | 1/1/2020 | 1/1/2025 | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Deleted Code effective 1/1/2025 | Preauthorization - EH services |
| 81434 | Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81435 | Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code Description Revised Effective 1/1/2025 | Preauthorization - EH services |
| 81436 | Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11 | 1/1/2020 | 1/1/2025 | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Deleted Code effective 1/1/2025 | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| 81437 | Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants 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 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code Description Revised Effective 1/1/2025 | Preauthorization - EH services |
| 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 | 1/1/2020 | 1/1/2025 | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Deleted Code effective 1/1/2025 | Preauthorization - EH services |
| 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) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81440 | Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81441 | Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2 | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code Effective 1/01/2023 | Preauthorization - EH services |
| 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 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--|--------------------------------|
| 81445 | Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 | Preauthorization - EH services |
| 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) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81449 | Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 New Code Effective 1/01/2023 | Preauthorization - EH services |
| 81450 | Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 | Preauthorization - EH services |
| 81451 | Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 New Code Effective 1/01/2023 | Preauthorization - EH services |
| 81455 | Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--|--------------------------------|
| 81456 | Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET); interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Revised Code Description effective 1/01/2024 New Code Effective 1/01/2023 | Preauthorization - EH services |
| 81457 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 81458 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 81459 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 81460 | Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81462 | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------------|--------------------------------|
| 81463 | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 81464 | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | Preauthorization - EH services |
| 81465 | Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81470 | X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81471 | X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81479 | Unlisted molecular pathology procedure [when specified as gene analysis of V600K variant] | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81518 | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81520 | Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81521 | Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin- embedded tissue, algorithm reported as index related to risk of distant metastasis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81522 | Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81523 | Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis | 1/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | No | N/A | N/A | | Preauthorization - EH services |

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| 81541 | (Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score) | 6/13/2025 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | Preauthorization - EH services |
| 81542 | Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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 | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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 | 1/15/2025 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | Preauthorization - EH services |
| 81554 | Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP]) | 1/1/2021 | | HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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 | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 81596 | Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver | 1/1/2020 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 81599 | Unlisted multianalyte assay with algorithmic analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89250 | Culture of oocyte(s)/embryo(s), less than 4 days; | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89251 | Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89253 | Assisted embryo hatching, microtechniques (any method) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89254 | Oocyte identification from follicular fluid | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 89255 | Preparation of embryo for transfer (any method) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89257 | Sperm identification from aspiration (other than seminal fluid) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89258 | Cryopreservation; embryo(s) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89259 | Cryopreservation; sperm | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89260 | Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89261 | Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 89264 | Sperm identification from testis tissue, fresh or cryopreserved | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89268 | Insemination of oocytes | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89272 | Extended culture of oocyte(s)/embryo(s), 4-7 days | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89280 | Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89281 | Assisted oocyte fertilization, microtechnique; greater than 10 oocytes | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89290 | Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 89291 | Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89337 | Cryopreservation, mature oocyte(s) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89342 | Storage (per year); embryo(s) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89343 | Storage (per year); sperm/semens cryo storage; sperm/semens | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89346 | Storage (per year); oocyte(s) cryo storage; oocytes | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89352 | Thawing of cryopreserved; embryo(s) | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 89353 | Thawing of cryopreserved; sperm/semen, each aliquot | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 89356 | Thawing of cryopreserved; oocytes, each aliquot | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 90283 | Immune globulin (IgIV), human, for intravenous use | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 90284 | Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 90378 | Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | ESI Pharmacy |
| 90901 | Biofeedback training by any modality | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Palladian |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 90901 | Biofeedback training by any modality | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Preauthorization - EH services |
| 90901 | Biofeedback training by any modality | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | PT/OT - GHI PPO |
| 90912 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Palladian |
| 90912 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Preauthorization - EH services |
| 90912 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | PT/OT - GHI PPO |
| 90913 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Palladian |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 90913 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Preauthorization - EH services |
| 90913 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure) | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | PT/OT - GHI PPO |
| 93303 | Transthoracic echocardiography for congenital cardiac anomalies; complete | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 93304 | Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 93306 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 93307 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 93308 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 93312 | TEE 2D;Incl Probe Placement, Imaging/Interp/Report | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| 93313 | Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| 93314 | Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| 93315 | Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| 93319 | 3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging) | 1/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | No | N/A | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---|------------------|
| 93350 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 93351 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 93452 | Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed | 7/1/2022 | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement terminated effective 1/01/2024 | eviCore |
| 93453 | Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 93454 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 93455 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 93456 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 93457 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 93458 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 93459 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| 93460 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| 93461 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 93581 | Percutaneous transcatheter closure of a congenital ventricular septal defect with implant | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 93595 | Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections | 1/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | No | N/A | N/A | | Preauthorization - EH services |
| 93750 | INTERROGATION VAD IN PERSON | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 95782 | Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 95783 | Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 95805 | Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness | | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 95807 | Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist | | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 95808 | Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist | | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 95810 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist | | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 95811 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist | | | HIP Commercial, HIP Medicaid, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 95851 | Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Palladian |
| 95851 | Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 95851 | Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine) | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | | N/A | PA Requirement removed | PT/OT - GHI PPO |
| 95852 | Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Palladian |
| 95852 | Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Preauthorization - EH services |
| 95852 | Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | | N/A | PA Requirement removed | PT/OT - GHI PPO |
| 95965 | Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization) | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 95966 | Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization) | 1/1/2020 | | HIP Medicare, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| 95980 | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 95981 | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 95982 | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming | 1/1/2020 | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 96105 | Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 96158 | Health behavior intervention, individual, face-to-face; initial 30 minutes | 10/1/2019 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 96159 | Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service) | 10/1/2019 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| 97010 | Application of a modality to 1 or more areas; hot or cold packs | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Palladian |
| 97010 | Application of a modality to 1 or more areas; hot or cold packs | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97010 | Application of a modality to 1 or more areas; hot or cold packs | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | PT/OT - GHI PPO |
| 97012 | Application of a modality to 1 or more areas; traction, mechanical | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97012 | Application of a modality to 1 or more areas; traction, mechanical | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97012 | Application of a modality to 1 or more areas; traction, mechanical | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | PT/OT - GHI PPO |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 97014 | Application of a modality to 1 or more areas; electrical stimulation (unattended) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97014 | Application of a modality to 1 or more areas; electrical stimulation (unattended) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97014 | Application of a modality to 1 or more areas; electrical stimulation (unattended) | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | PT/OT - GHI PPO |
| 97016 | Application of a modality to one or more areas; vasopneumatic devices | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97016 | Application of a modality to one or more areas; vasopneumatic devices | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97016 | Application of a modality to one or more areas; vasopneumatic devices | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 97018 | Application of a modality to 1 or more areas; paraffin bath | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97018 | Application of a modality to 1 or more areas; paraffin bath | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97018 | Application of a modality to 1 or more areas; paraffin bath | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97022 | Application of a modality to 1 or more areas; whirlpool | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97022 | Application of a modality to 1 or more areas; whirlpool | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97022 | Application of a modality to 1 or more areas; whirlpool | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 97024 | Application of a modality to 1 or more areas; diathermy (eg, microwave) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97024 | Application of a modality to 1 or more areas; diathermy (eg, microwave) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97024 | Application of a modality to 1 or more areas; diathermy (eg, microwave) | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97026 | Application of a modality to 1 or more areas; infrared | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97026 | Application of a modality to 1 or more areas; infrared | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97026 | Application of a modality to 1 or more areas; infrared | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 97028 | Application of a modality to 1 or more areas; ultraviolet | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97028 | Application of a modality to 1 or more areas; ultraviolet | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97028 | Application of a modality to 1 or more areas; ultraviolet | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97032 | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97032 | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97032 | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 97033 | Application of a modality to 1 or more areas; iontophoresis, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97033 | Application of a modality to 1 or more areas; iontophoresis, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97033 | Application of a modality to 1 or more areas; iontophoresis, each 15 minutes | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97034 | Application of a modality to 1 or more areas; contrast baths, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97034 | Application of a modality to 1 or more areas; contrast baths, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97034 | Application of a modality to 1 or more areas; contrast baths, each 15 minutes | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 97035 | Application of a modality to 1 or more areas; ultrasound, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97035 | Application of a modality to 1 or more areas; ultrasound, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97035 | Application of a modality to 1 or more areas; ultrasound, each 15 minutes | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97036 | Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97036 | Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97036 | Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| 97039 | Unlisted modality (specify type and time if constant attendance) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97039 | Unlisted modality (specify type and time if constant attendance) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97039 | Unlisted modality (specify type and time if constant attendance) | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed Main Physical therapy code for POS 11,19,22 Any POS other than the above is not valid/not appropriate POS =12 has a different authorization (S9131) | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 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 | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 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 | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 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 | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97113 | Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97113 | Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97113 | Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 97116 | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97116 | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97116 | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97124 | Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97124 | Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 97124 | Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 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 | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Palladian |
| 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 | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | | Prior Authorization required for all Diagnosis Codes. | N/A | PA Requirement removed | Preauthorization - EH services |
| 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 | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | | N/A | PA Requirement removed | Preauthorization - EH services |
| 97139 | Unlisted therapeutic procedure (specify) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97139 | Unlisted therapeutic procedure (specify) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97139 | Unlisted therapeutic procedure (specify) | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 97140 | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97140 | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97140 | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97150 | Therapeutic procedure(s), group (2 or more individuals) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97150 | Therapeutic procedure(s), group (2 or more individuals) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97150 | Therapeutic procedure(s), group (2 or more individuals) | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--|--------------------------------|
| 97161 | Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed Physical Therapy evaluation low, moderate, high complexity 11/17/2021: Removed Pre-auth Requirement for Initial visits for PT/OT 6 codes: 97161; 97162; 97163; 97165; 97166; 97167. Subsequent visits require preauth effective date 03/26/2021. | Palladian |
| 97161 | Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed | Preauthorization - EH services |
| 97161 | Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family. | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed | Preauthorization - EH services |
| 97162 | Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed Physical Therapy evaluation low, moderate, high complexity 11/17/2021:Removed Pre-auth Requirement for Initial visits for PT/OT 6 codes: 97161; 97162; 97163; 97165; 97166; 97167. Subsequent visits require preauth effective date 03/26/2021. | Palladian |
| 97162 | Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed | Preauthorization - EH services |
| 97162 | Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family. | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| 97163 | Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed Physical Therapy evaluation low, moderate, high complexity 11/17/2021: Removed Pre-auth Requirement for Initial visits for PT/OT 6 codes: 97161; 97162; 97163; 97165; 97166; 97167. Subsequent visits require preauth effective date 03/26/2021. | Palladian |
| 97163 | Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed | Preauthorization - EH services |
| 97163 | Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family. | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed | Preauthorization - EH services |
| 97164 | Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed | Palladian |
| 97164 | Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed | Preauthorization - EH services |
| 97164 | Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family. | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed | Preauthorization - EH services |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| 97165 | Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed Occupational Therapy evaluation low, moderate, high complexity 11/17/2021: Remove Pre-auth Requirement for Initial visits for PT/OT 6 codes: 97161; 97162; 97163; 97165; 97166; 97167. Subsequent visits require preauth effective date 03/26/2021. | Palladian |
| 97165 | Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed | Preauthorization - EH services |
| 97165 | Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed | Preauthorization - EH services |
| 97166 | Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed Occupational Therapy evaluation low, moderate, high complexity 11/17/2021: Removed Pre-auth Requirement for Initial visits for PT/OT 6 codes: 97161; 97162; 97163; 97165; 97166; 97167. Subsequent visits require preauth effective date 03/26/2021. | Palladian |
| 97166 | Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed | Preauthorization - EH services |
| 97166 | Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed | Preauthorization - EH services |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| 97167 | Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed Occupational Therapy evaluation low, moderate, high complexity 11/17/2021:Removed Pre-auth Requirement for Initial visits for PT/OT 6 codes: 97161; 97162; 97163; 97165; 97166; 97167. Subsequent visits require preauth effective date 03/26/2021. | Palladian |
| 97167 | Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed | Preauthorization - EH services |
| 97167 | Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed Main Occupational therapy code for POS 11,19,22 Any POS other than the above is not valid/not appropriate POS =12 has a different authorization (S9128) | Preauthorization - EH services |
| 97168 | Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97168 | Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97168 | Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family. | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 97530 | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97530 | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97530 | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97533 | Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97533 | Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97533 | Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |

EH ENTERPRISE PA List_HIP_GHI_V4.1.4
Posted February 17, 2025

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| 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 | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 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 | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 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 | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 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 | 9/1/2022 | 1/1/2024 | GHI-EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed New PA Requirement -GHI/PPO Medicare only | Chiro - Palladian |
| 97542 | Wheelchair management (eg, assessment, fitting, training), each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed | Palladian |
| 97542 | Wheelchair management (eg, assessment, fitting, training), each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed | Preauthorization - EH services |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 97542 | Wheelchair management (eg, assessment, fitting, training), each 15 minutes | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed | Preauthorization - EH services |
| 97545 | Work hardening/conditioning; initial 2 hours | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed | Palladian |
| 97545 | Work hardening/conditioning; initial 2 hours | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA requirement removed | Preauthorization - EH services |
| 97545 | Work hardening/conditioning; initial 2 hours | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed | Preauthorization - EH services |
| 97546 | Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97546 | Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 97546 | Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure) | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | Yes | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97597 | Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Palladian |
| 97597 | Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Preauthorization - EH services |
| 97597 | Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | | N/A | PA Requirement removed | Preauthorization - EH services |
| 97598 | Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Palladian |
| 97598 | Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Preauthorization - EH services |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 97598 | Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | | N/A | PA Requirement removed | Preauthorization - EH services |
| 97602 | Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Palladian |
| 97602 | Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Preauthorization - EH services |
| 97602 | Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | | N/A | PA Requirement removed | Preauthorization - EH services |
| 97605 | Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Palladian |
| 97605 | Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Preauthorization - EH services |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 97605 | Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | | N/A | PA Requirement removed | Preauthorization - EH services |
| 97606 | Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Palladian |
| 97606 | Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Preauthorization - EH services |
| 97606 | Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | | N/A | PA Requirement removed | Preauthorization - EH services |
| 97750 | Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97750 | Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 97750 | Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 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 | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Palladian |
| 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 | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Preauthorization - EH services |
| 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 | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | | N/A | PA Requirement removed | Preauthorization - EH services |
| 97760 | Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Palladian |
| 97760 | Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| 97760 | Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed | Preauthorization - EH services |
| 97761 | Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Palladian |
| 97761 | Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Preauthorization - EH services |
| 97761 | Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | | N/A | PA Requirement removed | Preauthorization - EH services |
| 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 | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Palladian |
| 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 | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|---|--|--|--------------------------------|
| 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 | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | | N/A | PA Requirement removed | Preauthorization - EH services |
| 97810 | Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient | 1/21/2020 | | HIP Medicare; GHI Medicare | N/A | M54.5 See Medical Policy- Acupuncture for Chronic Low Back Pain. | N/A | M54.5 invalid dx code effective 9/30/2021. See Medical Policy- Acupuncture for Chronic Low Back Pain. PA required 13 -20 visit only. | Preauthorization - EH services |
| 97811 | Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure) Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure) | 1/21/2020 | | HIP Medicare; GHI Medicare | N/A | M54.5 See Medical Policy- Acupuncture for Chronic Low Back Pain. | N/A | Code Description Revised Effective 1/1/2025 M54.5 invalid dx code effective 9/30/2021. See Medical Policy- Acupuncture for Chronic Low Back Pain. PA required 13 -20 visit only. | Preauthorization - EH services |
| 97813 | Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient | 1/21/2020 | | HIP Medicare; GHI Medicare | N/A | M54.5 See Medical Policy- Acupuncture for Chronic Low Back Pain. | N/A | M54.5 invalid dx code effective 9/30/2021. See Medical Policy- Acupuncture for Chronic Low Back Pain. PA required 13 -20 visit only. | Preauthorization - EH services |
| 97814 | Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure) Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure) | 1/21/2020 | | HIP Medicare; GHI Medicare | N/A | M54.5 See Medical Policy- Acupuncture for Chronic Low Back Pain. | N/A | Code Description Revised Effective 1/1/2025 M54.5 invalid dx code effective 9/30/2021. See Medical Policy- Acupuncture for Chronic Low Back Pain. PA required 13 -20 visit only. | Preauthorization - EH services |
| 98940 | Chiropractic manipulative treatment (CMT); spinal, 1-2 regions | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed Preauthorization is required for the 2nd visit and every visit thereafter | Chiro - Palladian |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--|-------------------|
| 98940 | Chiropractic manipulative treatment (CMT); spinal, 1-2 regions | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed Preauthorization is required <u>after</u> the 8th visit and every visit thereafter | Chiro - Palladian |
| 98941 | Chiropractic manipulative treatment (CMT); spinal, 3-4 regions | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed Preauthorization is required for the 2nd visit and every visit thereafter | Chiro - Palladian |
| 98941 | Chiropractic manipulative treatment (CMT); spinal, 3-4 regions | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed Preauthorization is required <u>after</u> the 8th visit and every visit thereafter | Chiro - Palladian |
| 98942 | Chiropractic manipulative treatment (CMT); spinal, 5 regions | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed Preauthorization is required for the 2nd visit and every visit thereafter | Chiro - Palladian |
| 98942 | Chiropractic manipulative treatment (CMT); spinal, 5 regions | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | Yes | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement removed Preauthorization is required <u>after</u> the 8th visit and every visit thereafter | Chiro - Palladian |
| 98943 | Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement removed Preauthorization is required <u>after</u> the 8th visit and every visit thereafter | Chiro - Palladian |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--|------------------|
| 99341 | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed Updated Code Description Effective 1/01/2023 | Homecare |
| 99342 | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed Updated Code Description Effective 1/01/2023 | Homecare |
| 99344 | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed Updated Code Description Effective 1/01/2023 | Homecare |
| 99345 | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed Updated Code Description Effective 1/01/2023 | Homecare |
| 99347 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed Updated Code Description Effective 1/01/2023 | Homecare |
| 99348 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed Updated Code Description Effective 1/01/2023 | Homecare |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--|------------------|
| 99349 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed Updated Code Description Effective 1/01/2023 | Homecare |
| 99350 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed Updated Code Description Effective 1/01/2023 | Homecare |
| 99500 | Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| 99501 | Home visit, postnatal | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| 99502 | Home visit, nb care | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| 99503 | Home visit, resp therapy | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |

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|----------|------------------------------|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| 99504 | Home visit mech ventilator | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| 99505 | Home visit, stoma care | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| 99506 | Home visit, im injection | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| 99507 | Home visit, cath maintain | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| 99509 | Home visit day life activity | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| 99510 | Home visit, sing/m/fam couns | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-------------------------|
| 99511 | Home visit, fecal/enema mgmt | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| 99512 | Home visit, hemodialysis | | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| 99600 | Unlisted home visit | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| 99601 | Home infusion/specialty drug administration, per visit (up to 2 hours) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| 99602 | Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| A0021 | Ambulance service, outside state per mile, transport (Medicaid only) | | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Non emergency Ambulance |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| A0130 | Nonemergency transportation: wheelchair van | | | HIP Commercial, HIP Medicaid, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Non emergency Ambulance |
| A0140 | Nonemergency transportation and air travel (private or commercial) intra- or interstate | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Non emergency Ambulance |
| A0380 | BLS mileage (per mile) | 1/1/2023 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| A0390 | ALS mileage (per mile) | 1/1/2023 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| A0424 | Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review) | 1/1/2023 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| A0425 | Ground mileage, per statute mile | 1/1/2023 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| A0426 | Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1) | | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Non emergency Ambulance |
| A0428 | Ambulance service, basic life support, nonemergency transport, (BLS) | | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Non emergency Ambulance |
| A0430 | Ambulance service, conventional air services, transport, one way (fixed wing) | | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Non emergency Ambulance |
| A0431 | Ambulance service, conventional air services, transport, one way (rotary wing) | | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Non emergency Ambulance |
| A0435 | Fixed wing air mileage, per statute mile | 1/1/2023 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| A0436 | Rotary wing air mileage, per statute mile | 1/1/2023 | | HIP Commercial, HIP Medicare, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|---|---|
| A4230 | Infusion set for external insulin pump, non needle cannula type | 8/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | | | | PA required effective 8/01/2022 | EviCore |
| A4232 | Syringe with needle for external insulin pump, sterile, 3 cc | 8/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | | | | PA required effective 8/01/2022 | eviCore |
| A4238 | Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service | 8/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | | | | Updated Code Description Effective 1/01/2023 PA required effective 8/01/2022 | eviCore |
| A4239 | Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| A4271 | Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month | 4/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | eviCore |
| A4271 | Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month | 4/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---------------------------------|--------------------------------|
| A4305 | Disposable drug delivery system, flow rate of 50 ml or greater per hour | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| A4306 | Disposable drug delivery system, flow rate of less than 50 ml per hour | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| A4341 | Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| A4342 | Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| A4351 | Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each | 8/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | | | | PA required effective 8/01/2022 | eviCore |
| A4352 | Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each | 8/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | | | | PA required effective 8/01/2022 | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---------------------------------|------------------|
| A4353 | Intermittent urinary catheter, with insertion supplies | 8/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | | | | PA required effective 8/01/2022 | eviCore |
| A4409 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each | 8/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | | | | PA required effective 8/01/2022 | eviCore |
| A4457 | Enema tube, with or without adapter, any type, replacement only, each | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| A4468 | An exsufflation belt is a stand-alone, intermittent abdominal daytime pressure ventilator device. | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| A4520 | Incontinence garment, any type, (e.g., brief, diaper), each | 8/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | | | | PA required effective 8/01/2022 | eviCore |
| A4540 | Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---------------------------------|---|
| A4541 | Monthly supplies for use of device coded at E0733 | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| A4542 | Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| A4545 | Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | eviCore |
| A4545 | Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month | 10/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A4554 | Disposable underpads, all sizes | 8/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | | | | PA required effective 8/01/2022 | eviCore |
| A4560 | Neuromuscular electrical stimulator (NMES), disposable, replacement only | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| A4563 | Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| A4575 | Topical hyperbaric oxygen chamber, disposable | | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A4596 | Cranial electrotherapy stimulation (CES) system supplies and accessories, per month | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| A4604 | Tubing with integrated heating element for use with positive airway pressure device. Authorization required on or after 12/1/18 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A4649 | Surgical supply; miscellaneous | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A5508 | For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|---------------------------------|---|
| A5510 | or diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| A6197 | Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing | 8/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | | | | PA required effective 8/01/2022 | eviCore |
| A6520 | Gradient compression garment, glove, padded, for nighttime use, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6520 | Gradient compression garment, glove, padded, for nighttime use, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6521 | Gradient compression garment, glove, padded, for nighttime use, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6521 | Gradient compression garment, glove, padded, for nighttime use, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6522 | Gradient compression garment, arm, padded, for nighttime use, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6522 | Gradient compression garment, arm, padded, for nighttime use, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6523 | Gradient compression garment, arm, padded, for nighttime use, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6523 | Gradient compression garment, arm, padded, for nighttime use, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6524 | Gradient compression garment, lower leg and foot, padded, for nighttime use, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6524 | Gradient compression garment, lower leg and foot, padded, for nighttime use, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6525 | Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6525 | Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6526 | Gradient compression garment, full leg and foot, padded, for nighttime use, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6526 | Gradient compression garment, full leg and foot, padded, for nighttime use, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6527 | Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6527 | Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6528 | Gradient compression garment, bra, for nighttime use, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6528 | Gradient compression garment, bra, for nighttime use, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6529 | Gradient compression garment, bra, for nighttime use, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6529 | Gradient compression garment, bra, for nighttime use, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6550 | Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A6552 | Gradient compression stocking, below knee, 30-40 mmhg, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6552 | Gradient compression stocking, below knee, 30-40 mmhg, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6553 | Gradient compression stocking, below knee, 30-40 mmhg, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6553 | Gradient compression stocking, below knee, 30-40 mmhg, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6554 | Gradient compression stocking, below knee, 40 mmhg or greater, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6554 | Gradient compression stocking, below knee, 40 mmhg or greater, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6555 | Gradient compression stocking, below knee, 40 mmhg or greater, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6555 | Gradient compression stocking, below knee, 40 mmhg or greater, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6556 | Gradient compression stocking, thigh length, 18-30 mmhg, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6556 | Gradient compression stocking, thigh length, 18-30 mmhg, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6557 | Gradient compression stocking, thigh length, 30-40 mmhg, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6557 | Gradient compression stocking, thigh length, 30-40 mmhg, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6558 | Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6558 | Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6559 | Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6559 | Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6560 | Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6560 | Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6561 | Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6561 | Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6562 | Gradient compression stocking, waist length, 18-30 mmhg, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6562 | Gradient compression stocking, waist length, 18-30 mmhg, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6563 | Gradient compression stocking, waist length, 30-40 mmhg, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6563 | Gradient compression stocking, waist length, 30-40 mmhg, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6564 | Gradient compression stocking, waist length, 40 mmhg or greater, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6564 | Gradient compression stocking, waist length, 40 mmhg or greater, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6565 | Gradient compression gauntlet, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6565 | Gradient compression gauntlet, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6566 | Gradient compression garment, neck/head, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6566 | Gradient compression garment, neck/head, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6567 | Gradient compression garment, neck/head, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6567 | Gradient compression garment, neck/head, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6568 | Gradient compression garment, torso and shoulder, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6568 | Gradient compression garment, torso and shoulder, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6569 | Gradient compression garment, torso/shoulder, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6569 | Gradient compression garment, torso/shoulder, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6570 | Gradient compression garment, genital region, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6570 | Gradient compression garment, genital region, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6571 | Gradient compression garment, genital region, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6571 | Gradient compression garment, genital region, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6572 | Gradient compression garment, toe caps, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6572 | Gradient compression garment, toe caps, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6573 | Gradient compression garment, toe caps, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6573 | Gradient compression garment, toe caps, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6574 | Gradient compression arm sleeve and glove combination, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6574 | Gradient compression arm sleeve and glove combination, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6575 | Gradient compression arm sleeve and glove combination, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6575 | Gradient compression arm sleeve and glove combination, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6576 | Gradient compression arm sleeve, custom, medium weight, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6576 | Gradient compression arm sleeve, custom, medium weight, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6577 | Gradient compression arm sleeve, custom, heavy weight, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6577 | Gradient compression arm sleeve, custom, heavy weight, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6578 | Gradient compression arm sleeve, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6578 | Gradient compression arm sleeve, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6579 | Gradient compression glove, custom, medium weight, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6579 | Gradient compression glove, custom, medium weight, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6580 | Gradient compression glove, custom, heavy weight, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6580 | Gradient compression glove, custom, heavy weight, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6581 | Gradient compression glove, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6581 | Gradient compression glove, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6582 | Gradient compression gauntlet, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6582 | Gradient compression gauntlet, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6583 | Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6583 | Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6584 | Gradient compression wrap with adjustable straps, not otherwise specified | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6584 | Gradient compression wrap with adjustable straps, not otherwise specified | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6585 | Gradient pressure wrap with adjustable straps, above knee, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6585 | Gradient pressure wrap with adjustable straps, above knee, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6586 | Gradient pressure wrap with adjustable straps, full leg, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6586 | Gradient pressure wrap with adjustable straps, full leg, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6587 | Gradient pressure wrap with adjustable straps, foot, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6587 | Gradient pressure wrap with adjustable straps, foot, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6588 | Gradient pressure wrap with adjustable straps, arm, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6588 | Gradient pressure wrap with adjustable straps, arm, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6589 | Gradient pressure wrap with adjustable straps, bra, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6589 | Gradient pressure wrap with adjustable straps, bra, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6590 | External urinary catheters; disposable, with wicking material, for use with suction pump, per month | 10/15/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | DME code greater than \$2000 done in house for GHI PPO membership |
| A6590 | External urinary catheters; disposable, with wicking material, for use with suction pump, per month | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| A6591 | External urinary catheter; non-disposable, for use with suction pump, per month | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6593 | Accessory for gradient compression garment or wrap with adjustable straps, non-otherwise specified | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6593 | Accessory for gradient compression garment or wrap with adjustable straps, non-otherwise specified | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6594 | Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6594 | Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6595 | Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6595 | Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6596 | Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6596 | Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6597 | Gradient compression bandage roll, elastic long stretch, linear yard, any width, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6597 | Gradient compression bandage roll, elastic long stretch, linear yard, any width, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6598 | Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6598 | Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6599 | Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6599 | Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6600 | Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6600 | Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6601 | Gradient compression bandaging supply, high density foam pad, any size or shape, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6601 | Gradient compression bandaging supply, high density foam pad, any size or shape, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6602 | Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6602 | Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6603 | Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6603 | Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6604 | Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6604 | Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6605 | Gradient compression bandaging supply, padded foam, per linear yard, any width, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6605 | Gradient compression bandaging supply, padded foam, per linear yard, any width, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6606 | Gradient compression bandaging supply, padded textile, per linear yard, any width, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6606 | Gradient compression bandaging supply, padded textile, per linear yard, any width, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6607 | Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6607 | Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| A6608 | Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6608 | Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6609 | Gradient compression bandaging supply, not otherwise specified | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6609 | Gradient compression bandaging supply, not otherwise specified | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A6610 | Gradient compression stocking, below knee, 18-30 mmhg, custom, each | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| A6610 | Gradient compression stocking, below knee, 18-30 mmhg, custom, each | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|-------------------------------|---|
| A7021 | Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter) | 10/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | eviCore |
| A7021 | Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter) | 10/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| A7025 | High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A7026 | High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A7027 | Combination oral/nasal mask, used with continuous positive airway pressure device, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A7028 | Oral cushion for combination oral/nasal mask, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| A7029 | Nasal pillows for combination oral/nasal mask, replacement only, pair | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A7030 | Full face mask used with positive airway pressure device, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A7031 | Face mask interface, replacement for full face mask, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A7032 | Cushion for use on nasal mask interface, replacement only, each. Authorization required on or after 12/1/18 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A7033 | Pillow for use on nasal cannula type interface, replacement only, pair | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A7034 | Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap. Authorization required on or after 12/1/18 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| A7035 | Headgear used with positive airway pressure device. Authorization required on or after 12/1/18 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A7036 | Chinstrap used with positive airway pressure device. Authorization required on or after 12/1/18 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A7037 | Tubing used with positive airway pressure device. Authorization required on or after 12/1/18 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A7038 | Filter, disposable, used with positive airway pressure device. Authorization required on or after 12/1/18 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A7039 | Filter, non disposable, used with positive airway pressure device. Authorization required on or after 12/1/18: | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A7044 | Oral interface used with positive airway pressure device, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---------------------------------|-----------------------------|
| A7045 | Exhalation port with or without swivel used with accessories for positive airway devices, replacement only | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A7046 | Water chamber for humidifier, used with positive airway pressure device, replacement, each. Authorization required on or after 12/1/18 | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A9274 | External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories | 8/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | | | | PA required effective 8/01/2022 | eviCore |
| A9275 | Home glucose disposable monitor, includes test strips | 8/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | | | | PA required effective 8/01/2022 | eviCore |
| A9276 | Sensor; invasive (e.g., subcutaneous), disposable, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM), one unit = 1 day supply | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| A9277 | Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM) | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| A9278 | Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM) | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| A9285 | Inversion/eversion correction device | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| A9513 | Lutetium lu 177, dotatate, therapeutic, 1 millicurie | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| A9543 | Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| A9590 | Iodine I-131, iobenguane, 1 mCi | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| A9606 | Radium RA-223 dichloride, therapeutic, per microcurie | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| A9607 | Pluvicto™ (Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie) <i>Replacement Code for A9699 - effective 10/01/2022</i> | 10/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA required effective 10/01/2022 - <i>this is new/replacement code for temp code A9699.</i> | eviCore |
| A9609 | Fludeoxyglucose F18, up to 15 mCi | 11/13/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| A9900 | Miscellaneous dme supply, accessory, and/or service component of another hcpcs code | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| A9999 | Miscellaneous dme supply or accessory, not otherwise specified | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| B4087 | Gastrostomy/jejunostomy tube, standard, any material, any type, each | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| B4088 | Gastrostomy/jejunostomy tube, low-profile, any material, any type, each | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|-------------------------------|--------------------------------|
| B4102 | Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Care Continuum |
| B4103 | Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| B4104 | Additive for enteral formula (e.g., fiber) | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Care Continuum |
| B4148 | Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape | 10/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 10/01/2023 | Preauthorization - EH services |
| B4149 | Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| B4150 | Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| B4152 | Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Care Continuum |
| 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 | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Care Continuum |
| B4154 | Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Care Continuum |
| B4155 | Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| B4157 | Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| B4158 | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Care Continuum |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| B4159 | Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| B4160 | Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| 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 | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| B4162 | Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| B4185 | Parenteral nutrition solution, not otherwise specified, 10 g lipids | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| B5000 | Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF, NephAmine, RenAmine - premix | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Care Continuum |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| B5100 | Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatAmine-premix | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Care Continuum |
| B5200 | Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| C1821 | Interspinous process distraction device (implantable) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| C1825 | Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s) | 1/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| C2616 | Brachytherapy source, nonstranded, yttrium-90, per source | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8900 | Magnetic resonance angiography with contrast, abdomen | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| C8901 | Magnetic resonance angiography without contrast, abdomen | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8902 | Magnetic resonance angiography without contrast followed by with contrast, abdomen | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8903 | Magnetic resonance imaging with contrast, breast; unilateral | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8905 | Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8906 | Magnetic resonance imaging with contrast, breast; bilateral | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8908 | Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| C8909 | Magnetic resonance angiography with contrast, chest (excluding myocardium) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8910 | Magnetic resonance angiography without contrast, chest (excluding myocardium) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8911 | Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8912 | Magnetic resonance angiography with contrast, lower extremity | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8913 | Magnetic resonance angiography without contrast, lower extremity | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8914 | Magnetic resonance angiography without contrast followed by with contrast, lower extremity | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| C8918 | Magnetic resonance angiography with contrast, pelvis | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8919 | Magnetic resonance angiography without contrast, pelvis | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8920 | Magnetic resonance angiography without contrast followed by with contrast, pelvis | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8921 | Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8922 | Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8923 | Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color doppler echocardiography | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| C8924 | Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording when performed, follow-up or limited study | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8928 | Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8929 | Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8930 | Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C8931 | Magnetic resonance angiography with contrast, spinal canal and contents | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| C8932 | Magnetic resonance angiography without contrast, spinal canal and contents | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| C8933 | Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| C8934 | Magnetic resonance angiography with contrast, upper extremity | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| C8935 | Magnetic resonance angiography without contrast, upper extremity | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| C8936 | Magnetic resonance angiography without contrast followed by with contrast, upper extremity | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| C9726 | Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| C9758 | Blinded procedure for NYHA Class III/IV heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| C9762 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| C9763 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| C9782 | Blinded procedure for new york heart association (nyha) class ii or iii heart failure, or canadian cardiovascular society (ccs) class iii or iv chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study | 4/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 4/01/2022; PA required effective 4/01/2022 | Preauthorization - EH services |
| C9783 | Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (ide) study | 4/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | | | | New Code effective 4/01/2022; PA required effective 4/01/2022 | Preauthorization - EH services |
| C9791 | Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent | 10/1/2023 | | HIP Medicare, GHI Medicare | | | | New Code effective 10/01/2023 | eviCore |
| C9794 | Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling) | 11/13/2024 | 1/1/2025 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Deleted Code effective 1/1/2025 New PA Requirement | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|---|-----------------------------|
| C9795 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions | 11/13/2024 | 1/1/2025 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Deleted Code effective 1/1/2025 New PA Requirement | eviCore |
| E0170 | Commode chair with integrated seat lift mechanism, electric, any type | 9/1/2022 | | HIP Commercial and Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E0172 | Seat lift mechanism placed over or on top of toilet, any type | 9/1/2022 | | HIP Commercial and Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E0181 | Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0182 | Pump for alternating pressure pad, for replacement only | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0183 | Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty | 10/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 10/01/2022 | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|-------------------------------|---|
| E0183 | Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty | 10/1/2022 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New code effective 10/01/2022 | DME code greater than \$2000 done in house for GHI PPO membership |
| E0184 | Dry pressure mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0185 | Gel or gel-like pressure pad for mattress, standard mattress length and width | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0186 | Air pressure mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0187 | Water pressure mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0190 | Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E0193 | Powered air flotation bed (low air loss therapy) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0193 | Powered air flotation bed (low air loss therapy) | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0194 | Air fluidized bed | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0194 | Air fluidized bed | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0196 | Gel pressure mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0197 | Air pressure pad for mattress, standard mattress length and width | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E0198 | Water pressure pad for mattress, standard mattress length and width | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0203 | Therapeutic lightbox, minimum 10,000 lux, table top model | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0217 | Water circulating heat pad with pump | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0231 | Noncontact wound-warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover | 9/1/2022 | | HIP Commercial and Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E0232 | Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover | 9/1/2022 | | HIP Commercial and Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E0250 | Hospital bed, fixed height, with any type side rails, with mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E0251 | Hospital bed, fixed height, with any type side rails, without mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0251 | Hospital bed, fixed height, with any type side rails, without mattress | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0255 | Hospital bed, variable height, hi-lo, with any type side rails, with mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0255 | Hospital bed, variable height, hi-lo, with any type side rails, with mattress | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0256 | Hospital bed, variable height, hi-lo, with any type side rails, without mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0260 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|----------------------|---|
| E0260 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0261 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0261 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0265 | Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E0265 | Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0266 | Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E0266 | Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0270 | Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0271 | Mattress, innerspring | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0272 | Mattress, foam rubber | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0273 | Bed board | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0274 | Over-bed table | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E0277 | Powered pressure-reducing air mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0277 | Powered pressure-reducing air mattress | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0280 | Bed cradle, any type | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0290 | Hospital bed, fixed height, without side rails, with mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0290 | Hospital bed, fixed height, without side rails, with mattress | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0291 | Hospital bed, fixed height, without side rails, without mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|----------------------|---|
| E0292 | Hospital bed, variable height, hi-lo, without side rails, with mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0293 | Hospital bed, variable height, hi-lo, without side rails, without mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0294 | Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0295 | Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0295 | Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0296 | Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|----------------------|---|
| E0296 | Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0297 | Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E0297 | Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0300 | Pediatric crib, hospital grade, fully enclosed, with or without top enclosure | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0300 | Pediatric crib, hospital grade, fully enclosed, with or without top enclosure | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0301 | Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E0301 | Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0302 | Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0302 | Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0303 | Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0303 | Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0304 | Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E0304 | Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0305 | Bed side rails, half length | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0310 | Bed side rails, full length | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0315 | Bed accessory: board, table, or support device, any type | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0316 | Safety enclosure frame/canopy for use with hospital bed, any type | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0328 | Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| E0329 | Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0350 | Control unit for electronic bowel irrigation/evacuation system | 9/1/2022 | | HIP Commercial and Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E0371 | Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0372 | Powered air overlay for mattress, standard mattress length and width | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0373 | Nonpowered advanced pressure reducing mattress | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0424 | Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| E0425 | Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0430 | Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0431 | Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0433 | Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0434 | Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0435 | Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|--|---------------------------------|--|--|--------------------|-----------------------------|
| E0439 | Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0440 | Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0441 | Stationary oxygen contents, gaseous, 1 month's supply = 1 unit | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0442 | Stationary oxygen contents, liquid, 1 month's supply = 1 unit | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0443 | Portable oxygen contents, gaseous, 1 month's supply = 1 unit | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0444 | Portable oxygen contents, liquid, 1 month's supply = 1 unit | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|----------------------|-----------------------------|
| E0446 | Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories | 9/1/2022 | | HIP Commercial and Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E0447 | Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM) | 9/1/2022 | | HIP Commercial and Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E0455 | Oxygen tent, excluding croup or pediatric tents | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0457 | Chest shell (cuirass) | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E0462 | Rocking bed with or without side rails | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0465 | Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---|---|
| E0465 | Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube) | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0466 | Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0466 | Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell) | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0467 | Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E0468 | Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions | 4/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | eviCore |
| E0468 | Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions | 4/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|-------------------------------|---|
| E0469 | Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | eviCore |
| E0469 | Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device | 10/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| E0470 | Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0470 | Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| 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) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| 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) | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---|---|
| E0472 | Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0472 | Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0480 | Percussor, electric or pneumatic, home model | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0481 | Intrapulmonary percussive ventilation system and related accessories | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0482 | Cough stimulating device, alternating positive and negative airway pressure | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0483 | High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description updated effective 10/01/2022 | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|---|---|
| E0483 | High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description updated effective 10/01/2022 | DME code greater than \$2000 done in house for GHI PPO membership |
| E0484 | Oscillatory positive expiratory pressure device, non-electric, any type, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0485 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E0485 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0486 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0486 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|-------------------------------|---|
| E0487 | Spirometer, electronic, includes all accessories | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0490 | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote | 10/1/2023 | | HIP Medicare | | | | New Code effective 10/01/2023 | eviCore |
| E0490 | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote | 10/1/2023 | | GHI Medicare | | | | New Code effective 10/01/2023 | DME code greater than \$2000 done in house for GHI PPO membership |
| E0491 | Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply | 10/1/2023 | | HIP Medicare | | | | New Code effective 10/01/2023 | eviCore |
| E0491 | Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply | 10/1/2023 | | GHI Medicare | | | | New Code effective 10/01/2023 | DME code greater than \$2000 done in house for GHI PPO membership |
| E0492 | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| E0493 | Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| E0500 | IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E0530 | Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| E0550 | Humidifier, durable for extensive supplemental humidification during ippb treatments or oxygen delivery | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0555 | Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0560 | Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|---------------------------------|-----------------------------|
| E0561 | Humidifier, non heated, used with positive airway pressure device | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0562 | Humidifier, heated, used with positive airway pressure device | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0570 | Nebulizer, with compressor | 8/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | | | | PA required effective 8/01/2022 | eviCore |
| E0572 | Aerosol compressor, adjustable pressure, light duty for intermittent use | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0574 | Ultrasonic/electronic aerosol generator with small volume nebulizer | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0575 | Nebulizer, ultrasonic, large volume | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---------------------------------|---|
| E0575 | Nebulizer, ultrasonic, large volume | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0580 | Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0585 | Nebulizer, with compressor and heater | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0601 | Continuous positive airway pressure (CPAP) device | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0601 | Continuous positive airway pressure (CPAP) device | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0607 | Home blood glucose monitor | 8/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | | | | PA required effective 8/01/2022 | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E0610 | Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0615 | Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0617 | External defibrillator with integrated electrocardiogram analysis | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0617 | External defibrillator with integrated electrocardiogram analysis | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0618 | Apnea monitor, without recording feature | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0619 | Apnea monitor, with recording feature | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E0625 | Patient lift, bathroom or toilet, not otherwise classified | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0627 | Seat lift mechanism, electric, any type | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0627 | Seat lift mechanism, electric, any type | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0629 | Seat lift mechanism, non-electric, any type | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0629 | Seat lift mechanism, non-electric, any type | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0630 | Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E0635 | Patient lift, electric, with seat or sling | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0635 | Patient lift, electric, with seat or sling | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0636 | Multipositional patient support system, with integrated lift, patient accessible controls | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0636 | Multipositional patient support system, with integrated lift, patient accessible controls | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0637 | Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0638 | Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E0639 | Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0640 | Patient lift, fixed system, includes all components/accessories | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0641 | Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0642 | Standing frame/table system, mobile (dynamic stander), any size including pediatric | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0650 | Pneumatic compressor, nonsegmental home model | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0650 | Pneumatic compressor, nonsegmental home model | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|--|---------------------------------|--|--|--------------------|---|
| E0651 | Pneumatic compressor, segmental home model without calibrated gradient pressure | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0651 | Pneumatic compressor, segmental home model without calibrated gradient pressure | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0652 | Pneumatic compressor, segmental home model with calibrated gradient pressure | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0652 | Pneumatic compressor, segmental home model with calibrated gradient pressure | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0655 | Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0656 | Segmental pneumatic appliance for use with pneumatic compressor, trunk | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|--|---------------------------------|--|--|--------------------|---|
| E0656 | Segmental pneumatic appliance for use with pneumatic compressor, trunk | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0657 | Segmental pneumatic appliance for use with pneumatic compressor, chest | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0660 | Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0665 | Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0666 | Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0667 | Segmental pneumatic appliance for use with pneumatic compressor, full leg | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|--|---------------------------------|--|--|--------------------|-----------------------------|
| E0668 | Segmental pneumatic appliance for use with pneumatic compressor, full arm | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0669 | Segmental pneumatic appliance for use with pneumatic compressor, half leg | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0670 | Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0671 | Segmental gradient pressure pneumatic appliance, full leg | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0672 | Segmental gradient pressure pneumatic appliance, full arm | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0673 | Segmental gradient pressure pneumatic appliance, half leg | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| E0675 | Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0675 | Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0676 | Intermittent limb compression device (includes all accessories), not otherwise specified | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E0677 | Nonpneumatic sequential compression garment, trunk | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| E0678 | Non-pneumatic sequential compression garment, full leg | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| E0678 | Non-pneumatic sequential compression garment, full leg | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| E0679 | Non-pneumatic sequential compression garment, half leg | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| E0679 | Non-pneumatic sequential compression garment, half leg | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| E0680 | Non-pneumatic compression controller with sequential calibrated gradient pressure | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| E0680 | Non-pneumatic compression controller with sequential calibrated gradient pressure | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| E0681 | Non-pneumatic compression controller without calibrated gradient pressure | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| E0681 | Non-pneumatic compression controller without calibrated gradient pressure | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|-------------------------------|---|
| E0682 | Non-pneumatic sequential compression garment, full arm | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| E0682 | Non-pneumatic sequential compression garment, full arm | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| E0683 | Non-pneumatic, non-sequential, peristaltic wave compression pump | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | eviCore |
| E0683 | Non-pneumatic, non-sequential, peristaltic wave compression pump | 10/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| E0691 | Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0691 | Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E0692 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0692 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0693 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0693 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0694 | Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E0700 | Safety equipment, device or accessory, any type | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| E0710 | Restraints, any type (body, chest, wrist or ankle) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0720 | Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0730 | Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0731 | Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric) | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E0732 | Cranial electrotherapy stimulation (CES) system, any type | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| E0733 | Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|-------------------------------|---|
| E0734 | External upper limb tremor stimulator of the peripheral nerves of the wrist | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| E0735 | Noninvasive vagus nerve stimulator | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| E0736 | Transcutaneous tibial nerve stimulator | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| E0737 | Transcutaneous tibial nerve stimulator, controlled by phone application | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | eviCore |
| E0737 | Transcutaneous tibial nerve stimulator, controlled by phone application | 10/1/2024 | | | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| E0738 | Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|---|---|
| E0739 | Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description revised effective 10/01/2024 New PA requirement | eviCore |
| E0740 | Non-implanted pelvic floor electrical stimulator, complete system | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0744 | Neuromuscular stimulator for scoliosis | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0745 | Neuromuscular stimulator, electronic shock unit | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0745 | Neuromuscular stimulator, electronic shock unit | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0746 | Electromyography (emg), biofeedback device | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E0747 | Osteogenesis stimulator, electrical, noninvasive, other than spinal applications | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0747 | Osteogenesis stimulator, electrical, noninvasive, other than spinal applications | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0748 | Osteogenesis stimulator, electrical, noninvasive, spinal applications | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0748 | Osteogenesis stimulator, electrical, noninvasive, spinal applications | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0749 | Osteogenesis stimulator, electrical, surgically implanted | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| E0755 | Electronic salivary reflex stimulator (intra-oral/non-invasive) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E0760 | Osteogenesis stimulator, low intensity ultrasound, noninvasive | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0760 | Osteogenesis stimulator, low intensity ultrasound, noninvasive | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0761 | Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device | | | HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0762 | Transcutaneous electrical joint stimulation device system, includes all accessories | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0764 | Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0764 | Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|--|---------------------------------|--|--|--------------------|-----------------------------|
| E0765 | FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting | | | HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0766 | Electrical stimulation device used for cancer treatment, includes all accessories, any type | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0769 | Electrical stimulation or electromagnetic wound treatment device, not otherwise classified | | | HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0770 | Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0776 | lv pole | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0779 | Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| E0780 | Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0781 | Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0784 | External ambulatory infusion pump, insulin | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0786 | Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| E0791 | Parenteral infusion pump, stationary, single or multi-channel | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0920 | Fracture frame, attached to bed, includes weights | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|--|---------------------------------|--|--|--------------------|-----------------------------|
| E0930 | Fracture frame, free standing, includes weights | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0935 | Continuous passive motion exercise device for use on knee only | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0936 | Continuous passive motion exercise device for use other than knee | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0941 | Gravity assisted traction device, any type | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0946 | Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0947 | Fracture frame, attachments for complex pelvic traction | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|----------------------|-----------------------------|
| E0948 | Fracture frame, attachments for complex cervical traction | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0956 | Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0957 | Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0960 | Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0961 | Manual wheelchair accessory, wheel lock brake extension (handle), each | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E0973 | Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|----------------------|---|
| E0974 | Manual wheelchair accessory, anti-rollback device, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E0983 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E0984 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E0984 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E0985 | Wheelchair accessory, seat lift mechanism | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E0986 | Manual wheelchair accessory, push-rim activated power assist system | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E0986 | Manual wheelchair accessory, push-rim activated power assist system | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1002 | Wheelchair accessory, power seating system, tilt only | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1002 | Wheelchair accessory, power seating system, tilt only | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1003 | Wheelchair accessory, power seating system, recline only, without shear reduction | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1003 | Wheelchair accessory, power seating system, recline only, without shear reduction | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1004 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E1004 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1005 | Wheelchair accessory, power seating system, recline only, with power shear reduction | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1005 | Wheelchair accessory, power seating system, recline only, with power shear reduction | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1006 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1006 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1007 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E1007 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1008 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1008 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1009 | Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1010 | Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1010 | Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|----------------------|---|
| E1012 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1017 | Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1018 | Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1030 | Wheelchair accessory, ventilator tray, gimbaled | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1035 | Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1036 | Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|----------------------|------------------|
| E1050 | Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1060 | Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1070 | Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1083 | Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1084 | Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1085 | Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| E1086 | Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1087 | High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1088 | High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1089 | High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1090 | High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1092 | Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| E1093 | Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1100 | Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1110 | Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1130 | Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1140 | Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1150 | Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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| E1160 | Wheelchair, fixed full-length arms, swing-away detachable elevating legrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1161 | Manual adult size wheelchair, includes tilt in space | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1161 | Manual adult size wheelchair, includes tilt in space | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1195 | Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1220 | Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1221 | Wheelchair with fixed arm, footrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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| E1222 | Wheelchair with fixed arm, elevating legrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1223 | Wheelchair with detachable arms, footrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1224 | Wheelchair with detachable arms, elevating legrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1225 | Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1226 | Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAc services by eviCore |
| E1227 | Special height arms for wheelchair | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|----------------------|---|
| E1229 | Wheelchair, pediatric size, not otherwise specified | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1230 | Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1230 | Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1232 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1233 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1234 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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| E1235 | Wheelchair, pediatric size, rigid, adjustable, with seating system | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1236 | Wheelchair, pediatric size, folding, adjustable, with seating system | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1237 | Wheelchair, pediatric size, rigid, adjustable, without seating system | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1238 | Wheelchair, pediatric size, folding, adjustable, without seating system | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1239 | Power wheelchair, pediatric size, not otherwise specified | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1240 | Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |

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| E1250 | Lightweight wheelchair, fixed full length arms, swing away detachable footrest | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1260 | Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1270 | Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1280 | Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1285 | Heavy duty wheelchair, fixed full length arms, swing away detachable footrest | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1290 | Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|----------------------|---|
| E1295 | Heavy-duty wheelchair, fixed full-length arms, elevating legrest | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1295 | Heavy-duty wheelchair, fixed full-length arms, elevating legrest | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1296 | Special wheelchair seat height from floor | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1296 | Special wheelchair seat height from floor | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1298 | Special wheelchair seat depth and/or width, by construction | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E1300 | Whirlpool, portable (overtub type) | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| E1301 | Whirlpool tub, walk-in, portable | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| E1310 | Whirlpool, nonportable (built-in type) | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1352 | Oxygen accessory, flow regulator capable of positive inspiratory pressure | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1355 | Stand/rack | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1356 | Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1357 | Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E1358 | Oxygen accessory, dc power adapter for portable concentrator, any type, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1372 | Immersion external heater for nebulizer | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1390 | Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1391 | Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1391 | Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1392 | Portable oxygen concentrator, rental | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E1392 | Portable oxygen concentrator, rental | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E1399 | Durable medical equipment, miscellaneous | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1405 | Oxygen and water vapor enriching system with heated delivery | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1406 | Oxygen and water vapor enriching system without heated delivery | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1700 | Jaw motion rehabilitation system | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E1800 | Dynamic adjustable elbow extension/flexion device, includes soft interface material | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|-----------------------------|---|
| E1801 | Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1802 | Dynamic adjustable forearm pronation/supination device, includes soft interface material | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1803 | Dynamic adjustable elbow extension only device, includes soft interface material | 1/1/2025 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | New Code effective 1/1/2025 | eviCore |
| E1803 | Dynamic adjustable elbow extension only device, includes soft interface material | 1/1/2025 | | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | DME code greater than \$2000 done in house for GHI PPO membership |
| E1804 | Dynamic adjustable elbow flexion only device, includes soft interface material | 1/1/2025 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | New Code effective 1/1/2025 | eviCore |
| E1804 | Dynamic adjustable elbow flexion only device, includes soft interface material | 1/1/2025 | | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|-----------------------------|---|
| E1805 | Dynamic adjustable wrist extension/flexion device, includes soft interface material | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1806 | Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1807 | Dynamic adjustable wrist extension only device, includes soft interface material | 1/1/2025 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | New Code effective 1/1/2025 | eviCore |
| E1807 | Dynamic adjustable wrist extension only device, includes soft interface material | 1/1/2025 | | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | DME code greater than \$2000 done in house for GHI PPO membership |
| E1808 | Dynamic adjustable wrist flexion only device, includes soft interface material | 1/1/2025 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | New Code effective 1/1/2025 | eviCore |
| E1808 | Dynamic adjustable wrist flexion only device, includes soft interface material | 1/1/2025 | | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|-----------------------------|---|
| E1813 | Dynamic adjustable knee extension only device, includes soft interface material | 1/1/2025 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | New Code effective 1/1/2025 | eviCore |
| E1813 | Dynamic adjustable knee extension only device, includes soft interface material | 1/1/2025 | | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | DME code greater than \$2000 done in house for GHI PPO membership |
| E1814 | Dynamic adjustable knee flexion only device, includes soft interface material | 1/1/2025 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | New Code effective 1/1/2025 | eviCore |
| E1814 | Dynamic adjustable knee flexion only device, includes soft interface material | 1/1/2025 | | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | DME code greater than \$2000 done in house for GHI PPO membership |
| E1822 | Dynamic adjustable ankle extension only device, includes soft interface material | 1/1/2025 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | New Code effective 1/1/2025 | eviCore |
| E1822 | Dynamic adjustable ankle extension only device, includes soft interface material | 1/1/2025 | | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|-----------------------------|---|
| E1823 | Dynamic adjustable ankle flexion only device, includes soft interface material | 1/1/2025 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | New Code effective 1/1/2025 | eviCore |
| E1823 | Dynamic adjustable ankle flexion only device, includes soft interface material | 1/1/2025 | | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | DME code greater than \$2000 done in house for GHI PPO membership |
| E1825 | Dynamic adjustable finger extension/flexion device, includes soft interface material | | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E1826 | Dynamic adjustable finger extension only device, includes soft interface material | 1/1/2025 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | New Code effective 1/1/2025 | eviCore |
| E1826 | Dynamic adjustable finger extension only device, includes soft interface material | 1/1/2025 | | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | DME code greater than \$2000 done in house for GHI PPO membership |
| E1827 | Dynamic adjustable finger flexion only device, includes soft interface material | 1/1/2025 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | New Code effective 1/1/2025 | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|-----------------------------|---|
| E1827 | Dynamic adjustable finger flexion only device, includes soft interface material | 1/1/2025 | | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | DME code greater than \$2000 done in house for GHI PPO membership |
| E1828 | Dynamic adjustable toe extension only device, includes soft interface material | 1/1/2025 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | New Code effective 1/1/2025 | eviCore |
| E1828 | Dynamic adjustable toe extension only device, includes soft interface material | 1/1/2025 | | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | DME code greater than \$2000 done in house for GHI PPO membership |
| E1829 | Dynamic adjustable toe flexion only device, includes soft interface material | 1/1/2025 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | New Code effective 1/1/2025 | eviCore |
| E1829 | Dynamic adjustable toe flexion only device, includes soft interface material | 1/1/2025 | | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | DME code greater than \$2000 done in house for GHI PPO membership |
| E1840 | Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|---|---|
| E1841 | Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2000 | Gastric suction pump, home model, portable or stationary, electric | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2001 | Suction pump, home model, portable or stationary, electric, any type, for use with external urine and/or fecal management system | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Description revised effective 4/01/2024 New Code effective 1/01/2024 | eviCore |
| E2001 | Suction pump, home model, portable or stationary, electric, any type, for use with external urine and/or fecal management system | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Description revised effective 4/01/2024 New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| E2100 | Blood glucose monitor with integrated voice synthesizer | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2101 | Blood glucose monitor with integrated lancing/blood sample | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---|---|
| E2102 | Adjunctive, non-implanted continuous glucose monitor or receiver | 8/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | | | | Updated Code Description Effective 1/01/2023 PA required effective 8/01/2022 | eviCore |
| E2103 | Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| E2104 | Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge | 4/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | eviCore |
| E2104 | Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge | 4/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| E2201 | Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2202 | Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| E2203 | Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2204 | Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2206 | Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2209 | Accessory, arm trough, with or without hand support, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2224 | Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2227 | Manual wheelchair accessory, gear reduction drive wheel, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---|---|
| E2227 | Manual wheelchair accessory, gear reduction drive wheel, each | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E2228 | Manual wheelchair accessory, wheel braking system and lock, complete, each | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E2230 | Manual wheelchair accessory, manual standing system | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2231 | Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2298 | Complex rehabilitative power wheelchair accessory, power seat elevation system, any type | 4/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | eviCore |
| E2298 | Complex rehabilitative power wheelchair accessory, power seat elevation system, any type | 4/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|----------------------------------|---|
| E2300 | Wheelchair accessory, power seat elevation system, any type | | 4/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | Deleted Code effective 4/01/2024 | |
| E2301 | Wheelchair accessory, power standing system, any type | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2310 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2310 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E2311 | Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2311 | Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E2312 | Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2312 | Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E2313 | Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2321 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2321 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E2322 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E2322 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E2323 | Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2324 | Power wheelchair accessory, chin cup for chin control interface | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2325 | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2325 | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E2326 | Power wheelchair accessory, breath tube kit for sip and puff interface | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E2327 | Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2327 | Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E2328 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2328 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E2329 | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2329 | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E2330 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2330 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E2331 | Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2340 | Power wheelchair accessory, nonstandard seat frame width, 20-23 in | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E2341 | Power wheelchair accessory, nonstandard seat frame width, 24-27 in | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E2342 | Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| E2343 | Power wheelchair accessory, nonstandard seat frame depth, 22-25 in | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E2351 | Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2358 | Power wheelchair accessory, group 34 non-sealed lead acid battery, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2359 | Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2360 | Power wheelchair accessory, 22nf non-sealed lead acid battery, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2361 | Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| E2362 | Power wheelchair accessory, group 24 non-sealed lead acid battery, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2363 | Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2364 | Power wheelchair accessory, u-1 non-sealed lead acid battery, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2365 | Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2366 | Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2367 | Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| E2368 | Power wheelchair component, drive wheel motor, replacement only | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2369 | Power wheelchair component, drive wheel gear box, replacement only | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2370 | Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2371 | Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2372 | Power wheelchair accessory, group 27 non-sealed lead acid battery, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2373 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| E2373 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E2374 | Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2375 | Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2376 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2376 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E2377 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|----------------------|-----------------------------|
| E2378 | Power wheelchair component, actuator, replacement only | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E2381 | Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2382 | Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2383 | Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2384 | Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2385 | Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| E2386 | Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2387 | Power wheelchair accessory, foam filled caster tire, any size, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2388 | Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2389 | Power wheelchair accessory, foam caster tire, any size, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2390 | Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2391 | Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| E2392 | Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2394 | Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2395 | Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2396 | Power wheelchair accessory, caster fork, any size, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2397 | Power wheelchair accessory, lithium-based battery, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2398 | Wheelchair accessory, dynamic positioning hardware for back | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|--|---------------------------------|--|--|--------------------|---|
| E2402 | Negative pressure wound therapy electrical pump, stationary or portable | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2402 | Negative pressure wound therapy electrical pump, stationary or portable | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| E2500 | Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 minutes recording time | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2502 | Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2504 | Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2506 | Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|-------------------------------|---|
| E2508 | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2510 | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2511 | Speech generating software program, for personal computer or personal digital assistant | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2512 | Accessory for speech generating device, mounting system | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2513 | Accessory for speech generating device, electromyographic sensor | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | eviCore |
| E2513 | Accessory for speech generating device, electromyographic sensor | 10/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|----------------------|-----------------------------|
| E2599 | Accessory for speech generating device, not otherwise classified | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2605 | Positioning wheelchair seat cushion, width less than 22 in, any depth | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E2606 | Positioning wheelchair seat cushion, width 22 in or greater, any depth | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E2607 | Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E2608 | Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| E2609 | Custom fabricated wheelchair seat cushion, any size | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |

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|----------|---|----------------|------------------|--|---------------------------------|--|--|----------------------|-----------------------------|
| E2610 | Wheelchair seat cushion, powered | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| E2611 | General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2612 | General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2613 | Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2614 | Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2615 | Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| E2616 | Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2617 | Custom fabricated wheelchair back cushion, any size, including any type mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2620 | Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2621 | Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2622 | Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2623 | Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| E2624 | Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E2625 | Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| E3000 | Speech volume modulation system, any type, including all components and accessories | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| G0088 | Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes | 1/1/2021 | | HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| G0089 | Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes | 1/1/2021 | | HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| G0090 | Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes | 1/1/2021 | | HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| G0151 | Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| G0152 | Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| G0153 | Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| G0155 | Services of clinical social worker in home health or hospice settings, each 15 minutes | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| G0156 | Services of home health/hospice aide in home health or hospice settings, each 15 minutes | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| G0157 | Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| G0158 | Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| G0160 | Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| 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 | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| G0162 | Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| G0219 | PET imaging whole body; melanoma for noncovered indications | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|--------------------------------|
| G0235 | PET imaging, any site, not otherwise specified | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| G0252 | PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes) | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| G0283 | Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | Prior authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Palladian |
| G0283 | Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | | Prior authorization required for all Diagnosis Codes | N/A | PA Requirement removed | Preauthorization - EH services |
| G0283 | Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care | | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | | N/A | PA Requirement removed | Preauthorization - EH services |
| G0299 | Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| G0300 | Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| G0339 | Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| G0340 | Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| G0458 | Low dose rate (LDR) prostate brachytherapy services, composite rate | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| G0490 | Face-to-face home health nursing visit by a rural health clinic (RHC) or federally qualified health center (FQHC) in an area with a shortage of home health agencies; (services limited to RN or LPN only) | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | | | | | Homecare |
| G0493 | Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|-----------------------------|------------------|
| G0494 | Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| G0495 | Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| G0496 | Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| G0562 | Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling) | 1/1/2025 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | eviCore |
| G0563 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions | 1/1/2025 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | New Code effective 1/1/2025 | eviCore |
| G2168 | Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| G2168 | Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| G2169 | Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| G6001 | Ultrasonic guidance for placement of radiation therapy fields | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| G6002 | Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| G6003 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| G6004 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| G6005 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| G6006 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| G6007 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| G6008 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| G6009 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| G6010 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| G6011 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| G6012 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| G6013 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| G6014 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| G6015 | Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| G6016 | Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| G6017 | Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| H1004 | Prenatal care, at-risk enhanced service; follow-up home visit | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| J1437 | Injection, ferric derisomaltose, 10 mg | 10/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| J1738 | Injection, meloxicam, 1 mg | 10/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| K0001 | Standard wheelchair | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0002 | Standard hemi (low seat) wheelchair | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---------------------------------------|----------------|------------------|--|---------------------------------|--|--|--------------------|-----------------------------|
| K0003 | Lightweight wheelchair | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0004 | High strength, lightweight wheelchair | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0005 | Ultralightweight wheelchair | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0006 | Heavy duty wheelchair | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0007 | Extra heavy duty wheelchair | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0008 | Custom manual wheelchair/base | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|--|---------------------------------|--|--|--------------------|-----------------------------|
| K0009 | Other manual wheelchair/base | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0010 | Standard - weight frame motorized/power wheelchair | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0011 | Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0012 | Lightweight portable motorized/power wheelchair | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0013 | Custom motorized/power wheelchair base | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0014 | Other motorized/power wheelchair base | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|--|---------------------------------|--|--|--------------------|-----------------------------|
| K0017 | Detachable, adjustable height armrest, base, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0018 | Detachable, adjustable height armrest, upper portion, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0051 | Cam release assembly, footrest or legrest, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0052 | Swingaway, detachable footrests, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0053 | Elevating footrests, articulating (telescoping), each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0069 | Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| K0071 | Front caster assembly, complete, with pneumatic tire, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0072 | Front caster assembly, complete, with semi-pneumatic tire, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0108 | Wheelchair component or accessory, not otherwise specified | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0195 | Elevating leg rests, pair (for use with capped rental wheelchair base) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0455 | Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinal) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0606 | Automatic external defibrillator, with integrated electrocardiogram analysis, garment type | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| K0607 | Replacement battery for automated external defibrillator, garment type only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0608 | Replacement garment for use with automated external defibrillator, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0608 | Replacement garment for use with automated external defibrillator, each | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0609 | Replacement electrodes for use with automated external defibrillator, garment type only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0669 | Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| K0672 | Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| K0730 | Controlled dose inhalation drug delivery system | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0730 | Controlled dose inhalation drug delivery system | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0738 | Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0743 | Suction pump, home model, portable, for use on wounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0800 | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0800 | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| K0801 | Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0801 | Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0802 | Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0802 | Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0806 | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0806 | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| K0807 | Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0807 | Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0808 | Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0808 | Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0812 | Power operated vehicle, not otherwise classified | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0813 | Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| K0814 | Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0814 | Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0815 | Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0816 | Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0816 | Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0820 | Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| K0820 | Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0821 | Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0821 | Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0822 | Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0822 | Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0823 | Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| K0823 | Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0824 | Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0824 | Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0825 | Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0825 | Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0826 | Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| K0826 | Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0827 | Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0827 | Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0828 | Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0828 | Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0829 | Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|----------------------|---|
| K0829 | Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0830 | Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| K0831 | Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| K0835 | Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAc services by eviCore |
| K0836 | Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAc services by eviCore |
| K0836 | Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| K0837 | Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0838 | Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0838 | Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0839 | Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0839 | Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0840 | Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| K0840 | Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0841 | Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0841 | Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0842 | Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0842 | Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0843 | Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| K0843 | Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0848 | Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0848 | Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0849 | Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0849 | Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0850 | Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| K0850 | Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0851 | Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0851 | Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0852 | Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0853 | Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0853 | Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| K0854 | Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0854 | Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0855 | Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0855 | Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0856 | Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0856 | Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|--|---------------------------------|--|--|--------------------|---|
| K0857 | Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0857 | Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0858 | Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0858 | Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0859 | Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0859 | Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| K0860 | Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0860 | Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0861 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0861 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0862 | Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0862 | Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| K0863 | Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0863 | Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0864 | Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0864 | Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K0868 | Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0869 | Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| K0870 | Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0871 | Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0877 | Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0878 | Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0879 | Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0880 | Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| K0884 | Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0885 | Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0886 | Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0890 | Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0891 | Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0898 | Power wheelchair, not otherwise classified | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|----------------------------------|-----------------------------|
| K0899 | Power mobility device, not coded by dme pdac or does not meet criteria | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K0900 | Customized durable medical equipment, other than wheelchair | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| K1004 | Low frequency ultrasonic diathermy treatment device for home use | 10/15/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA requirement | eviCore |
| K1014 | Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control | 4/1/2021 | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | Deleted Code Effective 1/01/2024 | |
| K1014 | Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control | 4/1/2021 | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | Deleted Code Effective 1/01/2024 | |
| K1015 | Foot, adductus positioning device, adjustable | 4/1/2021 | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | N/A | N/A | Deleted Code Effective 1/01/2024 | |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|----------------------------------|-----------------------------|
| K1015 | Foot, adductus positioning device, adjustable | 4/1/2021 | 1/1/2024 | GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | Deleted Code Effective 1/01/2024 | |
| K1021 | Exsufflation belt, includes all supplies and accessories | 10/1/2021 | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | Deleted Code Effective 1/01/2024 | |
| K1022 | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type | 10/1/2021 | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | Deleted Code Effective 1/01/2024 | |
| K1023 | Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm | 10/1/2021 | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | Deleted Code Effective 1/01/2024 | |
| K1024 | Non-pneumatic compression controller with sequential calibrated gradient pressure | 10/1/2021 | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | Deleted Code Effective 1/01/2024 | DME-PAc services by eviCore |
| K1025 | Non-pneumatic sequential compression garment, full arm | 10/1/2021 | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | Deleted Code Effective 1/01/2024 | |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|---|---|
| K1027 | Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment | 10/1/2021 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| K1027 | Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment | 10/1/2021 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| K1030 | External recharging system for battery (internal) for use with implanted cardiac contractibility modulation generator, replacement only | 8/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | | | | PA required effective 8/01/2022 | eviCore |
| K1031 | Non-pneumatic compression controller without calibrated gradient pressure | 4/1/2022 | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | Deleted Code Effective 1/01/2024 New Code effective 4/01/2022; PA required effective 4/01/2022 | |
| K1032 | Non-pneumatic sequential compression garment, full leg | 4/1/2022 | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | Deleted Code Effective 1/01/2024 New Code effective 4/01/2022; PA required effective 4/01/2022 | |
| K1033 | Non-pneumatic sequential compression garment, half leg | 4/1/2022 | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | Deleted Code Effective 1/01/2024 New Code effective 4/01/2022; PA required effective 4/01/2022 | |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---|---|
| K1036 | Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month | 10/1/2023 | | HIP Commercial, HIP Medicare and HIP Medicaid | | | | New Code effective 10/01/2023 | eviCore |
| K1037 | Docking station for use with oral device/appliance used to reduce upper airway collapsibility | 4/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | eviCore |
| K1037 | Docking station for use with oral device/appliance used to reduce upper airway collapsibility | 4/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| L0113 | Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0454 | Tlso flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0455 | Tlso, flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L0456 | Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L0457 | Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0458 | Tlso, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0460 | Tlso, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0462 | Tlso, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0464 | Tlso, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L0466 | Tlso, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0467 | Tlso, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0468 | Tlso, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0469 | Tlso, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0470 | Tlso, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0472 | Tlso, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L0480 | Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0480 | Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L0482 | Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0482 | Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L0484 | Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0484 | Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L0486 | Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0486 | Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L0488 | Tlso, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0490 | Tlso, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the t-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0491 | Tlso, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0492 | Tlso, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L0622 | Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L0624 | Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0625 | Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0626 | Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0627 | Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0628 | Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L0629 | Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0630 | Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0631 | Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0632 | Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0633 | Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0634 | Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L0635 | Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0636 | Lumbar-sacral orthotic (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0636 | Lumbar-sacral orthotic (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L0637 | Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0638 | Lumbar-sacral orthotic (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0638 | Lumbar-sacral orthotic (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L0639 | Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0640 | Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0641 | Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0642 | Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0643 | Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0648 | Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|-------------------------------|---|
| L0649 | Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0650 | Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L0651 | Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1006 | Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | eviCore |
| L1006 | Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | 10/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| L1200 | Thoracic-lumbar-sacral-orthosis (tlso), inclusive of furnishing initial orthosis only | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|---|---|
| L1300 | Other scoliosis procedure, body jacket molded to patient model | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1300 | Other scoliosis procedure, body jacket molded to patient model | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L1310 | Other scoliosis procedure, postoperative body jacket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1310 | Other scoliosis procedure, postoperative body jacket | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L1320 | Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated | 4/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | eviCore |
| L1320 | Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated | 4/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|---|---|
| L1499 | Spinal orthosis, not otherwise specified | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1653 | Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | eviCore |
| L1653 | Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf | 10/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| L1681 | Hip orthosis, bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | 10/1/2023 | | HIP Commercial, HIP Medicare and HIP Medicaid | | | | New Code effective 10/01/2023 | eviCore |
| L1812 | Knee orthosis, elastic with joints, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1820 | Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description revised effective 10/01/2024 | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|-------------------------------|---|
| L1821 | Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | eviCore |
| L1821 | Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf | 10/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| L1830 | Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1831 | Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1832 | Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1833 | Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L1834 | Knee orthosis, without knee joint, rigid, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1836 | Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1840 | Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1843 | Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1844 | Knee orthotic (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1844 | Knee orthotic (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L1845 | Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1846 | Knee orthotic, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1846 | Knee orthotic, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L1847 | Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1848 | Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1850 | Knee orthosis, swedish type, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L1851 | Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1852 | Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1852 | Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L1860 | Knee orthotic (KO), modification of supracondylar prosthetic socket, custom fabricated (SK) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1860 | Knee orthotic (KO), modification of supracondylar prosthetic socket, custom fabricated (SK) | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L1900 | Ankle foot orthosis, spring wire, dorsiflexion assist calf band, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L1902 | Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1904 | Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1906 | Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1907 | Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1910 | Ankle foot orthosis, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1920 | Ankle foot orthosis, single upright with static or adjustable stop (phelps or perlestein type), custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|--|---------------------------------|--|--|--------------------|-----------------------------|
| L1930 | Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1932 | Afo, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1940 | Ankle foot orthosis, plastic or other material, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1945 | Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1950 | Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1951 | Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L1960 | Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1970 | Ankle foot orthosis, plastic with ankle joint, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1971 | Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1980 | Ankle foot orthosis, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'bk' orthosis), custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L1990 | Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2000 | Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L2005 | Knee-ankle-foot orthotic (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2005 | Knee-ankle-foot orthotic (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L2006 | Knee-ankle-foot (KAF) device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2006 | Knee-ankle-foot (KAF) device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated | 1/1/2020 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L2010 | Knee-ankle-foot orthotic (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), without knee joint, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2010 | Knee-ankle-foot orthotic (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), without knee joint, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|--|---------------------------------|--|--|--------------------|---|
| L2020 | Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthotic), custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2020 | Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthotic), custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L2030 | Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthotic), without knee joint, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2030 | Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthotic), without knee joint, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L2034 | Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2034 | Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L2035 | Knee ankle foot orthosis, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2036 | Knee-ankle-foot orthotic (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2036 | Knee-ankle-foot orthotic (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L2037 | Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2037 | Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L2038 | Knee-ankle-foot orthotic (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L2038 | Knee-ankle-foot orthotic (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L2050 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2060 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2080 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2090 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2106 | Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L2108 | Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture cast orthotic, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2108 | Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture cast orthotic, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L2112 | Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2114 | Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2116 | Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2126 | Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, thermoplastic type casting material, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L2126 | Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, thermoplastic type casting material, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L2128 | Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2128 | Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L2132 | Kafo, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2134 | Kafo, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2136 | Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, rigid, prefabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L2136 | Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, rigid, prefabricated, includes fitting and adjustment | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L2188 | Addition to lower extremity fracture orthosis, quadrilateral brim | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2192 | Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2250 | Addition to lower extremity, foot plate, molded to patient model, stirrup attachment | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2280 | Addition to lower extremity, molded inner boot | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2300 | Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| L2330 | Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only | 9/1/2022 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2340 | Addition to lower extremity, pretibial shell, molded to patient model | 9/1/2022 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2350 | Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses) | 9/1/2022 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2500 | Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring | 9/1/2022 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2510 | Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model | 9/1/2022 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2520 | Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted | 9/1/2022 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|------------------|
| L2525 | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model | 9/1/2022 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2526 | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted | 9/1/2022 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2540 | Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model | 9/1/2022 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2570 | Addition to lower extremity, pelvic control, hip joint, Clevis type two-position joint, each | 9/1/2022 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2580 | Addition to lower extremity, pelvic control, pelvic sling | 9/1/2022 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2627 | Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables | 9/1/2022 | | HIP Commerical, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L2628 | Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L2750 | Addition to lower extremity orthosis, plating chrome or nickel, per bar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2755 | Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2760 | Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2768 | Orthotic side bar disconnect device, per bar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L2780 | Addition to lower extremity orthosis, non-corrosive finish, per bar | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L2999 | Lower extremity orthoses, not otherwise specified | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3000 | Foot, insert, removable, molded to patient model, 'ucb' type, berkeley shell, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3001 | Foot, insert, removable, molded to patient model, spenco, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3002 | Foot, insert, removable, molded to patient model, plastazote or equal, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3003 | Foot, insert, removable, molded to patient model, silicone gel, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3010 | Foot, insert, removable, molded to patient model, longitudinal arch support, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L3020 | Foot, insert, removable, molded to patient model, longitudinal/ metatarsal support, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3030 | Foot, insert, removable, formed to patient foot, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3031 | Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3040 | Foot, arch support, removable, premolded, longitudinal, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3050 | Foot, arch support, removable, premolded, metatarsal, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3060 | Foot, arch support, removable, premolded, longitudinal/ metatarsal, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| L3070 | Foot, arch support, non-removable attached to shoe, longitudinal, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3080 | Foot, arch support, non-removable attached to shoe, metatarsal, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3090 | Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3100 | Hallus-valgus night dynamic splint, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3161 | Foot, adductus positioning device, adjustable | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| L3161 | Foot, adductus positioning device, adjustable | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L3203 | Orthopedic shoe, oxford with supinator or pronator, junior | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3207 | Orthopedic shoe, hightop with supinator or pronator, junior | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3215 | Orthopedic footwear, ladies shoe, oxford, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3216 | Orthopedic footwear, ladies shoe, depth inlay, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3217 | Orthopedic footwear, ladies shoe, hightop, depth inlay, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3219 | Orthopedic footwear, mens shoe, oxford, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L3221 | Orthopedic footwear, mens shoe, depth inlay, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3222 | Orthopedic footwear, mens shoe, hightop, depth inlay, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3230 | Orthopedic footwear, custom shoe, depth inlay, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3250 | Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3251 | Foot, shoe molded to patient model, silicone shoe, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3252 | Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L3253 | Foot, molded shoe plastazote (or similar) custom fitted, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3254 | Non-standard size or width | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3255 | Non-standard size or length | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3257 | Orthopedic footwear, additional charge for split size | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3330 | Lift, elevation, metal extension (skate) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3671 | Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|---|----------------|------------------|--|---------------------------------|--|--|--------------------|-----------------------------|
| L3674 | Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3678 | Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3702 | Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3720 | Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3730 | Elbow orthosis, double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3740 | Elbow orthotic (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L3740 | Elbow orthotic (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L3760 | Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L3761 | Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf | 9/1/2022 | | HIP Commercial, Medicaid and Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L3763 | Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3764 | Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3765 | Elbow-wrist-hand-finger orthotic (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L3765 | Elbow-wrist-hand-finger orthotic (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L3766 | Elbow-wrist-hand-finger orthotic (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3766 | Elbow-wrist-hand-finger orthotic (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L3806 | Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L3808 | Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L3809 | Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L3891 | Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L3900 | Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3900 | Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L3901 | Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3901 | Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L3904 | Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L3905 | Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L3912 | Hand finger orthosis (hfo), flexion glove with elastic finger control, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3915 | Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L3916 | Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3918 | Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3921 | Hand-finger orthosis (HFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L3924 | Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3930 | Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3960 | Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L3961 | Shoulder-elbow-wrist-hand orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L3962 | Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L3967 | Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L3971 | Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L3973 | Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L3975 | Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3975 | Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L3976 | Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L3977 | Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L3978 | Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L3980 | Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L3981 | Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L3999 | Upper limb orthosis, not otherwise specified | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L4002 | Replacement strap, any orthosis, includes all components, any length, any type | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L4010 | Replace trilateral socket brim | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L4020 | Replace quadrilateral socket brim, molded to patient model | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L4030 | Replace quadrilateral socket brim, custom fitted | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L4040 | Replace molded thigh lacer, for custom fabricated orthosis only | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L4360 | Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L4361 | Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L4387 | Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L4396 | Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L4397 | Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L4631 | Ankle-foot orthotic, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L4631 | Ankle-foot orthotic, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5050 | Ankle, Symes, molded socket, SACH foot | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5050 | Ankle, Symes, molded socket, SACH foot | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|--|---------------------------------|--|--|--------------------|---|
| L5060 | Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5060 | Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5100 | Below knee, molded socket, shin, SACH foot | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5100 | Below knee, molded socket, shin, SACH foot | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5105 | Below knee, plastic socket, joints and thigh lacer, SACH foot | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5105 | Below knee, plastic socket, joints and thigh lacer, SACH foot | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5150 | Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5150 | Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5160 | Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5160 | Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5200 | Above knee, molded socket, single axis constant friction knee, shin, SACH foot | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5200 | Above knee, molded socket, single axis constant friction knee, shin, SACH foot | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5210 | Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5210 | Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5220 | Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5220 | Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5230 | Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5230 | Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5250 | Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5250 | Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5270 | Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5270 | Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5280 | Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5280 | Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5301 | Below knee, molded socket, shin, SACH foot, endoskeletal system | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5301 | Below knee, molded socket, shin, SACH foot, endoskeletal system | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5312 | Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5312 | Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5321 | Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5321 | Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5331 | Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5331 | Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5341 | Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5341 | Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5400 | Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5410 | Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5420 | Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'ak' or knee disarticulation | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5430 | Immediate post surgical or early fitting, application of initial rigid dressing, incl. fitting, alignment and suspension, 'ak' or knee disarticulation, each additional cast change and realignment | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5450 | Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5460 | Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5500 | Initial, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5500 | Initial, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5505 | Initial, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5505 | Initial, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5510 | Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5510 | Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5520 | Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5520 | Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5530 | Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5530 | Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5535 | Preparatory, below knee PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5535 | Preparatory, below knee PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5540 | Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5540 | Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5560 | Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5560 | Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5570 | Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5570 | Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5580 | Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5580 | Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5585 | Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5585 | Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5590 | Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5590 | Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5595 | Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5595 | Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5600 | Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5600 | Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5610 | Addition to lower extremity, endoskeletal system, above knee, hydracadence system | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5610 | Addition to lower extremity, endoskeletal system, above knee, hydracadence system | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5611 | Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with friction swing phase control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5611 | Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with friction swing phase control | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| L5613 | Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with hydraulic swing phase control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5613 | Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with hydraulic swing phase control | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5614 | Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5614 | Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5615 | Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | EviCore |
| L5615 | Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|--|---------------------------------|--|--|--------------------|---|
| L5616 | Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5616 | Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5617 | Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5618 | Addition to lower extremity, test socket, symes | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5620 | Addition to lower extremity, test socket, below knee | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5622 | Addition to lower extremity, test socket, knee disarticulation | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L5624 | Addition to lower extremity, test socket, above knee | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5626 | Addition to lower extremity, test socket, hip disarticulation | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5628 | Addition to lower extremity, test socket, hemipelvectomy | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5629 | Addition to lower extremity, below knee, acrylic socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5630 | Addition to lower extremity, symes type, expandable wall socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5631 | Addition to lower extremity, above knee or knee disarticulation, acrylic socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|--|---------------------------------|--|--|--------------------|-----------------------------|
| L5632 | Addition to lower extremity, symes type, 'ptb' brim design socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5634 | Addition to lower extremity, symes type, posterior opening (canadian) socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5636 | Addition to lower extremity, symes type, medial opening socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5637 | Addition to lower extremity, below knee, total contact | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5638 | Addition to lower extremity, below knee, leather socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5639 | Addition to lower extremity, below knee, wood socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5639 | Addition to lower extremity, below knee, wood socket | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5640 | Addition to lower extremity, knee disarticulation, leather socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5642 | Addition to lower extremity, above knee, leather socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5643 | Addition to lower extremity, hip disarticulation, flexible inner socket, external frame | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5643 | Addition to lower extremity, hip disarticulation, flexible inner socket, external frame | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5644 | Addition to lower extremity, above knee, wood socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5645 | Addition to lower extremity, below knee, flexible inner socket, external frame | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5646 | Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5647 | Addition to lower extremity, below knee suction socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5648 | Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5649 | Addition to lower extremity, ischial containment/narrow M-L socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5649 | Addition to lower extremity, ischial containment/narrow M-L socket | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5650 | Additions to lower extremity, total contact, above knee or knee disarticulation socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5651 | Addition to lower extremity, above knee, flexible inner socket, external frame | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5651 | Addition to lower extremity, above knee, flexible inner socket, external frame | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5652 | Addition to lower extremity, suction suspension, above knee or knee disarticulation socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5653 | Addition to lower extremity, knee disarticulation, expandable wall socket | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5654 | Addition to lower extremity, socket insert, symes, (kemblo, pelite, aliplast, plastazote or equal) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L5655 | Addition to lower extremity, socket insert, below knee (kemblo, pelite, aliplast, plastazote or equal) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5656 | Addition to lower extremity, socket insert, knee disarticulation (kemblo, pelite, aliplast, plastazote or equal) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5658 | Addition to lower extremity, socket insert, above knee (kemblo, pelite, aliplast, plastazote or equal) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5661 | Addition to lower extremity, socket insert, multi-durometer symes | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5665 | Addition to lower extremity, socket insert, multi-durometer, below knee | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5666 | Addition to lower extremity, below knee, cuff suspension | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|----------------------|-----------------------------|
| L5668 | Addition to lower extremity, below knee, molded distal cushion | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5670 | Addition to lower extremity, below knee, molded supracondylar suspension ('pts' or similar) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5671 | Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5672 | Addition to lower extremity, below knee, removable medial brim suspension | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5673 | Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| | | | | | | | | PA Requirement added | |
| L5676 | Additions to lower extremity, below knee, knee joints, single axis, pair | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|----------------------|---|
| L5677 | Additions to lower extremity, below knee, knee joints, polycentric, pair | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5678 | Additions to lower extremity, below knee, joint covers, pair | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5679 | Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| L5680 | Addition to lower extremity, below knee, thigh lacer, nonmolded | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5681 | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5681 | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|----------------------|---|
| L5682 | Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5683 | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | eviCore |
| L5683 | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5686 | Addition to lower extremity, below knee, back check (extension control) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5692 | Addition to lower extremity, above knee, pelvic control belt, light | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5696 | Addition to lower extremity, above knee or knee disarticulation, pelvic joint | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5697 | Addition to lower extremity, above knee or knee disarticulation, pelvic band | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5699 | All lower extremity prostheses, shoulder harness | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5700 | Replacement, socket, below knee, molded to patient model | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5700 | Replacement, socket, below knee, molded to patient model | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5701 | Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5701 | Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5702 | Replacement, socket, hip disarticulation, including hip joint, molded to patient model | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5702 | Replacement, socket, hip disarticulation, including hip joint, molded to patient model | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5703 | Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5703 | Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5704 | Custom shaped protective cover, below knee | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5705 | Custom shaped protective cover, above knee | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5706 | Custom shaped protective cover, knee disarticulation | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5707 | Custom shaped protective cover, hip disarticulation | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5707 | Custom shaped protective cover, hip disarticulation | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5710 | Addition, exoskeletal knee-shin system, single axis, manual lock | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5711 | Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5712 | Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|--|---------------------------------|--|--|--------------------|---|
| L5714 | Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5716 | Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5718 | Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5722 | Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5724 | Addition, exoskeletal knee-shin system, single axis, fluid swing phase control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5724 | Addition, exoskeletal knee-shin system, single axis, fluid swing phase control | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5726 | Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5726 | Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5728 | Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5728 | Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5780 | Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5780 | Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|---|---|
| L5781 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5781 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5782 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5782 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5783 | Addition to lower extremity, user adjustable, mechanical, residual limb volume management system | 4/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | eviCore |
| L5783 | Addition to lower extremity, user adjustable, mechanical, residual limb volume management system | 4/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|-----------------------------|
| L5785 | Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5790 | Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5795 | Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5810 | Addition, endoskeletal knee-shin system, single axis, manual lock | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5811 | Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5812 | Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5814 | Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5814 | Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5816 | Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5818 | Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5822 | Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5822 | Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|--|---------------------------------|--|--|--------------------|---|
| L5824 | Addition, endoskeletal knee-shin system, single axis, fluid swing phase control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5824 | Addition, endoskeletal knee-shin system, single axis, fluid swing phase control | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5826 | Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5826 | Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5828 | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5828 | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|---|---|
| L5830 | Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5830 | Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5840 | Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5840 | Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5841 | Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control | 4/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | eviCore |
| L5841 | Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control | 4/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 4/01/2024; PA required effective 4/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5845 | Addition, endoskeletal knee-shin system, stance flexion feature, adjustable | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5845 | Addition, endoskeletal knee-shin system, stance flexion feature, adjustable | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5848 | Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5850 | Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5855 | Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5856 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5856 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5857 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5857 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5858 | Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5858 | Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5859 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------------|---|
| L5910 | Addition, endoskeletal system, below knee, alignable system | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5920 | Addition, endoskeletal system, above knee or hip disarticulation, alignable system | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5925 | Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5926 | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type | 1/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | eviCore |
| L5926 | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type | 1/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 1/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| L5930 | Addition, endoskeletal system, high activity knee control frame | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5930 | Addition, endoskeletal system, high activity knee control frame | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5940 | Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5950 | Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5960 | Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5960 | Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5961 | Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|--|---------------------------------|--|--|--------------------|---|
| L5961 | Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5962 | Addition, endoskeletal system, below knee, flexible protective outer surface covering system | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5964 | Addition, endoskeletal system, above knee, flexible protective outer surface covering system | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5966 | Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5966 | Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5968 | Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5968 | Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5969 | Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5970 | All lower extremity prostheses, foot, external keel, sach foot | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5971 | All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5972 | All lower extremity prostheses, foot, flexible keel | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5973 | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5973 | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5974 | All lower extremity prostheses, foot, single axis ankle/foot | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5975 | All lower extremity prosthesis, combination single axis ankle and flexible keel foot | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5976 | All lower extremity prostheses, energy storing foot (seattle carbon copy ii or equal) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5978 | All lower extremity prostheses, foot, multiaxial ankle/foot | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5979 | All lower extremity prostheses, multiaxial ankle, dynamic response foot, one piece system | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L5979 | All lower extremity prostheses, multiaxial ankle, dynamic response foot, one piece system | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5980 | All lower extremity prostheses, flex-foot system | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5980 | All lower extremity prostheses, flex-foot system | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5981 | All lower extremity prostheses, flex-walk system or equal | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5981 | All lower extremity prostheses, flex-walk system or equal | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5982 | All exoskeletal lower extremity prostheses, axial rotation unit | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|--|---------------------------------|--|--|--------------------|-----------------------------|
| L5984 | All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5985 | All endoskeletal lower extremity prostheses, dynamic prosthetic pylon | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5986 | All lower extremity prostheses, multi-axial rotation unit ('mcp' or equal) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|----------------------|---|
| L5987 | All lower extremity prostheses, shank foot system with vertical loading pylon | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5987 | All lower extremity prostheses, shank foot system with vertical loading pylon | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5988 | Addition to lower limb prosthesis, vertical shock reducing pylon feature | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L5988 | Addition to lower limb prosthesis, vertical shock reducing pylon feature | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L5990 | Addition to lower extremity prosthesis, user adjustable heel height | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| L5990 | Addition to lower extremity prosthesis, user adjustable heel height | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | PA Requirement added | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|-------------------------------|---|
| L5991 | Addition to lower extremity prostheses, osseointegrated external prosthetic connector | 10/1/2023 | | HIP Commercial, HIP Medicare and HIP Medicaid | | | | New Code effective 10/01/2023 | eviCore |
| L5991 | Addition to lower extremity prostheses, osseointegrated external prosthetic connector | 10/1/2023 | | GHI EPO/PPO, GHI Medicare | | | | New Code effective 10/01/2023 | Preauthorization - EH services |
| L5999 | Lower extremity prosthesis, not otherwise specified | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L6621 | Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L6696 | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695) | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L6697 | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695) | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|--|---------------------------------|--|--|--------------------|---|
| L6880 | Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L6880 | Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L6881 | Automatic grasp feature, addition to upper limb electric prosthetic terminal device | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L6881 | Automatic grasp feature, addition to upper limb electric prosthetic terminal device | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L6882 | Microprocessor control feature, addition to upper limb prosthetic terminal device | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L6882 | Microprocessor control feature, addition to upper limb prosthetic terminal device | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L6883 | Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L6884 | Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L6925 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L6925 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L6935 | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L6935 | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|--|---------------------------------|--|--|--------------------|---|
| L6945 | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L6945 | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L6955 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L6955 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L6965 | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L6975 | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L7007 | Electric hand, switch or myoelectric controlled, adult | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7007 | Electric hand, switch or myoelectric controlled, adult | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L7008 | Electric hand, switch or myoelectric, controlled, pediatric | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7008 | Electric hand, switch or myoelectric, controlled, pediatric | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L7009 | Electric hook, switch or myoelectric controlled, adult | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7009 | Electric hook, switch or myoelectric controlled, adult | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L7040 | Prehensile actuator, switch controlled | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7040 | Prehensile actuator, switch controlled | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L7045 | Electric hook, switch or myoelectric controlled, pediatric | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7045 | Electric hook, switch or myoelectric controlled, pediatric | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L7170 | Electronic elbow, Hosmer or equal, switch controlled | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7170 | Electronic elbow, Hosmer or equal, switch controlled | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L7180 | Electronic elbow, microprocessor sequential control of elbow and terminal device | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7180 | Electronic elbow, microprocessor sequential control of elbow and terminal device | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L7181 | Electronic elbow, microprocessor simultaneous control of elbow and terminal device | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7181 | Electronic elbow, microprocessor simultaneous control of elbow and terminal device | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L7185 | Electronic elbow, adolescent, Variety Village or equal, switch controlled | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7185 | Electronic elbow, adolescent, Variety Village or equal, switch controlled | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L7186 | Electronic elbow, child, Variety Village or equal, switch controlled | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7186 | Electronic elbow, child, Variety Village or equal, switch controlled | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L7190 | Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7190 | Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L7191 | Electronic elbow, child, Variety Village or equal, myoelectronically controlled | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7191 | Electronic elbow, child, Variety Village or equal, myoelectronically controlled | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|--|---------------------------------|--|--|--------------------|-----------------------------|
| L7259 | Electronic wrist rotator, any type | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7360 | Six volt battery, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7364 | Twelve volt battery, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7366 | Battery charger, twelve volt, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7367 | Lithium ion battery, rechargeable, replacement | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7368 | Lithium ion battery charger, replacement only | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L7404 | Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7499 | Upper extremity prosthesis, not otherwise specified | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7700 | Gasket or seal, for use with prosthetic socket insert, any type, each | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L7900 | Male vacuum erection system | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L7900 | Male vacuum erection system | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L7902 | Tension ring, for vacuum erection device, any type, replacement only, each | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L8033 | Nipple prosthesis, custom fabricated, reusable, any material, any type, each | 1/1/2020 | | HIP Commercial, HIP Medicare, HIP Medicaid | Yes | All diagnosis codes, except the breast cancer diagnoses listed in the next column. | Covered with PA all LOB unless breast cancer diagnosis. Covered without PA if any of these breast cancer diagnoses: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | | DME-PAC services by eviCore |
| L8033 | Nipple prosthesis, custom fabricated, reusable, any material, any type, each | 1/1/2020 | | GHI EPO/PPO, GHI Medicare | Yes | All diagnosis codes, except the breast cancer diagnoses listed in the next column. | Covered with PA all LOB unless breast cancer diagnosis. Covered without PA if any of these breast cancer diagnoses: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8035 | Custom breast prosthesis, post mastectomy, molded to patient model | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L8035 | Custom breast prosthesis, post mastectomy, molded to patient model | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8039 | Breast prosthesis, not otherwise specified | 9/1/2022 | | HIP Commercial, HIP Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L8040 | Nasal prosthesis, provided by a nonphysician | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L8040 | Nasal prosthesis, provided by a nonphysician | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8041 | Midfacial prosthesis, provided by a nonphysician | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L8041 | Midfacial prosthesis, provided by a nonphysician | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8042 | Orbital prosthesis, provided by a nonphysician | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L8042 | Orbital prosthesis, provided by a nonphysician | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8043 | Upper facial prosthesis, provided by a nonphysician | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L8043 | Upper facial prosthesis, provided by a nonphysician | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8044 | Hemi-facial prosthesis, provided by a nonphysician | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L8044 | Hemi-facial prosthesis, provided by a nonphysician | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8045 | Auricular prosthesis, provided by a nonphysician | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L8045 | Auricular prosthesis, provided by a nonphysician | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8046 | Partial facial prosthesis, provided by a nonphysician | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L8046 | Partial facial prosthesis, provided by a nonphysician | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8047 | Nasal septal prosthesis, provided by a non-physician | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L8048 | Unspecified maxillofacial prosthesis, by report, provided by a non-physician | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| L8499 | Unlisted procedure for miscellaneous prosthetic services | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L8500 | Artificial larynx, any type | 9/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L8614 | Cochlear device, includes all internal and external components | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L8614 | Cochlear device, includes all internal and external components | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8619 | Cochlear implant, external speech processor and controller, integrated system, replacement | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| L8619 | Cochlear implant, external speech processor and controller, integrated system, replacement | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8627 | Cochlear implant, external speech processor, component, replacement | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| L8627 | Cochlear implant, external speech processor, component, replacement | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8628 | Cochlear implant, external controller component, replacement | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L8628 | Cochlear implant, external controller component, replacement | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8679 | Implantable neurostimulator, pulse generator, any type | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| L8681 | Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| L8681 | Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8682 | Implantable neurostimulator radiofrequency receiver | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| L8683 | Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L8683 | Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8684 | Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| L8685 | Implantable neurostimulator pulse generator, single array, rechargeable, includes extension | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8686 | Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8687 | Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8688 | Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| L8689 | External recharging system for battery (internal) for use with implantable neurostimulator, replacement only | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| L8689 | External recharging system for battery (internal) for use with implantable neurostimulator, replacement only | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8690 | Auditory osseointegrated device, includes all internal and external components | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| L8691 | Auditory osseointegrated device, external sound processor, replacement | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| L8691 | Auditory osseointegrated device, external sound processor, replacement | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| L8692 | Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|-------------------------------|---|
| L8701 | Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated | 9/1/2022 | | HIP Commercial and Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L8702 | Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated | 9/1/2022 | | HIP Commercial and Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| L8720 | External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | eviCore |
| L8720 | External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg | 10/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |
| L8721 | Receptor sole for use with I8720, replacement, each | 10/1/2024 | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | eviCore |
| L8721 | Receptor sole for use with I8720, replacement, each | 10/1/2024 | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New Code effective 10/01/2024 | DME code greater than \$2000 done in house for GHI PPO membership |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|------------------------|-----------------------------|
| L9900 | Orthotic and prosthetic supply, accessory, and/or service component of another hcpcs "I" code | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME-PAC services by eviCore |
| M0244 | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| M0246 | Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| Q5001 | Hospice or home health care provided in patient's home/residence. See Medicare Learning Network (MLN) Matters® article, MM8136 | 12/1/2022 | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed | Homecare |
| Q5002 | Hospice or home health care provided in assisted living facility. See Medicare Learning Network (MLN) Matters® article, MM8136 | 12/1/2022 | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA requirement removed | Homecare |
| Q5009 | Hospice or home health care provided in place not otherwise specified (NO). See Medicare Learning Network (MLN) Matters® article, MM8136 | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | | Homecare |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|---|
| S1040 | Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s) | | | GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | DME code greater than \$2000 done in house for GHI PPO membership |
| S2095 | Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| S2350 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, single interspace | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| S2351 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, each additional interspace (list separately in addition to code for primary procedure) | | | HIP Commercial, HIP Medicare, HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Orthonet |
| S2400 | Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero | 1/1/2024 | | HIP Commercial and GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | Preauthorization - EH services |
| S2401 | Repair, urinary tract obstruction in the fetus, procedure performed in utero | 1/1/2024 | | HIP Commercial and GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S2402 | Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero | 1/1/2024 | | HIP Commercial and GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | Preauthorization - EH services |
| S2403 | Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero | 1/1/2024 | | HIP Commercial and GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | Preauthorization - EH services |
| S2404 | Repair, myelomeningocele in the fetus, procedure performed in utero | 1/1/2024 | | HIP Commercial and GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | Preauthorization - EH services |
| S2405 | Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero | 1/1/2024 | | HIP Commercial and GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | Preauthorization - EH services |
| S2409 | Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified | 1/1/2024 | | HIP Commercial and GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | Preauthorization - EH services |
| S2411 | Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome | 1/1/2024 | | HIP Commercial and GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S4011 | In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S4015 | Complete in-vitro fertilization cycle, not otherwise specified, case rate | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S4016 | Frozen in vitro fertilization cycle, case rate | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S4017 | Frozen in-vitro fertilization cycle, case rate | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S4018 | Frozen embryo transfer procedure cancelled before transfer, case rate | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S4020 | In vitro fertilization procedure cancelled before aspiration, case rate | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S4021 | In-vitro fertilization procedure cancelled before aspiration, case rate | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S4022 | In-vitro fertilization procedure cancelled after aspiration, case rate | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S4023 | Donor egg cycle, incomplete, case rate---- no known contract with case rates but if they did then YES this would need auth | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S4025 | Donor egg cycle, incomplete, case rate | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S4027 | Storage of previously frozen embryos--- needs auth | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S4035 | Stimulated intrauterine insemination (IUI), case rate | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S4037 | Cryopreserved embryo transfer, case rate | 1/1/2020 | | HIP Commercial, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S5102 | Day care services, adult; per diem | 4/1/2021 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S5108 | Home care training to home care client, per 15 minutes | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| S5109 | Home care training to home care client, per session | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| S5110 | Home care training, family; per 15 minutes | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| S5111 | Home care training, family; per session | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S5115 | Home care training, nonfamily; per 15 minutes | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| S5116 | Home care training, nonfamily; per session | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| S5130 | Homemaker service, NOS; per 15 minutes | 4/1/2021 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S5160 | Emergency response system; installation and testing | 4/1/2021 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S5161 | Emergency response system; service fee, per month (excludes installation and testing) | 4/1/2021 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S5165 | Home modifications; per service | 10/1/2019 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S5170 | Home delivered meals, including preparation; per meal | 10/1/2020 | | HIP Medicaid, CHP and HARP | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | GLWD - Home Delivered Meals |
| S5180 | Home health respiratory therapy, initial evaluation | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| S5181 | Home health respiratory therapy, NOS, per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| S5497 | Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S5498 | Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S5501 | Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S5502 | Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use) | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S5517 | Home infusion therapy, all supplies necessary for restoration of catheter patency or dec clotting | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S5518 | Home infusion therapy, all supplies necessary for catheter repair | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S5520 | Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S5521 | Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S5522 | Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included) | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S5523 | Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included) | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S8030 | Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | eviCore |
| S8037 | Magnetic resonance cholangiopancreatography (MRCP) | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| S8042 | Magnetic resonance imaging (MRI), low-field | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| S8085 | Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (nondedicated PET scan) | 7/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI/EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | New PA Requirement | eviCore |
| S9001 | Home uterine monitor with or without associated nursing services | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S9061 | Home administration of aerosolized drug therapy (e.g., Pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9097 | Home visit for wound care | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| S9098 | Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| S9122 | Home health aide or certified nurse assistant, providing care in the home; per hour | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| S9123 | Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) | 4/1/2021 | | HIP Commercial, HIP Medicaid, Medicare DSNP, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9124 | Nursing care, in the home; by licensed practical nurse, per hour | 4/1/2021 | | HIP Commercial, HIP Medicaid, Medicare DSNP, GHI EPO/PPO | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|--|---------------------------------|--|--|--------------------|--------------------------------|
| S9127 | Social work visit, in the home, per diem | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| S9128 | Speech therapy, in the home, per diem | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| S9129 | Occupational therapy, in the home, per diem | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| S9131 | Physical therapy, in the home, per diem | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| S9140 | Diabetic management program, follow-up visit to non-MD provider | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9145 | Insulin pump initiation, instruction in initial use of pump (pump not included) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S9152 | Speech therapy, re-evaluation | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9208 | Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9209 | Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code) | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| S9211 | Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9212 | Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9213 | Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S9214 | Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9325 | Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328) | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9326 | Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9327 | Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9328 | Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9329 | Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331) | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S9330 | Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9331 | Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9336 | Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9338 | Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9339 | Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9340 | Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S9341 | Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9342 | Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9343 | Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Care Continuum |
| S9345 | Home infusion therapy, antihemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9346 | Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9347 | Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S9348 | Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9349 | Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9351 | Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9353 | Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9355 | Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9357 | Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S9359 | Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9361 | Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9363 | Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9364 | Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales) | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9365 | Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9366 | Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Care Continuum |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S9367 | Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Care Continuum |
| S9368 | Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9370 | Home therapy, intermittent antiemetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9372 | Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with Heparin to maintain patency) | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9373 | Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales) | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9374 | Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |

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|----------|--|----------------|------------------|---|---------------------------------|--|--|--|--------------------------------|
| S9375 | Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9376 | Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9377 | Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9379 | Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9430 | Pharmacy compounding and dispensing services | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9470 | Nutritional counseling, dietitian visit | 1/1/2023 | 9/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | Preauthorization requirement removed effective 9/01/2024 | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S9490 | Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9494 | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504) | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9497 | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9500 | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9501 | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9502 | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| S9503 | Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9504 | Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9537 | Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9538 | Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9542 | Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| S9558 | Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| S9559 | Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9560 | Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| S9562 | Home injectable therapy, palivizumab or other monoclonal antibody for rsv, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | Code description updated effective 4/1/2023 | Preauthorization - EH services |
| S9590 | Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 1/1/2023 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| S9810 | Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code) | | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Home infusion |
| S9960 | Ambulance service, conventional air services, nonemergency transport, one way (fixed wing) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement Removed Effect 1/01/2024 | Preauthorization - EH services |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|--|----------------|------------------|---|---------------------------------|--|--|---|--------------------------------|
| S9961 | Ambulance service, conventional air service, nonemergency transport, one way (rotary wing) | | 1/1/2024 | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | N/A | N/A | PA Requirement Removed Effect 1/01/2024 | Preauthorization - EH services |
| S9977 | Meals, per diem, not otherwise specified | 10/1/2020 | | HIP Medicaid, CHP and HARP | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | GLWD - Home Delivered Meals |
| T1000 | Private duty/independent nursing service(s), licensed, up to 15 minutes | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| T1001 | Nursing assessment/evaluation | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| T1002 | RN services, up to 15 minutes | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| T1003 | LPN/LVN services, up to 15 minutes | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |

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| CPT Code | Description | Effective date | Termination date | Line of Business (HIP and GHI NonCity membership) | Does Diagnosis Code Rule Apply? | Diagnosis Code Rule REQUIRES PA for the following diagnosis codes: | Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes: | Notes and Comments | General category |
|----------|---|----------------|------------------|---|---------------------------------|--|--|--------------------|--------------------------------|
| T1004 | Services of a qualified nursing aide, up to 15 minutes | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| T1019 | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | 4/1/2021 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| T1020 | Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | 4/1/2021 | | HIP Medicaid | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Preauthorization - EH services |
| T1021 | Home health aide or certified nurse assistant, per visit | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| T1022 | Contracted home health agency services, all services provided under contract, per day | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |
| T1030 | Nursing care, in the home, by registered nurse, per diem | 12/1/2022 | | HIP Commercial, HIP Medicare, HIP Medicaid, GHI EPO/PPO, GHI Medicare | N/A | Prior Authorization required for all Diagnosis Codes | N/A | | Homecare |