

	A	B	C	D	E
1	For lists of drugs that require prior authorization check the appropriate list below:				
2	• Medicaid Medical Drug (PDL and non-PDL) prior authorization list				
3	• Commercial/Marketplace/Medicare/CHIP Medical Drug prior authorization list				
4	This list of services applies to all lines of business unless otherwise noted. The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL				
5	Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
6	Any referral to a nonparticipating provider/facility for nonemergency services	Contract Dependent		Briefly March 2006	Not Applicable
7	Acupuncture	12/01/96	Prior authorization for Medicare and Medicaid effective 1/21/2020 and certain TPA plans. This service is excluded from coverage for Commercial, Marketplace, CHIP and FEHBP.	Monthly Provider Update August 2021-Annual Policy Review	MP 63
8	20560, 20561, 97810, 97811, 97813, 97814				
9	Advanced Molecular Topographic Genotyping (RedPath Pathfinder TG)	01/01/08	Prior auth required for Medicare and Medicaid; excluded from coverage for Commercial, CHIP and Marketplace.	Monthly Provider Update February 2021-Annual Policy Review	MP 205
10	This service does not have a specific CPT code. It is billed under a miscellaneous code.				
11	Ambulance Transport Service (Non-Emergent)	07/01/14		Monthly Provider Update July 2017-Annual Policy Review	MP 17
12	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0160, A0170, A0180, A0190, A0200, A0210, A0225, A0380, A0390, A0422, A0424, A0425, A0426, A0427, A0428, A0429, A0430, A0431, A0432, A0433, A0434, A0435, A0436, A0998				
13	Any referral(s) to contracted Health Plan providers who require Health Plan authorization/precertification as noted in the then current Health Plan Provider List	Contract Dependent		Briefly March 2006	Not Applicable
14					
15	Biofeedback for Non Behavioral Health indications	09/01/00	Prior auth for Medicare, Medicaid, FEHBP and certain TPAs. Excluded from coverage for Commercial, CHIP and Marketplace.	Monthly Provider Update July 2021-Annual Policy Review	MP 04
16	90901, 90911, 90912, 90913				
17	Blepharoplasty	10/15/00		Monthly Provider Update March 2022-Annual Policy Review	MP 10
18	15820, 15821, 15822, 15823, 21280, 21282, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911				

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2	• Medicaid Medical Drug (PDL and non-PDL) prior authorization list				
3	• Commercial/Marketplace/Medicare/CHIP Medical Drug prior authorization list				
19	Breast Reduction	03/01/02	Prior authorization for all lines of business	Monthly Provider Update April 2021-Annual Policy Review	MP 68
20	19318				
21	Bronchial Thermoplasty	03/15/18		Monthly Provider Update February 2018	MP 250
22	31660, 31661, C9751				
23	Cardiology Procedures	10/1/2023	See OPS Bulletin for additional information. Request Prior Authorization online at coherehealth.com. Online requests may expedite approval. Print and fax forms remain available but are not preferred. Forms must be faxed to (570) 214-3572 or call (800) 544-3907 or (570) 271-6497. Geisinger Health Plan Medical Management retains decision-making authority on all requests.	Operations Bulletin-July 28, 2023	
24	Cardiac Nuclear Medicine-78451, 78452, 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78494				
25	Cardiac Catheterization-93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93595, 93596, 93597				
26	Cardiac Devices- Pacemakers-33206, 33207, 33208, 33210, 33211, 33212, 33213, 33214, 33227, 33228, 33233, 33234, 33235				
27	Cardiac Devices-Automatic Implantable Cardioverter Defibrillator (AICD)-33216, 33217, 33230, 33240, 33241, 33244, 33249, 33262, 33263, 33270, 33271, 33272, 33273				
28	Cardiac Devices-Cardiac Resynchronization Therapy-Pacemaker (CRT-P)-33207, 33208, 33213, 33214, 33221, 33224, 33229, 33233, 33234				
29	Cardiac Devices-Cardiac Resynchronization Therapy-Defibrillator (CRT-D)-33216, 33217, 33224, 33231, 33240, 33241, 33244, 33249, 33264				
30	Cardiac Devices-Implantable Cardioverter-Defibrillator with Substernal Electrode-0571T, 0572T, 0573T, 0574T, 0580T, 0614T				
31	Cardiac Devices-Wearable-K0606				
32	Cardiac Devices-Transcatheter Aortic Valve Replacement (TAVR)-33361, 33362 33363, 33364, 33365, 33366				
33	Cardiac Devices-Transcatheter Mitral Valve Repair (TMVR, MitraClip)-33418, 0345T				
34	Cardiac Devices-Ventricular Assist Device (VAD)-33990, 33991, 33995				
35	Cardiac Devices-Left Atrial Appendage Closure Device (e.g. Watchman)-33340				

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2	• Medicaid Medical Drug (PDL and non-PDL) prior authorization list				
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36	Cardiac Devices-Leadless Pacemakers (Micra Transcatheter Pacing System [TPS])-33274, 33275, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T				
37	Cardiac Devices-Patent Foramen Ovale (PFO) and Atrial Septal Defect (ASD) Closure-93580				
38	Cardiac Devices-Mobile Cardiovascular Telemetry (MCT)-93228, 93229, 93264				
39	Cardiac Devices-Implantable Loop Recorder-33285, 33286, 33289				
40	Aortic Repair-33875, 33877, 33880, 33881, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 35301, 36245, 36246, 36247, 37215, 37216, 37217, 37218				
41	Angioplasty (Percutaneous Coronary Intervention [PCI])-92920				
42	Stent (Percutaneous Coronary Intervention [PCI])-92928, 92937, 92943				
43	Interventional Cardiology-Electrophysiological Studies-(ESP) - Arrhythmia Induction and Mapping-93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93624, 93631, 93640, 93641, 93642, 93644, 0577T				
44	Interventional Cardiology-Electrophysiological Studies-(ESP) - Ablation-93650, 93653, 93654, 93656, 0793T				
45	Revascularization-37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 92924, 92933, 0238T, 0505T				
46					
47	Chiropractic Services	1/16/2023	Prior Authorization is required for PEBTF and CHIP members. Request prior authorization online at coherehealth.com. Online requests may expedite approval. Print and fax forms remain available but are not preferred. Forms must be faxed to (570) 271-5507 or call (800) 270-9981. Geisinger Health Plan Medical Management retains decision-making authority on all requests.	Operations Bulletin-November 2022	
48	For CHIP: 97032, 97035, 97110, 97112, 97140, 97530, 98940, 98941, 98942, 98943, 99202-99214 For PEBTF: 97010, 97012, 97014, 97022, 97024, 97026, 97033, 97034, 97035, 97036, 97110, 97112, 97113, 97140, 97530, 97535, 98940, 98941, 98942, 98943, 99202-99214, G0283				
49	Comparative Genomic Hybridization (CGH) or Chromosomal Microarray Analysis (CMA) for Evaluation of Developmental Delay	07/01/11		Monthly Provider Update March 2022-Annual Policy Review	MP 255
50	S3870, 81228, 81229, 81277, 0156U, 0209U				

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2	• Medicaid Medical Drug (PDL and non-PDL) prior authorization list				
3	• Commercial/Marketplace/Medicare/CHIP Medical Drug prior authorization list				
51	CT (CAT) Scan (Outpatient/Nonemergency)	9/1/2020	Prior authorization can be obtained online at www.healthhelp.com/Geisinger , by faxing completed HealthHelp review form to 1-877-391-7294 or by calling 1-877-391-7293.	Operations Bulletin-July 2020	
52	70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71271, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74263, 75571, 75572, 75573, 75574, 75635, 76380, G0297				
53	Deep Brain Stimulation	05/01/03		Monthly Provider Update February 2021-Annual Policy Review	MP 73
54	61850, 61860, 61863, 61864, 61867, 61868, 61885, 61886, 61889				
55	Dental Services including: Extraction of teeth associated with cardiac or transplant surgery and/or radiation therapy, Alveoloplasty, Orthognathic Surgery, Dental related Hospital/Ambulatory surgical center services.	04/01/10		Briefly March 2010	MP 38
56	21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21685, 41874, 41899 & Dental codes related to extraction of teeth				
57	Dorsal Column Stimulation	02/01/04	Prior authorization required prior to the trial implantation (the implantation before the device becomes permanent); Changes to a generator for a previously placed permanent device does not require prior auth.	Monthly Provider Update March 2022-Annual Policy Review	MP 21
58	63650, 63655, 63663, 63664, 63685, 63688				
59	Durable Medical Equipment (Outpatient) Speech Generating Devices Power Wheelchairs	Contract Dependent	Purchased/Rented DME items with an allowed amount of \$500 or less DO NOT require prior authorization* except: • Incontinence Supplies, when a covered benefit • Equipment Repairs • Positive Airway Pressure Devices (CPAP and RAD) • Whirlpool Baths • All miscellaneous codes (ie. E1399 & K0108) require Prior Authorization regardless of price. * Prior auth is also not required for the following items: <u>Negative Pressure Wound Therapy Pumps, Bone Growth Stimulator/Osteogenesis Stimulators, Continuous Glucose Monitoring Systems/supplies and Home Light Therapy Units.</u> Prior authorization for outpatient Durable Medical Equipment (DME) can be obtained through Medical Management by calling (866) 248-1972 or (570) 271-7127, or faxing your request to (570) 271-7171 Monday through Friday 8:00am to 5:00pm EST.	Operations Bulletin-November 2015	Not Applicable
60	See comments section for prior authorization requirements. Specific coding is not available.				

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2	• Medicaid Medical Drug (PDL and non-PDL) prior authorization list				
3	• Commercial/Marketplace/Medicare/CHIP Medical Drug prior authorization list				
61	Electrical and Electromagnetic Stimulation to aid wound healing	10/01/01		Monthly Provider Update April 2021-Annual Policy Review	MP 113
62	G0281, G0329, E0761				
63	Endobronchial Valve	7/15/2023		Monthly Provider Update June 2023	MP 370
64	31647, 31648, 61349, 31651				
65	Epidural Lysis of Adhesions	10/01/04	Please see "Percutaneous Lysis of Epidural Adhesions".	Postcard February 2017-Annual Policy Review	MP 138
66	62263, 62264				
67	Fetal Surgery	04/01/99		Postcard September 2016-Annual Policy Review	MP 59
68	59072, 59074, 59076, S2400, S2401, S2402, S2403, S2404, S2405, S2409, S2411				
69	Gastric Electrical Stimulation	07/01/12		Monthly Provider Update July 2021-Annual Policy Review	MP 134
70	43647, 43648, 43881, 64590 (For code 64590, for urinary incontinence related conditions, please see MP091. Prior auth is not required on this policy.)				
71	Gender Dysphoria and Gender Confirmation Treatment	07/18/16		Postcard July 2016-Annual Policy Review	MP 307
72	15769, 15771, 15772, 15773, 15774, 17380, 19301, 19303, 19304, 19316, 19318, 19325, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19371, 19380, 31587, 31750, 53400, 53405, 53410, 53415, 53420, 53425, 53430, 53431, 54120, 54125, 54130, 54135, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55150, 55175, 55180, 55899, 55970, 55980, 56620, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57295, 57296, 57335, 57426, 57530, 58150, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720, 58940, 90832, 90833, 90834, 90836, 90837, 90838, 92507, 92508, C1813, C2622				
73	Genetic Susceptibility Cancer Panels	4/15/2021		Monthly Provider Update March 2022-Annual Policy Review	MP 328
74	81435, 81436, 81437, 81438, 0101U, 0102U, 0103U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0160U, 0161U, 0162U, 0171U, 0211U				
75	Genetic Testing for Mitochondrial Disorders	7/15/2022		Monthly Provider Update June 2022-Annual Policy Review	MP 356
76	81440, 81460, 81465, 0417U				
77	Health Care Services associated with Non-covered Services (including but not limited to deep sedation and general anesthesia)	Contract Dependent		Briefly March 2006	Not Applicable

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2	• Medicaid Medical Drug (PDL and non-PDL) prior authorization list				
3	• Commercial/Marketplace/Medicare/CHIP Medical Drug prior authorization list				
78	Home Accessibility Durable Medical Equipment	08/15/22	Prior Authorization for Medicaid Only.	Monthly Provider Update July 2022	MP 358
79	E1399				
80	Home Health/ Home Phlebotomy	01/16/23	Effective 1/16/2023, Prior Authorization is required for all lines of business. See OPS Bulletin for additional information. Request Prior Authorization online at coherehealth.com. Online requests may expedite approval. Print and fax forms remain available but are not preferred. Forms must be faxed to (570) 271-5507 or call (877) 466-3001. Geisinger Health Plan Medical Management retains decision-making authority on all requests.	Operations Bulletin-November 16, 2022	MP 37
81	Rev Codes: 420, 421, 422, 423, 429, 430, 431, 432, 433, 439, 440, 441, 442, 443, 550, 551, 552, 561, 570, 571, 572, 581, 582, 589 CPT/HCPCS Codes: 99503, 99504, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0320, G0321, G0322, G0493, G0494, G0495, G0496, S9125, S9126, S9127, S9128, S9129, S9131 S9208, S9211, S9213, S9214				
82	Home Services for disabled children (Shift Care)	03/01/13	Prior Authorization for Medicaid Only. Certain number of hours per day of non-clinical support will be approved based on clinical history and family situation/support. A request for additional hours may require documentation from physician outlining medical need.		MP 287
83	T1002, T1003, S5116, G0156				
84	Hospice	01/16/23	Effective 1/16/2018, prior authorization is required for PEBTF members. Request prior authorization online at coherehealth.com. Online requests may expedite approval. Print and fax forms remain available but are not preferred. Forms must be faxed to (570) 271-5507 or call (877) 466-3001. Geisinger Health Plan Medical Management retains decision-making authority on all requests. For other lines of business, prior authorization is only required for Hospice when it relates to Inpatient admissions in a Skilled Nursing Facilities or private duty nursing services. Prior authorization can be obtained by calling Medical Management at (877) 466-3001 or by faxing your request to (570) 271-5507.	Operations Bulletin-November 2022	
85	655, 656, Q5004, Q5005, Q5006, Q5007, Q5008, T2044, T2045 FOR PEBTF members: 651, 652, 655, 656, 661, 662, G0299, G0300, Q5001, Q5002, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5009, Q5010, S9125, S9126				

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3	• Commercial/Marketplace/Medicare/CHIP Medical Drug prior authorization list				
86	Hysterectomy	03/01/13	Prior Authorization for Medicaid Only		
87	58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 59525				
88	Iatrogenic Infertility Coverage	1/1/2023	Prior auth required for FEHB; excluded from coverage for all other lines of business unless specific contract benefits exist.		N/A
89	58321, 58322, 58323, 58976, 89250, 89251, 89254, 89258, 89259, 89260, 89261, 89264, 89268, 89272, 89335, 89337, 89343, 89346, 89352, 89353, 0058T, S4030, S4031, S4040				
90	Impacted Wisdom Teeth	05/15/18	Removal of Impacted Wisdom teeth requires prior authorization for Medicaid and CHIP at all locations.	Monthly Provider Update April 2018	MP 38
91	D7230, D7240				
92	Inpatient (planned) hospital admissions	01/01/96	<p>Prior authorization for Planned Inpatient Procedures is required:</p> <ul style="list-style-type: none"> • If any provider involved in a GHP patient's care is considered a non-participating provider with that patient's plan; or, • If the procedure being performed is an outpatient procedure, but the provider requests an acute inpatient level of care; or, • If a GHP patient is being admitted to an acute inpatient rehabilitation or skilled nursing facility; or, • If the procedure being performed is a non-covered service under the GHP patient's plan; or, • If the procedure being performed is a covered service designated as requiring prior authorization on GHP's prior authorization list. <p>This will apply to all GHP lines of business including Medicare and Medicaid plans. Prior authorization for the Exceptions must be completed no less than two (2) business days prior to the planned admission and should be called in to the Geisinger Health Plan Utilization Management Department at (800) 544-3907. It is the responsibility of the participating admitting facility to notify GHP of member hospitalizations within one (1) business day of admission. A determination of continued coverage and a subsequent assigned concurrent review date will be provided by GHP Medical Management.</p>	Operations Bulletin March 2023	Not Applicable

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2	• <u>Medicaid Medical Drug (PDL and non-PDL) prior authorization list</u>				
3	• <u>Commercial/Marketplace/Medicare/CHIP Medical Drug prior authorization list</u>				
93	Inpatient (urgent) hospital admissions		It is the responsibility of the participating admitting facility to notify GHP of member hospitalizations within one (1) business day of admission. A determination of continued coverage and a subsequent assigned concurrent review date will be provided by GHP Medical Management.		Not Applicable
94	Hospital Observation over 23 hours		GHP requires notification for any observation stay expected to exceed twenty-three (23) hours. Facility will notify GHP of member hospitalizations within one (1) business day of admission.		Not Applicable
95	Intercostal Nerve Block	03/01/15		Monthly Provider Update June 2021-Annual Policy Review	MP 294
96	64420, 64421, 64620				
97	Interventional Pain Management	10/1/2023	See OPS Bulletin for additional information. Request Prior Authorization online at coherehealth.com . Online requests may expedite approval. Print and fax forms remain available but are not preferred. Forms must be faxed to (570) 214-3572 or call (800) 544-3907 or (570) 271-6497. Geisinger Health Plan Medical Management retains decision-making authority on all requests.	Operations Bulletin-July 28, 2023	
98	27096, 62320, 62321, 62322, 62323, 63663, 63664, 63688, 64451, 64454, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64624, 64625, 64633, 64634, 64635, 64636, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, G0260				
99	Intraosseous Basivertebral Nerve Ablation	11/15/2023		Monthly Provider Update October 2023	MP 371
100	64628, 64629				
101	Intrathecal Infusion Pump	03/01/15	Medication refill does not require Prior Authorization. MP 298 has been combined with MP 293	Monthly Provider Update May 2021-Annual Policy Review	MP 293
102	62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362				
103	Lung Volume Reduction Surgery	01/01/10		Postcard February 2017-Annual Policy Review	MP 60
104	32491				

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2	• Medicaid Medical Drug (PDL and non-PDL) prior authorization list				
3	• Commercial/Marketplace/Medicare/CHIP Medical Drug prior authorization list				
105	Magnetic Esophageal Sphincter Augmentation (LINX)	06/15/17	This service is excluded from coverage for Medicare. Prior authorization for all other lines of business.	Monthly Provider Update February 2021-Annual Policy Review	MP 315
106	43284, 43285				
107	Magnetic Resonance Angiography (MRA) (Outpatient/Nonemergency)	9/1/2020	Prior authorization can be obtained online at www.healthhelp.com/Geisinger , by faxing completed HealthHelp review form to 1-877-391-7294 or by calling 1-877-391-7293.	OPS Bulletin July 2020	
108	70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 73725, 74185, C8900, C8901, C8902, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936				
109	Magnetic Resonance Imaging (MRI) (Outpatient/Nonemergency)	9/1/2020	Prior authorization can be obtained online at www.healthhelp.com/Geisinger , by faxing completed HealthHelp review form to 1-877-391-7294 or by calling 1-877-391-7293.	Operations Bulletin-July 2020	
110	70336, 70540, 70542, 70543, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 74712, 75557, 75559, 75561, 75563, 77046, 77047, 77048, 77049, 77084, C8903, C8905, C8906, C8908, C9762, C9763, C9791				
111	Mastectomy for Gynecomastia	03/01/02	Prior auth for Medicare, Medicaid, FEHBP and certain TPAs. This service is excluded from coverage for Commercial, CHIP and Marketplace.	Monthly Provider Update February 2021-Annual Policy Review	MP 55
112	19300				
113	Medical Daycare	7/1/2022	Prior Authorization for Medicaid line of business only. Excluded from coverage for all other lines of business.		MP 359
114	T1002, T1003, S5116, G0156				
115	Mental Health and Substance Abuse Inpatient, Partial Hospitalization and Residential Non-Routine Outpatient Care (Psychological testing, Outpatient ECT, Transcranial Magnetic Stimulation [TMS or rTMS], ABA/Applied Behavioral Analysis)	Contract Dependent	Effective 7/15/2023, ABA service will require a Prior Authorization when billed for any diagnosis except Autism. Effective 1/1/2020, For Medicare, Commercial, CHIP and most TPA's please call (888) 839-7972. For PEBTF members, please use 800-924-0105.	Monthly Provider Update August 2019	Not Applicable
116	Revenue Codes: 0114, 0116, 0124, 0126, 0129, 0134, 0136, 0146, 0156, 0190, 0191, 0192, 0193, 0194, 0195, 0204, 0901, 0905, 0906, 0911, 0912, 0913, 0944, 0945, 1001, 1002 CPT/HCPCS Codes: 90867, 90868, 90869, 90870, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T, H0008, H0009, H0010, H0011, H0015, H0017, H0018, H0019, H0031, H0032, H0035, H2014, H2019, H2021, H2035, H2036, S0201, S9480				
117	Mental Health and Substance Abuse (Inpatient, Partial Hospitalization and Outpatient)	03/01/13	For Medicaid Only: Refer to member's Behavioral Health HealthChoices Insurance card for contact information. (Not managed by GHP)	Briefly March 2013	
118	Molecular Profiling of Malignant Tumors to Identify Targeted Therapies	3/15/2019		Monthly Provider Update August 2021-Annual Review	MP 323
119	0037U, 0048U, 0179U, 0239U, 0242U, 0244U, 0334U, 0391U, 0422U, 0428U, 0448U, 81445, 81449, 81455, 81456				

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2	• Medicaid Medical Drug (PDL and non-PDL) prior authorization list				
3	• Commercial/Marketplace/Medicare/CHIP Medical Drug prior authorization list				
120	Multi-gene Expression Assay for Predicting Recurrence in Colon Cancer	11/01/12		Postcard September 2016-Annual Policy Review	MP 246
121	81445, 81525				
122	Musculoskeletal Procedures	10/1/2023	See OPS Bulletin for additional information. Request Prior Authorization online at coherehealth.com . Online requests may expedite approval. Print and fax forms remain available but are not preferred. Forms must be faxed to (570) 214-3572 or call (800) 544-3907 or (570) 271-6497. Geisinger Health Plan Medical Management retains decision-making authority on all requests.	Operations Bulletin-July 28, 2023	
123	Ankle-27700, 27702, 27870				
124	Hip-26991, 26992, 27000, 27001, 27003, 27005, 27006, 27025, 27033, 27035, 27036, 27050, 27052, 27054, 27057, 27060, 27062, 27070, 27071, 27090, 27091, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27140, 27146, 27147, 27151, 27156, 27161, 27165, 27170, 27175, 27176, 27177, 27179, 27181, 27185, 27187, 27275, 27279, 27280, 27282, 27284, 27286, 29860, 29861, 29862, 29863, 29914, 29915, 29916, 0707T, 0737T				
125	Knee-27301, 27303, 27310, 27331, 27332, 27333, 27334, 27335, 27340, 27347, 27360, 27372, 27403, 27405, 27407, 27409, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27454, 27455, 27457, 27465, 27466, 27470, 27472, 27486, 27487, 27488, 27495, 27519, 27570, 27580, 29850, 29851, 29855, 29856, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 0707T, 0737T, S2112				
126	Shoulder-23031, 23035, 23040, 23044, 23100, 23101, 23107, 23120, 23125, 23130, 23170, 23172, 23174, 23180, 23182, 23184, 23190, 23195, 23334, 23335, 23400, 23405, 23406, 23410, 23412, 23415, 23420, 23430, 23440, 23450, 23455, 23460, 23462, 23465, 23466, 23470, 23472, 23473, 23474, 23480, 23485, 23490, 23491, 23700, 23800, 23802, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 0707T, 0737T, S2300				
127	Spine-22100, 22101, 22102, 22103, 22116, 22206, 22207, 22210, 22212, 22214, 22220, 22222, 22224, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22850, 22852, 22853, 22854, 22855, 22856, 22857, 22858, 22859, 22861, 22862, 22864, 22865, 22867, 22868, 22869, 22870, 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63185, 63190, 63191, 63197, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 64628, 64629, 0095T, 0098T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, 0656T, 0657T, S2348, S2350, S2351				
128	Non-Invasive Home Ventilator	1/15/2023		Monthly Provider Update January 2023	MP 362
129	E0466, E0467				
130	Non-Wearable Automatic External Defibrillator	7/15/2021		Monthly Provider Update-June 2021	MP 342
131	E0617				
132	Nutritional Supplements		Requires Prior Auth for all lines of business	Monthly Provider Update July 2021-Annual Policy Review	MP 247
133	B4034, B4035, B4036, B4081, B4082, B4083, B4087, B4088, B4100, B4102, B4103, B4104, B4148, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9002, B9998, S9342, S9343, S9432, S9433, S9434, S9435				

	A	B	C	D	E
1	For lists of drugs that require prior authorization check the appropriate list below:				
2	• Medicaid Medical Drug (PDL and non-PDL) prior authorization list				
3	• Commercial/Marketplace/Medicare/CHIP Medical Drug prior authorization list				
134	Obesity Surgery	03/01/02		Monthly Provider Update April 2021-Annual Policy Review	MP 65
135	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888				
136	Orthognathic Surgery (including, but not limited to mandibular and maxillary osteotomies)	04/01/10		Briefly March 2010	MP 38
137	21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21685				
138	Orthotics (Custom fabricated & Select High Dollar Items) and Orthopedic Shoes	03/01/13	Prior Authorization for Medicaid Only: Please call Medical Management at (800) 544-3907 to verify if prior auth is needed.		
139	A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5508, A5510, A5512, A5513, A5514, A9283, D7880, E0485, E0486, K0672, K0903, K1015, L0112, L0220, L0452, L0480, L0482, L0484, L0486, L0622, L0624, L0629, L0632, L0634, L0636, L0638, L0640, L0700, L0710, L0810, L0820, L0830, L0859, L0861, L0999, L1000, L1005, L1006, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L1300, L1310, L1320, L1499, L1630, L1640, L1680, L1685, L1700, L1710, L1720, L1730, L1755, L1834, L1840, L1844, L1846, L1860, L1900, L1904, L1907, L1920, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2080, L2090, L2106, L2108, L2126, L2128, L2627, L2628, L2999, L3001, L3002, L3003, L3020, L3030, L3031, L3040, L3050, L3070, L3080, L3090, L3160, L3161, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3216, L3217, L3219, L3221, L3222, L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3260, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3600, L3610, L3620, L3630, L3640, L3649, L3671, L3674, L3702, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3806, L3808, L3891, L3900, L3901, L3904, L3905, L3906, L3913, L3919, L3921, L3933, L3935, L3956, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3995, L3999, L4000, L4002, L4205, L4210, L4631, S1040				
140	Panniculectomy, Lipectomy or other excision of excessive skin or subcutaneous tissue	02/01/02	This is an Exclusion for Commercial, Marketplace and CHIP plans, refer to member's benefit documents. This exclusion may also apply to TPA lines of business. Please refer to the TPA benefit documents.	Briefly March 2006	MP 56
141	00802, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847				
142	Percutaneous Lysis of Epidural Adhesions without endoscopic guidance/approach	10/01/04	Prior Authorization required for Medicare line of business only; This is not a covered service for other lines of business; also note, percutaneous lysis of epidural adhesions utilizing endoscopic approach is not covered for any line of business.	Briefly March 2006	MP 138
143	62263, 62264				
144	Percutaneous Electrical Nerve Field Stimulation (PENFS)	09/15/24	Prior Authorization for Commercial and applicable TPA's. This is considered unproven and Not Covered for all other Lines of business at this time.	Monthly Provider Update-August 2024	MP 343
145	0783T				

	A	B	C	D	E
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2	• Medicaid Medical Drug (PDL and non-PDL) prior authorization list				
3	• Commercial/Marketplace/Medicare/CHIP Medical Drug prior authorization list				
146	Physical, Occupational, or Speech Therapy (Outpatient)	01/16/23	<p>Prior authorization will be required for all lines of business effective 1/16/2023. Benefit limitations remain in effect. Prior authorization requirements will remain for services related to the GHP Medical Spine Management program bundle. Request prior authorization online at coherehealth.com. Online requests may expedite approval. Print and fax forms remain available but are not preferred. Forms must be faxed to (570) 271-5302 or call (800) 270-9981. Geisinger Health Plan Medical Management retains decision-making authority on all requests.</p>	Operations Bulletin-November 16, 2022	Not Applicable
147	420, 421, 422, 423, 429, 430 431, 432, 433, 439, 440, 441, 442, 443, 449, 931, 932, 92507, 92508, 92520, 92524, 92526, 92606, 92609, 95851, 95852, 96105, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97140, 97150, 97530, 97533, 97535, 97537, 97542, 97550, 97551, 97552, 97597, 97598, 97602, 97610, 97750, 97755, 0598T, 0599T, G0129, G0281, G0283, G0329, T1015, V5362, V5363, V5364 (Prior authorization for codes 97597, 97598 and 97602 is only required when performed in an Outpatient Rehab setting. They do not require prior authorization when billed by other providers whose services are non-Rehab related.)				
148	Positron Emission Tomography (PET) Scan (Outpatient/Nonemergency)	9/1/2020	<p>Prior authorization can be obtained online at www.healthhelp.com/Geisinger, by faxing completed HealthHelp review form to 1-877-391-7294 or by calling 1-877-391-7293.</p>	Operations Bulletin-July 2020	
149	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252				
150	Prosthetics	03/01/13	Prior Authorization for Medicaid.		
151	K1014, K1022, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5615, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5680, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5709, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5728, L5780, L5781, L5782, L5783, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5841, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5926, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5990, L5991, L5999, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6386, L6388, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L6883, L6884, L6885, L6890, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7360, L7362, L7364, L7366, L7367, L7368, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7510, L7520, L7600, L7900, L7902, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049, L8300, L8310, L8320, L8330, L8400, L8410, L8415, L8417, L8420, L8430, L8435, L8440, L8460, L8465, L8470, L8480, L8485, L8499, L8500, L8505, L8507, L8509, L8510, L8511, L8512, L8513, L8514, L8515, L8609, L8610, L8612, L8615, L8616, L8617, L8618, L8619, L8621, L8622, L8623, L8624, L8625, L8627, L8628, L8629, L8630, L8631, L8641, L8642, L8658, L8659, L8670, L8695, L8699, L8720, L8721 , L9900				
152	Proton Beam Radiation	07/01/09		Monthly Provider Update March 2022-Annual Policy Review	MP 226
153	77520, 77522, 77523, 77525, S8030				

	A	B	C	D	E
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2	• Medicaid Medical Drug (PDL and non-PDL) prior authorization list				
3	• Commercial/Marketplace/Medicare/CHIP Medical Drug prior authorization list				
154	Radiation Oncology	12/1/2024	See GHP Provider Update for additional information. Request Prior Authorization online at oneum.oncohealth.us Online requests may expedite approval. Print and fax forms remain available but are not preferred. Forms must be faxed to 800-264-6218 or call (888)-916-2616.	Provider Update July 30, 2024	
155	55875, 55876, 76873, 76965, 77014, 77261, 77262, 77263, 77280, 77285, 77290, 77293, 77295, 77299, 77300, 77301, 77306, 77307, 77316, 77317, 77318, 77321, 77331, 77332, 77333, 77334, 77336, 77338, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77399, 77401, 77402, 77407, 77412, 77417, 77423, 77424, 77425, 77427, 77431, 77432, 77435, 77469, 77470, 77499, 77520, 77522, 77523, 77525, 77600, 77605, 77610, 77615, 77620, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 77789, 77790, 77799, 0394T, 0395T, C1716, C1716, C2616, G0339, G0340, G0458, G0463, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017				
156	Restorative or Reconstructive surgical procedures due to their potential cosmetic or limitation of benefit	Contract Dependent		Briefly March 2006	Not Applicable
157	Rhinoplasty as a stand alone procedure or Rhineoplasty, with or without septal repair, in conjunction with other planned medically necessary surgeries.	11/01/02		Postcard June 2017-Annual Policy Review	MP 204
158	30400, 30410, 30420, 30430, 30435, 30450, 30468, 30469, 30520, 30620				
159	Rhinoplasty including major septal repair	11/01/02		Postcard June 2016-Annual Policy Review	MP 204
160	30400, 30410, 30420, 30430, 30435, 30450, 30520, 30620				
161	Septoplasty as a stand alone procedure or septoplasty in conjunction with other planned medically necessary surgeries	11/01/02		Postcard June 2016-Annual Policy Review	MP 204
162	30520, 30620				
163	Skilled Level of Care Admission	01/01/96	PRECERT INFORMATION IS TO BE CALLED TO THE GHP UTILIZATION MANAGEMENT DEPARTMENT AT 1-800-544-3907.	Briefly March 2006	Not Applicable
164	Speech Generating Devices		Requires Prior Auth under DME for lines of business for which these devices are not contractually excluded.	Monthly Provider Update March 2022-Annual Policy Review	MP 275
165	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E 2513, E2599				
166	Suprascapular Nerve Block	03/01/15		Postcard December 2016-Annual Policy Review	MP 297
167	64418				

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2	• Medicaid Medical Drug (PDL and non-PDL) prior authorization list				
3	• Commercial/Marketplace/Medicare/CHIP Medical Drug prior authorization list				
168	Sympathetic Nerve Block	03/01/15		Postcard December 2016-Annual Policy Review	MP 292
169	64505, 64510, 64520, 64530				
170	Termination of Pregnancy (Abortion)	02/01/14	Prior Authorization for all lines of business, except when coverage is excluded. Termination of pregnancy is excluded from the benefits for Religious Exempt Entities.	Monthly Provider Update March 2022-Annual Policy Review	MP 282
171	59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S0199				
172	Transoral Incisionless Fundoplication	8/15/2019		Monthly Provider Update July 2021-Annual Policy Review	MP 256
173	43210				
174	Transplant evaluation services (pre-transplant services) and surgical transplantation of organs, bone marrow or stem cells (Solid Organ)	08/01/03	See OPS Bulletin for update on Transplant authorization changes.	Postcard February 2017-Annual Policy Review	MP 20
175	32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33933, 33935, 33940, 33944, 33945, 38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38230, 38232, 38240, 38241, 38242, 38243, 44135, 44136, 44715, 44720, 44721, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556, 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50547, 86367, 86807, 86808, 86812, 86813, 86816, 86817, 86821, S2053, S2054, S2055, S2060, S2061, S2065, S2102, S2140, S2142, S2150				
176	Tumor Treatment Fields	08/15/16	This is not a covered service for the Medicaid line of business. Prior authorization is required for all other lines of business.	Postcard July 2017-Annual Policy Review	MP 306
177	77299, E0766, A4555				
178	Vagal Nerve Stimulation	12/01/01		Briefly March 2006	MP 51
179	61885, 61886, 64568				
180	Varicose Vein Treatments	02/01/03	Endovenous Radiofrequency Ablation, Sclerosing, Stab Phlebectomy, Vein ligation, Vein Stripping, Transilluminated Power Phlebectomy (Trivex)	Monthly Provider Update May 2021-Annual Policy Review	MP 33
181	36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T				
182	Vertical Expandable Titanium Rib	5/15/2021		Monthly Provider Update April 2021	MP 310
183	21899				

	A	B	C	D	E
1	For lists of drugs that require prior authorization check the appropriate list below:				
2	• Medicaid Medical Drug (PDL and non-PDL) prior authorization list				
3	• Commercial/Marketplace/Medicare/CHIP Medical Drug prior authorization list				
184	Vision Services--(For Medicaid Only)-Low Vision Aids, Eye Occluder	04/27/15	Prior authorization for Medicaid Only.	Department of Human Services-What's New	Medical Assistance Bulletin # 99-15-05
185	V2600, V2610, V2615, V2770				
186	Vision Therapy/Orthoptics	09/01/13	Prior authorization for Medicaid Only.	Postcard August 2013	MP 277
187	92065, 92066, 0615T, 0687T, 0688T, 0704T, 0705T, 0706T				
188	Whole Exome Sequencing	05/15/16		Monthly Provider Update August 2021-Annual Policy Review	MP 280
189	81349, 81415, 81416, 81417, 81425, 81426, 81427, 0094U, 0260U, 0264U, 0265U, 0266U, 0267U, 0425U, 0426U				