

# 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		
		Health Net Commercial	Trillium Medicaid	Health Net and Trillium Medicare
Code	Description			
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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22226	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM EA ADDL	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required 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	ARTHROD 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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22800	ARTHRODESIS POSTERIOR SPINAL DFRM <6 VRT SGM	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SGM	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SGM	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SGM	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8+ VRT SGM	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22818	KYPHECTOMY, 1-2 SEGMENTS	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22819	KYPHECTOMY, 3 OR MORE	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22830	EXPLORATION OF SPINAL FUSION	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
22848	INSERT PELV FIXATION DEVICE	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
22849	REINSERT SPINAL FIXATION	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
22850	REMOVE SPINE FIXATION DEVICE	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22852	REMOVE SPINE FIXATION DEVICE	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22855	REMOVE SPINE FIXATION DEVICE	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
22899	SPINE SURGERY PROCEDURE	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
23333	REMOVE SHOULDER FB DEEP	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers

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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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25441	ARTHROPLASTY REPLACE DISTAL RADIUS	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
25442	ARTHROPLASTY DISTAL ULNA	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
25443	ARTHROPLASTY SCAPHOID (NAVICULAR)	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
25444	RECONSTRUCT WRIST JOINT	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
25445	RECONSTRUCT WRIST JOINT	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
25446	ARTHROPLASTY DSTL RAD./TOTAL WRIST	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
25800	FUSION OF WRIST JOINT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
25805	FUSION/GRAFT OF WRIST JOINT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
25810	FUSION/GRAFT OF WRIST JOINT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
25820	FUSION OF HAND BONES	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
25825	FUSE HAND BONES WITH GRAFT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27033	ARTHROT HIP-EXPLOR/REMOV LOOSE BODY/FB	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27090	REMOVAL OF HIP PROSTHESIS	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27091	REMOVAL OF HIP PROSTHESIS	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27120	RECNSTN HIP, WHITTMAN O COLONNA OPR	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27122	RECONSTRUCTION OF HIP SOCKET	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
27125	PARTIAL HIP REPLACEMENT	Pre-auth required for all providers	Pre-auth required for all providers	Pre-auth required for all providers
27236	OPEN TX FEM FX PROX END NECK INT FIX/PROS REPLAC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers

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27280	ARTHRODESIS SI JT OPN W/OBTAINING B1 GRF INSTRMJ	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required 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

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27870	FUSION OF ANKLE JOINT OPEN	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required 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



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62369	ANAL SP INF PMP W/REPRG&FILL	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required 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

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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

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63271	EXCISE INTRSPINL LESION THRC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63272	LMNCTMY EXC INTRASP LES; INTRDRL-LMB	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63273	LMNCTMY EXC INTRASP LES; INTRDRL-SAC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63275	BX/EXC XDRL SPINE LESN CRVL	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63276	BX/EXC XDRL SPINE LESN THRC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63277	BX/EXC XDRL SPINE LESN LMBR	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63278	LMNCTMY BSY/EXC NEOP; EXTRDRL-SACRAL	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63280	LAMINECTOMY FOR BX, INTRADURAL, EXTRAMEDULLARY, CERVICAL	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63281	BX/EXC IDRL SPINE LESN THRC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63282	BX/EXC IDRL SPINE LESN LMBR	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63283	LMNCTMY BSY/EXC; INTRADURAL-SACRAL	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63285	LMNCTMY BSY/EXC; INTRDL, INTRMDLY-CRV	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63286	BX/EXC IDRL IMED LESN THRC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63287	BX/EXC IDRL IMED LESN THRLMB	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63290	LMNCTMY; COMB EX/INTRADRL-ANY LEVEL	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers

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63295	REPAIR LAMINECTOMY DEFECT	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63301	REMOVE VERT XDRL BODY THRC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63302	VRT CRPCTMY; EXTRDRL, THORCOI AP-THOR	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63303	REMOV VERT XDRL BDY LMBR/SAC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63305	VRT CRPCTMY; INTRDR-TRNSTHR AP-THORC	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63306	VRT CRPCTMY; INTRDRL-THORCOI AP-THOR	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63307	VRT CRPCTMY; INTRDR-TRNSPR/RTROP, L-S	No Pre-Auth Required	No prior-auth for participating providers	Pre-auth required for non-participating providers
63650	Percutaneous implantation of neurostimulator electrode array, epidural	Pre-auth required for all providers	Conditional	Pre-auth required for all providers
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Pre-auth required for all providers	Conditional	Pre-auth required for all providers
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Pre-auth required for all providers	Conditional	Pre-auth required for non-participating providers
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Pre-auth required for all providers	Conditional	Pre-auth required for non-participating providers
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Pre-auth required for all providers	Pre-auth Required	Pre-auth required for all providers
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Pre-auth required for all providers	Pre-auth Required	Pre-auth required for all providers
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	Pre-auth required for all providers	Conditional	Pre-auth required for all providers
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receive	Pre-auth required for all providers	Conditional	Pre-auth required for all providers
77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	Pre-auth required for all providers	Pre-auth Required	Pre-auth required for all providers

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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, crEvolentl 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

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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

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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