







Trillium Medicaid, Health Net Commercial, Wellcare By Health Net Medicare, and Wellcare By Trillium Advantage Medicare Prior Authorization

Date: 3/1/2024

Trillium Community Health Plan (Trillium), Health Net Health Plan of Oregon, Inc. (Health Net), Wellcare By Trillium Advantage (Wellcare), and Wellcare By Health Net (Wellcare) require prior authorization (PA) as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all commercial, Medicaid, and Medicare products offered.

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

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

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

For the complete CPT/HCPCS code listing, please see the Online Prior Authorization Tool on our websites at:

- Wellcare By Trillium Advantage: Medicare Pre-Authorization Check
- Wellcare By Health Net: Medicare Pre-Authorization Check
- Health Net: Commercial Pre-Authorization Check
- Trillium Community Health Plan: Medicaid Pre-Authorization Check

As of February 1, 2024, we expanded our partnership with National Imaging Associates (NIA)* to implement our Musculoskeletal (MSK) Management Program. For more details, please review this NIA MSK Announcement Notice (PDF).

We have terminated our MSK program and utilization management efforts with TurningPoint as of January 31, 2024. The following is a list of codes that will now be managed internally by Trillium, Health Net, and Wellcare. Please view the following table for prior authorization requirements effective May 1, 2024.









Musculoskeletal Service Codes Prior Auth Requirements		nts		
				Health Net and
		<u>Health Net</u>	<u>Trillium</u>	<u>Trillium</u>
<u>Code</u>	<u>Description</u>	<u>Commercial</u>	<u>Medicaid</u>	<u>Medicare</u>
20985	CPTR-ASST DIR MS PX	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22100	EXC, PRTL, VERT. COMP, SPINOUS PROC.	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22101	REMOVE PART THORAX VERTEBRA	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
22102	REMOVE PART LUMBAR VERTEBRA	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
22103	REMOVE EXTRA SPINE SEGMENT	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
22110	REMOVE PART OF NECK VERTEBRA	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
22112	PART EX OF BONE FOR OSTEO THORACIC	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
22114	PRTL EX BONE FOR OSTEO LUMBAR	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
22116	REMOVE EXTRA SPINE SEGMENT	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
22206	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 3 COLUMNS, 1 VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); THORACIC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22207	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 3 COLUMNS, 1 VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); LUMBAR	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22208	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 3 COLUMNS, 1 VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); EACH ADDITIONAL VERTEBRAL SEGMENT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 1 VERTEBRAL SEGMENT; CERVICAL	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22212	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 1 VERTEBRAL SEGMENT; THORACIC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22214	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 1 VERTEBRAL SEGMENT; LUMBAR	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 1 VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22220	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM CRV	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
22222	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM THRC	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
22224	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers









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Codo	Description	Health Net	<u>Trillium</u>	Trillium Madisara
<u>Code</u>	<u>Description</u>	<u>Commercial</u>	<u>Medicaid</u>	Medicare Pre-auth required
22226	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM EA ADDL	No Pre-Auth Required	No prior-auth for participating providers	for non- participating providers
22325	TREAT SPINE FRACTURE	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22326	TREAT NECK SPINE FRACTURE	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22327	TREAT THORAX SPINE FRACTURE	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22328	TREAT EACH ADD SPINE FX	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22510	PERQ CERVICOTHORACIC INJECT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22511	PERQ LUMBOSACRAL INJECTION	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22512	VERTEBROPLASTY ADDL INJECT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22513	PERQ VERTEBRAL AUGMENTATION	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22514	PERQ VERTEBRAL AUGMENTATION	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22515	PERQ VERTEBRAL AUGMENTATION	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
22556	ARTHRD ANT INTERBODY MIN DSC THORACIC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22586	ARTHRODESIS PRESACRAL NTRBDY DSC W/INSTRMJ L5-S1	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers









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		Health Net	<u>Trillium</u>	<u>Trillium</u>
<u>Code</u>	<u>Description</u>	Commercial	<u>Medicaid</u>	<u>Medicare</u>
			No prior suth for	Pre-auth required for non-
22800	ARTHRODESIS POSTERIOR SPINAL DFRM <6 VRT SGM	No Pre-Auth	No prior-auth for participating	participating
		Required	providers	providers
			providers	Pre-auth required
22222	A DELLO ODESIG DOCTEDIOD CONTAL DEDLA Z 40 VIDE COM		No prior-auth for	for non-
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SGM	No Pre-Auth	participating	participating
		Required	providers	providers
				Pre-auth required
22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	No Dec Aculo	No prior-auth for	for non-
		No Pre-Auth Required	participating providers	participating providers
		Requireu	providers	Pre-auth required
			No prior-auth for	for non-
22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SGM	No Pre-Auth	participating	participating
		Required	providers	providers
				Pre-auth required
22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SGM		No prior-auth for	for non-
		No Pre-Auth	participating	participating
		Required	providers	providers
			No prior-auth for	Pre-auth required for non-
22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8+ VRT SGM	No Pre-Auth	participating	participating
		Required	providers	providers
		- 1		Pre-auth required
22818	VVDUECTOMV 1 2 SECMENTS		No prior-auth for	for non-
22010	KYPHECTOMY, 1-2 SEGMENTS	No Pre-Auth	participating	participating
		Required	providers	providers
			No maior outle for	Pre-auth required
22819	KYPHECTOMY, 3 OR MORE	No Pre-Auth	No prior-auth for participating	for non- participating
		Required	providers	providers
		Pre-auth required	Pre-auth required	Pre-auth required
22830	EXPLORATION OF SPINAL FUSION	for all providers	for all providers	for all providers
		Pre-auth required	Pre-auth required	Pre-auth required
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	for all providers	for all providers	for all providers
		Pre-auth required	Pre-auth required	Pre-auth required
22848	INSERT PELV FIXATION DEVICE	for all providers	for all providers	for all providers
22240	DELINICEDE CRIMAL ENVATION	Pre-auth required	Pre-auth required	Pre-auth required
22849	REINSERT SPINAL FIXATION	for all providers	for all providers	for all providers
				Pre-auth required
22850	REMOVE SPINE FIXATION DEVICE		No prior-auth for	for non-
22030	NEW OVE STIME TOWN ON BEVICE	No Pre-Auth	participating	participating
		Required	providers	providers
			No prior-auth for	Pre-auth required for non-
22852	REMOVE SPINE FIXATION DEVICE	No Pre-Auth	participating	participating
		Required	providers	providers
				Pre-auth required
22855	REMOVE SPINE FIXATION DEVICE		No prior-auth for	for non-
22000	NEWIOVE SPINE FINATION DEVICE	No Pre-Auth	participating	participating
		Required	providers	providers
			No set of the	Pre-auth required
22899	SPINE SURGERY PROCEDURE	No Dro Auth	No prior-auth for	for non-
		No Pre-Auth Required	participating providers	participating providers
		пецинеи	providers	Pre-auth required
20000			No prior-auth for	for non-
23333	REMOVE SHOULDER FB DEEP	No Pre-Auth	participating	participating
		Required	providers	providers









				Health Net and
		Health Net	<u>Trillium</u>	<u>Trillium</u>
<u>Code</u>	<u>Description</u>	Commercial	<u>Medicaid</u>	Medicare
23334	SHOULDER PROSTHESIS REMOVAL	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
23335	SHOULDER PROSTHESIS REMOVAL	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
23400	FIXATION OF SHOULDER BLADE	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
23616	TREAT HUMERUS FRACTURE	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
23800	FUSION SHLDR JOINT W/WO LOCAL BN GR	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
23802	FUSN SHLDR JNT C PRIMARY AUTOG GRFT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
24160	REMOVE ELBOW JOINT IMPLANT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
24164	REMOVE RADIUS HEAD IMPLANT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
24360	ARTHROPLASTY, ELBOW C MEMBRANE	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
24361	ARTHROPLASTY, ELBOW WITH IMPLANT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
24362	ARTRO. ELBOW C IMPLNT & FASCIA REPR	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
24363	REPLACE ELBOW JOINT	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
24365	Arthroplasty, radial head	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
24366	RECONSTRUCT HEAD OF RADIUS w/implant	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
24370	REVISE RECONST ELBOW JOINT	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
24371	REVISE RECONST ELBOW JOINT	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
25332	ARTHROPLASTY WRIST; W/WO INTERPOSITION-W/WO FIXA	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers









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2544 ARTHROPLSTY REPLACE DISTAL RADIUS Pre-auth required for all providers Free auth					
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25443 ARTHROPLASTY SCAPHOID (NAVICULAR) for all providers for all providers or all provider	25441	ARTHROPLSTY REPLACE DISTAL RADIUS		•	•
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25448 RECONSTRUCT WRIST JOINT Pre-auth required for all providers of all p	23442	ANTINOI EASTI DISTAL OLIVA	·	·	· ·
25444 RECONSTRUCT WRIST JOINT Pre-auth required for all providers of providers of providers of pre-auth required for all providers of providers of pre-auth required for all providers of providers of pre-auth required for all providers of p	25443	ARTHROPLASTY SCAPHOID (NAVICULAR)	· ·		· ·
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25846 ARTHROPLASTY DSTL RAD,/TOTAL WRIST Pre-auth required for all providers Pre-auth required for all providers No Pre-Auth No prior-auth for participating providers Pre-auth required for non-participating	25445	RECONSTRUCT WRIST JOINT	·	•	
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27122 RECONSTRUCTION OF HIP SOCKET RECONSTRUCTION OF HIP SOCKET PARTIAL HIP REPLACEMENT OPEN TX FEM FX PROX END NECK INT FIX/PROS REPLAC No Pre-Auth Required No Pre-Auth			quii cu	providers	
No Pre-Auth Required participating providers providers Pre-auth required for non-participating providers Pre-auth required for non-participating providers PRECONSTRUCTION OF HIP SOCKET RECONSTRUCTION OF HIP SOCKET No Pre-Auth Required providers providers Pre-auth required for all providers Pre-auth required for participating providers	27120	RECNSTN HIP. WHITTMAN O COLONNA OPR		· •	
27122 RECONSTRUCTION OF HIP SOCKET RECONSTRUCTION OF HIP SOCKET No Pre-Auth Required Pre-auth required for non- participating providers Pre-auth required for all providers Pre-auth required for non- participating Pre-auth required for all providers Pre-auth required for all providers Pre-auth required for all providers		,			
27122 RECONSTRUCTION OF HIP SOCKET No Pre-Auth Required Pre-auth required for all providers Pre-auth required for non- participating Pre-auth required for non- participating			Required	providers	
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Pre-auth required for all providers Pre-auth required for non-participating					
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27236 OPEN TX FEM FX PROX END NECK INT FIX/PROS REPLAC No Pre-Auth No prior-auth for participating participating	27125	PARTIAL HIP REPLACEMENT		•	•
27236 OPEN TX FEM FX PROX END NECK INT FIX/PROS REPLAC No Pre-Auth participating participating					•
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				Health Net and
Codo	Description	Health Net	<u>Trillium</u>	<u>Trillium</u>
<u>Code</u>	<u>Description</u>	<u>Commercial</u>	<u>Medicaid</u>	Medicare Pre-auth required
27280	ARTHRODESIS SI JT OPN W/OBTAINING B1 GRF INSTRMJ	No Pre-Auth Required	No prior-auth for participating providers	for non- participating providers
27299	Unlisted procedure, pelvis, or hip joint	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27331	ARTHROT KNEE; JT EXPLOR BX/REMOV LOOSE/FB	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27360	PARTIAL REMOVAL LEG BONE(S)	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27437	REVISE KNEECAP	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27440	REVISION OF KNEE JOINT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27441	ARTHROPLASTY KNEE	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27442	REVISION OF KNEE JOINT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27443	REVISION OF KNEE JOINT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27445	REVISION OF KNEE JOINT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27488	REMOV TOTAL KNEE PROSTH METHYLMETH W/WO SPACER	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27700	Arthroplasty, ankle;	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27702	Arthroplasty, ankle; with implant (total ankle)	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
27703	Arthroplasty, ankle; revision, total ankle	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27704	REMOVAL OF ANKLE IMPLANT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers









				Health Net and
O- d-	Paradation 1	Health Net	<u>Trillium</u>	<u>Trillium</u>
<u>Code</u>	<u>Description</u>	<u>Commercial</u>	<u>Medicaid</u>	Medicare Pre-auth required
27870	FUSION OF ANKLE JOINT OPEN	No Pre-Auth Required	No prior-auth for participating providers	for non- participating providers
28446	OSTEOCHONDRAL TALUS AUTOGRFT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee w/o fixation	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee w/fixation	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
29855	TIBIAL ARTHROSCOPY/SURGERY	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
29856	TIBIAL ARTHROSCOPY/SURGERY	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
29871	Arthroscopy, knee, surgical; for infection, lavage, and drainage	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE ARTHRODESIS	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
29999	ARTHROSCOPY OF JOINT	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
62287	DCMPRN PX PERQ NUCLEUS PULPOSUS 1/MLT LVL LUMBAR	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
62350	IMPLANT SPINAL CANAL CATH	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
62351	IMPLNT/REVIS INTHECAL/EPIDUR CATH; W/LAMINECT	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
62365	REMOVE SPINE INFUSION DEVICE	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
62367	ANALYZE SPINE INFUS PUMP	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
62368	ELEC ANALYS PROGRAMBLE IMPLNT PUMP; W/REPROGRAM	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers









				Health Net and
C- d-	Providenting	Health Net	<u>Trillium</u>	<u>Trillium</u>
<u>Code</u>	<u>Description</u>	Commercial	<u>Medicaid</u>	Medicare Pre-auth required
62369	ANAL SP INF PMP W/REPRG&FILL	No Pre-Auth Required	No prior-auth for participating providers	for non- participating providers
62370	ANL SP INF PMP W/MDREPRG&FIL	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63003	REMOVE SPINE LAMINA 1/2 THRC	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
63011	LAMINECTOMY ONE OR TWO SEG. SACRAL	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
63016	REMOVE SPINE LAMINA >2 THRC	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
63046	LAM FACETECTOMY AND FORAMOTOMY 1 VRT SGM THORACIC	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
63055	DECOMPRESS SPINAL CORD THRC	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
63064	DECOMPRESS SPINAL CORD THRC	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
63066	COSTURTBRL AP; DCMP DISC, @ ADDTL SG	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
63077	DISKECTOMY ANT AP THRCIC SNG INTSPC	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
63078	DSKCTMY ANT AP THRCIC @ ADDTL INTSP	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
63085	REMOVE VERT BODY DCMPRN THRC	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
63086	REMOVE VERTEBRAL BODY ADD-ON	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
63087	REMOV VERTBR DCMPRN THRCLMBR	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63088	REMOVE VERTEBRAL BODY ADD-ON	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63090	VERTEBRAL CORPECTOMY TRANSPERITON LUMB/SACRAL; 1	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63091	REMOVE VERTEBRAL BODY ADD-ON	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63101	REMOVE VERT BODY DCMPRN THRC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63102	REMOVE VERT BODY DCMPRN LMBR	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63103	REMOVE VERTEBRAL BODY ADD-ON	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers









				Health Net and
		Health Net	<u>Trillium</u>	<u>Trillium</u>
<u>Code</u>	<u>Description</u>	Commercial	<u>Medicaid</u>	<u>Medicare</u>
63170	LAMINECTOMY FOR MYELOTOMY	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63172	LMNCTMY DRNG CYST; TO SUBARACHND SPC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63173	LMNCTMY DRNG CYST; TO PERITONEAL SPC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63185	INCISE SPINE NRV HALF SEGMNT	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
63190	INCISE SPINE NRV >2 SEGMNTS	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
63191	LAMINECTOMY FOR SECTION OF SPINAL ACCESSORY NERVE	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
63197	LAM W/CORDOTOMY SCTJ SPINOTHALAMIC TRC 1STG THRC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63200	LMNCTMY; REL OF TETHRD CORD-LUMBAR	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63250	REVISE SPINAL CORD VSLS CRVL	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63251	LAMINECTOMY, A-V MALFOR.CORD, THORAC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63252	REVISE SPINE CORD VSL THRLMB	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63265	EXCISE INTRASPINL LESION CRV	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63266	EXCISE INTRSPINL LESION THRC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63267	EXCISE INTRSPINL LESION LMBR	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63268	LMNCTMY EXC INTRASP LES; EXTDRL-SACR	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63270	LMNCTMY EXC INTRASP LES; INTRDRL-CRV	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers









				Health Net and
Cada	Description	Health Net	<u>Trillium</u>	<u>Trillium</u>
<u>Code</u>	<u>Description</u>	<u>Commercial</u>	<u>Medicaid</u>	Medicare
			No prior-auth for	Pre-auth required for non-
63271	EXCISE INTRSPINL LESION THRC	No Pre-Auth	participating	participating
			participating	
		Required	providers	providers
			No astronouth for	Pre-auth required
63272	LMNCTMY EXC INTRASP LES; INTRDRL-LMB		No prior-auth for	for non-
	·	No Pre-Auth	participating	participating
		Required	providers	providers
				Pre-auth required
63273	LMNCTMY EXC INTRASP LES; INTRDRL-SAC		No prior-auth for	for non-
	,	No Pre-Auth	participating	participating
		Required	providers	providers
				Pre-auth required
63275	BX/EXC XDRL SPINE LESN CRVL		No prior-auth for	for non-
03273	BAY EAC ADITE SI TIVE LESIV CITYE	No Pre-Auth	participating	participating
		Required	providers	providers
				Pre-auth required
62276	DV/EVC VDDI CDINE LECH TUDO		No prior-auth for	for non-
63276	BX/EXC XDRL SPINE LESN THRC	No Pre-Auth	participating	participating
		Required	providers	providers
		- 1	F	Pre-auth required
			No prior-auth for	for non-
63277	BX/EXC XDRL SPINE LESN LMBR	No Pre-Auth	participating	participating
		Required	providers	providers
		Required	providers	Pre-auth required
			No prior outh for	for non-
63278	LMNCTMY BSY/EXC NEOP; EXTRDRL-SACRAL	No Dro Auth	No prior-auth for	
		No Pre-Auth	participating	participating
		Required	providers	providers
				Pre-auth required
63280	LAMINECTOMY FOR BX, INTRADURAL, EXTRAMEDULLARY, CERVICAL		No prior-auth for	for non-
	, , , , , , , , , , , , , , , , , , , ,	No Pre-Auth	participating	participating
		Required	providers	providers
				Pre-auth required
63281	BX/EXC IDRL SPINE LESN THRC		No prior-auth for	for non-
03201	BAY ENCIDINE STATE ELSAY TAMO	No Pre-Auth	participating	participating
		Required	providers	providers
				Pre-auth required
63282	BX/EXC IDRL SPINE LESN LMBR		No prior-auth for	for non-
03282	BAY LAC IDAL SPINE LESIN LINIBA	No Pre-Auth	participating	participating
		Required	providers	providers
				Pre-auth required
62202	LAMANCTAMY DOV/CVC. INTDADIDAL CACDAL		No prior-auth for	for non-
63283	LMNCTMY BSY/EXC; INTRADURAL-SACRAL	No Pre-Auth	participating	participating
		Required	providers	providers
		·	·	Pre-auth required
			No prior-auth for	for non-
63285	LMNCTMY BSY/EXC; INTRDL, INTRMDLY-CRV	No Pre-Auth	participating	participating
		Required	providers	providers
			p. 0	Pre-auth required
			No prior-auth for	for non-
63286	BX/EXC IDRL IMED LESN THRC	No Pre-Auth	participating	participating
		Required	participating	participating
		nequireu	providers	<u> </u>
			Na maior - 145 fr	Pre-auth required
63287	BX/EXC IDRL IMED LESN THRLMB		No prior-auth for	for non-
		No Pre-Auth	participating	participating
		Required	providers	providers
				I Dun nistle annuitand
				Pre-auth required
63290	I MNCTMY: COMB FX/INTRADRI - ANY I FVFI		No prior-auth for	for non-
63290	LMNCTMY; COMB EX/INTRADRL-ANY LEVEL	No Pre-Auth	No prior-auth for participating providers	•









				Health Net and
		<u>Health Net</u>	<u>Trillium</u>	<u>Trillium</u>
<u>Code</u>	<u>Description</u>	<u>Commercial</u>	<u>Medicaid</u>	<u>Medicare</u>
				Pre-auth required
63295	DEDAID LAMINECTOMY DEFECT		No prior-auth for	for non-
03295	REPAIR LAMINECTOMY DEFECT	No Pre-Auth	participating	participating
		Required	providers	providers
				Pre-auth required
63301	DEMOVE VEDT VDDL DODY TUDG		No prior-auth for	for non-
03301	REMOVE VERT XDRL BODY THRC	No Pre-Auth	participating	participating
		Required	providers	providers
				Pre-auth required
63302	VRT CRPCTMY; EXTRDRL, THORCOI AP-THOR		No prior-auth for	for non-
03302	VICTORIAL, MORCOLAL - MOR	No Pre-Auth	participating	participating
		Required	providers	providers
				Pre-auth required
63303	REMOV VERT XDRL BDY LMBR/SAC		No prior-auth for	for non-
03303	NEMOV VERT ABILE BUT EMBLY SITE	No Pre-Auth	participating	participating
		Required	providers	providers
				Pre-auth required
63305	VRT CRPCTMY; INTRDR-TRNSTHR AP-THORC		No prior-auth for	for non-
03303	VICTORIO CHAIN, INTRODUCTION CONTROL CHAIN CHAIN CONTROL CHAIN C	No Pre-Auth	participating	participating
		Required	providers	providers
				Pre-auth required
63306	VRT CRPCTMY; INTRDRL-THORCOI AP-THOR		No prior-auth for	for non-
03300	VICTORI CTIVIT, INTRODUCE THORCOTAL THOR	No Pre-Auth	participating	participating
		Required	providers	providers
				Pre-auth required
63307	VRT CRPCTMY; INTRDR-TRNSPR/RTROP, L-S		No prior-auth for	for non-
03307	THE CHAIN, INTRODUCTION OF THE CHAIN OF THE	No Pre-Auth	participating	participating
		Required	providers	providers
63650	Percutaneous implantation of neurostimulator electrode array,	Pre-auth required	Conditional	Pre-auth required
03030	epidural	for all providers	Contactional	for all providers
63655	Laminectomy for implantation of neurostimulator electrodes,	Pre-auth required	Conditional	Pre-auth required
03033	plate/paddle, epidural	for all providers	Conditional	for all providers
				Pre-auth required
C2CC1	Removal of spinal neurostimulator electrode percutaneous array(s),		Canditional	for non-
63661	including fluoroscopy, when performed	Pre-auth required	Conditional	participating
		for all providers		providers
	Removal of spinal neurostimulator electrode plate/paddle(s) placed			Pre-auth required
63662	via laminotomy or laminectomy, including fluoroscopy, when		Conditional	for non-
03002	performed	Pre-auth required	Conditional	participating
	performed	for all providers		providers
	Revision including replacement, when performed, of spinal			
63663	neurostimulator electrode percutaneous array(s), including	Pre-auth required	Pre-auth Required	Pre-auth required
	fluoroscopy, when performed	for all providers		for all providers
	Revision including replacement, when performed, of spinal			
63664	neurostimulator electrode plate/paddle(s) placed via laminotomy or	Pre-auth required	Pre-auth Required	Pre-auth required
	laminectomy, including fluoroscopy, when performed	for all providers		for all providers
	Insertion or replacement of spinal neurostimulator pulse generator or	Pre-auth required		Pre-auth required
63685	receiver, direct or inductive coupling	for all providers	Conditional	for all providers
63688	Revision or removal of implanted spinal neurostimulator pulse	Pre-auth required	Conditional	Pre-auth required
	generator or receive	for all providers		for all providers
	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration,			
77002	injection, localization device) (List separately in addition to code for	Pre-auth required	Pre-auth Required	Pre-auth required
1	primary procedure)	for all providers		for all providers









				Health Net and
		Health Net	<u>Trillium</u>	<u>Trillium</u>
<u>Code</u>	<u>Description</u>	<u>Commercial</u>	<u>Medicaid</u>	<u>Medicare</u>
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, craEvolentl nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	Pre-auth required for all providers	Pre-auth Required	Pre-auth required for all providers
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (e.g., sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Pre-auth required for all providers	Pre-auth Required	Pre-auth required for all providers
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (e.g., sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Pre-auth required for all providers	Pre-auth Required	Pre-auth required for all providers
0200T	PERQ SACRAL AUGMT UNILAT INJ	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
0201T	PERQ SACRAL AUGMT BILAT INJ	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
0202T	POST VERT ARTHRPLST 1 LUMBAR	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
0219T	FUSE SPINE FACET JT CERV	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
0220T	FUSE SPINE FACET JT THOR	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
0221T	FUSE SPINE FACET JT LUMBAR	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
0222T	FUSE SPINE FACET JT ADD SEG	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
0274T	PERQ LAMOT/LAM CRV/THRC	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
0275T	PERQ LAMOT/LAM LUMBAR	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
C1767	Generator, neurostimulator (implantable), non-rechargeable	Pre-auth required for all providers	Pre-auth Required	Pre-auth required for all providers
C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers









				Health Net and
Code	<u>Description</u>	Health Net Commercial	<u>Trillium</u> Medicaid	<u>Trillium</u> <u>Medicare</u>
C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	Pre-auth required for all providers	Pre-auth Required	Pre-auth required for all providers
C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR	Pre-auth required for all providers	No prior-auth for participating providers	Pre-auth required for non-participating providers
C1816	Receiver and/or transmitter, neurostimulator (implantable)	Pre-auth required for all providers	Pre-auth Required	Pre-auth required for all providers
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	Pre-auth required for all providers	Pre-auth Required	Pre-auth required for all providers
C1822	Generator, neurostimulator (implantable), with rechargeable battery and charging system	Pre-auth required for all providers	Pre-auth Required	Pre-auth required for all providers
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	Pre-auth required for all providers	Pre-auth Required	Pre-auth required for all providers
C1883	ADAPTOR/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)	Pre-auth required for all providers	Pre-auth Required	Pre-auth required for all providers
C1891	Infusion pump, nonprogrammable, permanent (implantable)	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
C1897	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	Pre-auth required for all providers	Pre-auth Required	Pre-auth required for all providers
C2626	INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLANTABLE)	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
C9757	LAMINOTOMY DECOMP NERVE ROOT 1 INTERSPACE LUMB	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
E0782	Infusion pump, implantable, nonprogrammable (includes all components	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
E0783	INFUS PUMP SYST IMPLNT PROGRAMABLE (INCL COMPON)	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
E0785	IMPLANT INTRASPINAL CATH W/FUS PUMP REPLAC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
E0786	IMPLNT PROGRAM INFUS PUMP REPLCMT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
L8679	Implantable neurostimulator, pulse generator, any type	Pre-auth required for all providers	Pre-auth Required	Pre-auth required for all providers
L8680	Implantable neurostimulator electrode, each	Pre-auth required for all providers	Pre-auth Required	Not Covered under Medicare
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Pre-auth required for all providers	No prior-auth for participating providers	Pre-auth required for non-participating providers
L8682	Implantable neurostimulator radiofrequency receiver	Pre-auth required for all providers	No prior-auth for participating providers	Pre-auth required for non-participating providers









				Health Net and
		Health Net	<u>Trillium</u>	<u>Trillium</u>
<u>Code</u>	<u>Description</u>	<u>Commercial</u>	<u>Medicaid</u>	<u>Medicare</u>
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Pre-auth required for all providers	No prior-auth for participating providers	Pre-auth required for non-participating providers
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Pre-auth required for all providers	Pre-auth Required	Not Covered under Medicare
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	Pre-auth required for all providers	Pre-auth Required	Not Covered under Medicare
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Pre-auth required for all providers	Pre-auth Required	Not Covered under Medicare
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	Pre-auth required for all providers	Pre-auth Required	Not Covered under Medicare
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	Pre-auth required for all providers	No prior-auth for participating providers	Pre-auth required for non-participating providers
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	No Pre-Auth Required	Pre-auth Required	Pre-auth required for all providers
S2112	ARTHROSCOPY, KNEE, SURGICAL FOR HARVESTING OF CARTILAGE (CHONDROCYTE CEL	No Pre-Auth Required	No prior-auth for participating providers	Not Covered under Medicare
S2348	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS O	No Pre-Auth Required	No prior-auth for participating providers	Not Covered under Medicare
S2350	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROO	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
S2351	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROO	No Pre-Auth Required	No prior-auth for participating providers	Not Covered under Medicare