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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	<b>Procedure/Service</b>	<b>Effective Date for providers</b>	<b>Comments</b>	<b>Most recent Communication to Providers</b>	<b>Associated Medical Policy #</b>
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 Gold and Medicaid effective 1/21/2020 and certain TPA plans. This service is excluded from coverage for Commercial 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 Gold and Medicaid; excluded from coverage for Commercial	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 Gold, Medicaid, FEHBP and certain TPAs. Excluded from coverage for Commercial.	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				
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				

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21	Bronchial Thermoplasty	03/15/18		Monthly Provider Update February 2018	MP 250
22	31660, 31661, C9751				
23	Cardiology Procedures	3/1/2021	Prior authorization can be obtained online at <a href="http://www.healthhelp.com/Geisinger">www.healthhelp.com/Geisinger</a> , by faxing completed HealthHelp review form to 1-877-391-7294 or by calling 1-877-391-7293.	Operations Bulletin-November 30, 2020	
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				
36	Cardiac Devices-Leadless Pacemakers (Micra Transcatheter Pacing System [TPS])-33274, 33275				
37	Cardiac Devices-Patent Foramen Ovale (PFO) and Atrial Septal Defect (ASD) Closure-93580				
38	Cardiac Devices-Mobile Cardiovascular Telemetry (MCT)-93228, 93229				

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39	Cardiac Devices-Implantable Loop Recorder-33285, 33286				
40	Angioplasty (Percutaneous Coronary Intervention [PCI])-92920				
41	Stent (Percutaneous Coronary Intervention [PCI])-92928, 92937, 92943, C9600, C9604, C9607				
42	Interventional Cardiology-Electrophysiological Studies-(ESP) - Arrhythmia Induction and Mapping-93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93624, 93631, 93640, 93641, 93642, 93644, 0577T				
43	Interventional Cardiology-Electrophysiological Studies-(ESP) - Ablation-93650, 93653, 93654, 93656,				
44					
45	Chiropractic Services		Prior Authorization is required for PEBTF and CHIP members.		
46	98940, 98941, 98942				
47	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
48	S3870, 81228, 81229, 81277, 0209U				
49	CT (CAT) Scan (Outpatient/Nonemergency)	9/1/2020	Prior authorization can be obtained online at <a href="http://www.healthhelp.com/Geisinger">www.healthhelp.com/Geisinger</a> , by faxing completed HealthHelp review form to 1-877-391-7294 or by calling 1-877-391-7293.	OPS Bulletin July 2020	
50	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				
51	Deep Brain Stimulation	05/01/03		Monthly Provider Update February 2021-Annual Policy Review	MP 73
52	61850, 61860, 61863, 61864, 61867, 61868, 61885, 61886				
53	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
54	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				

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55	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
56	63650, 63655, 63685				
57	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, <u>when a covered benefit</u> • Equipment Repairs • Positive Airway Pressure Devices (CPAP and RAD) • All miscellaneous codes (ie. E1399 & K0108) require Prior Authorization regardless of price. * <u>Prior auth is also not required for the following items:</u> <u>Wearable Cardioverter Defibrillators, Negative Pressure Wound Therapy Pumps, Bone Growth Stimulator/Osteogenesis Stimulators and Continuous Glucose Monitoring Systems/supplies.</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 4:30pm EST.	OPS Bulletin November 2015	Not Applicable
58	See comments section for prior authorization requirements. Specific coding is not available.				
59	Electrical and Electromagnetic Stimulation to aid wound healing	10/01/01		Monthly Provider Update April 2021-Annual Policy Review	MP 113
60	G0281, G0329, E0761				
61	Epidural Lysis of Adhesions	10/01/04	Please see "Percutaneous Lysis of Epidural Adhesions".	Postcard February 2017-Annual Policy Review	MP 138
62	62263, 62264				
63	Fetal Surgery	04/01/99		Postcard September 2016-Annual Policy Review	MP 59
64	59072, 59074, 59076, S2400, S2401, S2402, S2403, S2404, S2405, S2409, S2411				
65	Gastric Electrical Stimulation	07/01/12		Monthly Provider Update July 2021-Annual Policy Review	MP 134
66	43647, 43648, 43881, 64590				

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67	Gender Dysphoria and Gender Confirmation Treatment	07/18/16	Covered for Medicaid, CHIP and Medicare. For Commercial lines of business, this will be covered effective 1/1/17 for new and renewing groups.	Postcard July 2016-Annual Policy Review	MP 307
68	11980,15769, 15771, 15772, 15773, 15774, 17380, 19301, 19303, 19304, 19325, 19350, 19357, 31587, 31750, 53415, 53420, 53425, 53430, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54120, 54520, 54660, 54690, 55175, 55180, 55899, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57295, 57296, 57335, 58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720, 58940, 90832, 90833, 90834, 90836, 90837, 90838, 92507, 92508, 96372, C1813, C2622, J1950, J9217, J9218, J9219				
69	Genetic Susceptibility Cancer Panels	4/15/2021		Monthly Provider Update March 2022-Annual Policy Review	MP 328
70	81432, 81433, 81435, 81436, 81437, 81438, 0101U, 0102U, 0103U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0160U, 0161U, 0162U, 0171U, 0211U				
71	Genetic Testing Related to Colorectal Cancer	04/01/11	81528 no longer requires prior auth effective 1/1/17	Monthly Provider Update February 2021-Annual Policy Review	MP 98
72	81201, 81202, 81203, 81210, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81317, 81318, 81319, 81435, 81436, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0235U, 0238U, 0261U				
73	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
74	Home Health/ Home Phlebotomy	01/01/96	<u>Effective 1/16/18, Prior Authorization is required for PEBTF members.</u> Effective May 16, 2017, home health services will no longer require Prior Authorization, with the following exceptions: When a provider is non-participating. When the home health service is non-covered. See OPS Bulletin for additional information. Authorization can be obtained by calling Medical Management at (877) 466-3001 or by faxing your request to (570) 271-5507	OPS Bulletin March 2017	MP 37
75	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
76	S9123, S9124, T1019-effective 5/1/2022				

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77	Hospice	01/01/96	Effective 1/16/18, Prior Authorization is required for PEBTF members. For other lines of business, prior authorization is only required for Hospice when it relates to Inpatient admissions to 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	OPS Bulletin March 2017	
78	655, 656, T2044, T2045				
79	Hysterectomy	03/01/13	Prior Authorization for Medicaid Only		
80	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				
81	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
82	D7230, D7240				
83	Inpatient (planned) hospital admissions	01/01/96	Effective Oct. 1, 2018, GHP will remove the prior authorization requirement for most planned inpatient hospital admissions. This will apply to all GHP lines of business including Geisinger Gold (Medicare Advantage) and GHP Family (PA HealthChoices Medicaid) plans. Please see OPS Bulletin for the applicable exceptions. 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.	OPS Bulletin July 2018	Not Applicable
84	Intercostal Nerve Block	03/01/15		Monthly Provider Update June 2021-Annual Policy Review	MP 294
85	64420, 64421, 64620				
86	Interventional Pain Management	2/1/2021	Prior authorization can be obtained online at <a href="http://www.healthhelp.com/Geisinger">www.healthhelp.com/Geisinger</a> , by faxing completed HealthHelp review form to 1-877-391-7294 or by calling 1-877-391-7293.	Operations Bulletin-November 30, 2020	
87	27096, 62320, 62321, 62322, 62323, 64451, 64479, 64483, 64490, 64493, 64633, 64635, 0213T, 0216T, G0260				

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88	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
89	62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362				
90	Lung Volume Reduction Surgery	01/01/10		Postcard February 2017-Annual Policy Review	MP 60
91	32491				
92	Magnetic Esophageal Sphincter Augmentation (LINX)	06/15/17	This service is excluded from coverage for Gold. Prior authorization for all other lines of business.	Monthly Provider Update February 2021-Annual Policy Review	MP 315
93	43284, 43285				
94	Magnetic Resonance Angiography (MRA) (Outpatient/Nonemergency)	9/1/2020	Prior authorization can be obtained online at <a href="http://www.healthhelp.com/Geisinger">www.healthhelp.com/Geisinger</a> , by faxing completed HealthHelp review form to 1-877-391-7294 or by calling 1-877-391-7293.	OPS Bulletin July 2020	
95	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				
96	Magnetic Resonance Imaging (MRI) (Outpatient/Nonemergency)	9/1/2020	Prior authorization can be obtained online at <a href="http://www.healthhelp.com/Geisinger">www.healthhelp.com/Geisinger</a> , by faxing completed HealthHelp review form to 1-877-391-7294 or by calling 1-877-391-7293.	OPS Bulletin July 2020	
97	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				
98	Mastectomy for Gynecomastia	03/01/02	Prior auth for Gold, Medicaid, FEHBP and certain TPAs. This service is excluded from coverage for commercial.	Monthly Provider Update February 2021-Annual Policy Review	MP 55
99	19300				
100	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 behavior analysis)	Contract Dependent	Effective 1/1/2020, For HMO, Gold, GIIC, and most TPA's please call (888) 839-7972. For PEBTF members, please use 800-924-0105.	Monthly Provider Update August 2019	Not Applicable
101	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, 0632T, 0373T, H0008, H0009, H0010, H0011, H0015, H0017, H0018, H0019, H0032, H0035, H2014, H2019, H2021, H2035, H2036, S9480				
102	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	

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103	<b>Molecular Profiling of Malignant Tumors to Identify Targeted Therapies</b>	3/15/2019		Monthly Provider Update August 2021-Annual Review	MP 323
104	0037U, 0048U, 0179U, 0239U, 0242U, 0244U, 81445, 81455				
105	<b>Musculoskeletal Procedures</b>	2/1/2021	Prior authorization can be obtained online at <a href="http://www.healthhelp.com/Geisinger">www.healthhelp.com/Geisinger</a> , by faxing completed HealthHelp review form to 1-877-391-7294 or by calling 1-877-391-7293.	Operations Bulletin-November 30, 2020	
106	<b>Hip</b> -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				
107	<b>Knee</b> -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, 29855, 29856, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889				
108	<b>Shoulder</b> -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, 29827, 29828				
109	<b>Spine</b> -22206, 22207, 22210, 22212, 22214, 22220, 22222, 22224, 22510, 22511, 22513, 22514, 22532, 22533, 22548, 22551, 22554, 22556, 22558, 22590, 22595, 22600, 22610, 22612, 22630, 22633, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22849, 22850, 22852, 22855, 22856, 22857, 22861, 22864, 22865, 22867, 22869, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63040, 63042, 63045, 63046, 63047, 63050, 633051, 63055, 63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63185, 63190, 63191, 63197, 63200, 63250, 63251, 63252, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 0202T, 0219T, 0220T, 0221T, 0274T, 0275T, C9757				
110	<b>Non-Wearable Automatic External Defibrillator</b>	7/15/2021		Monthly Provider Update-June 2021	MP 342
111	E0617				
112	<b>Nutritional Supplements</b>		Requires Prior Auth for all lines of business	Monthly Provider Update July 2021-Annual Policy Review	MP 247
113	B4034, B4035, B4036, B4081, B4082, B4083, B4087, B4088, B4100, B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9002, B9998, S9340, S9342, S9343, S9433				
114	<b>Obesity Surgery</b>	03/01/02		Monthly Provider Update April 2021-Annual Policy Review	MP 65
115	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888				



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116	Oncotype Dx - Multi-gene Expression Assay for Predicting Recurrence in Colon Cancer	11/01/12		Postcard September 2016-Annual Policy Review	MP 246
117	81525				
118	Orthognathic Surgery (including, but not limited to mandibular and maxillary osteotomies)	04/01/10		Briefly March 2010	MP 38
119	21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21685				
120	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.		
121	A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5508, A5510, A5512, A5513, A5514, A8000, A8001, A8002, A8003, A8004, 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, 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, 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, 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				
122	Panniculectomy, Lipectomy or other excision of excessive skin or subcutaneous tissue	02/01/02	This is an Exclusion for Marketplace and Commercial 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
123	00802, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847				
124	Percutaneous Lysis of Epidural Adhesions without endoscopic guidance/approach	10/01/04	Prior Authorization required for Gold 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
125	62263, 62264				
126	Phototherapy for the Treatment of Dermatological Conditions	08/15/15		Monthly Provider Update June 2021-Annual Policy Review	MP 259
127	E0691, E0692, E0693, E0694				

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128	Physical, Occupational, or Speech Therapy (Outpatient)	01/01/96	<u>Prior authorization is still required for Medicaid. Effective 10/1/16, prior authorization is no longer required for Commercial &amp; TPA lines of business. Benefit limitations remain in effect. Prior authorization requirements will remain for services related to the GHP Medical Spine Management program bundle. Effective 7/1/16, prior authorization is no longer required for the Gold lines of business. Authorization can be obtained through Medical Management at (800) 270-9981 or (570) 271-5301 or fax to 570-271-5302 Monday through Friday 8:00am to 5:00pm</u>	Briefly March 2006	Not Applicable
129	420, 421, 422, 423, 424, 429, 430 431, 432, 433, 434, 439, 440, 441, 442, 443, 444, 449, 64550, 92507, 92508, 92520, 92524, 92526, 92597, 92606, 92609, 95831, 95832, 95833, 95834, 95851, 95852, 96105, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97530, 97532, 97533, 97535, 97537, 97542, 97597, 97598, 97602, 97750, 97755, G0283, G0329, S9152, T1015, V5362, V5363, V5364 <b>(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.)</b>				
130	Positron Emission Tomography (PET) Scan (Outpatient/Nonemergency)	9/1/2020	Prior authorization can be obtained online at <a href="http://www.healthhelp.com/Geisinger">www.healthhelp.com/Geisinger</a> , by faxing completed HealthHelp review form to 1-877-391-7294 or by calling 1-877-391-7293.	OPS Bulletin July 2020	
131	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252				
132	Prosthetics	03/01/13	Prior Authorization for Medicaid.		
133	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, 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, L5707, L5710, L5711, L5712, L5714, L5715, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, 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, 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, L8501, 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, L8690, L8691, L8692, L8693, L8695, L8699, L9900				
134	Proton Beam Radiation	07/01/09		Monthly Provider Update March 2022-Annual Policy Review	MP 226
135	77520, 77522, 77523, 77525, S8030				
136	Restorative or Reconstructive surgical procedures due to their potential cosmetic or limitation of benefit	Contract Dependent		Briefly March 2006	Not Applicable

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137	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
138	30400, 30410, 30420, 30430, 30435, 30450, 30468, 30520, 30620				
139	Rhinoplasty including major septal repair	11/01/02		Postcard June 2016-Annual Policy Review	MP 204
140	30400, 30410, 30420, 30430, 30435, 30450, 30520, 30620				
141	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
142	30520, 30620				
143	Skilled Level of Care Admission	01/01/96	Participating providers are also required to notify the Health Plan of an intermediate level of care admission(s)/discharge(s); PRECERT INFORMATION IS TO BE CALLED TO THE GHP UTILIZATION MANAGEMENT DEPARTMENT AT 1-800-544-3907.	Briefly March 2006	Not Applicable
144	Speech Generating Devices		Requires Prior Auth for all lines of business under DME.	Monthly Provider Update March 2022-Annual Policy Review	MP 275
145	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599				
146	Suprascapular Nerve Block	03/01/15		Postcard December 2016-Annual Policy Review	MP 297
147	64418				
148	Sympathetic Nerve Block	03/01/15		Postcard December 2016-Annual Policy Review	MP 292
149	64505, 64510, 64520, 64530				
150	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
151	59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S0199				

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152	Transoral Incisionless Fundoplication	8/15/2019		Monthly Provider Update July 2021-Annual Policy Review	MP 256
153	43210				
154	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
155	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				
156	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
157	77299, E0766, A4555				
158	Vagal Nerve Stimulation	12/01/01		Briefly March 2006	MP 51
159	61885, 61886, 64568				
160	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
161	36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T				
162	Vertical Expandable Titanium Rib	5/15/2021		Monthly Provider Update April 2021	MP 310
163	21899				
164	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
165	V2600, V2610, V2615, V2770				
166	Vision Therapy/Orthoptics	09/01/13	Prior authorization for Medicaid Only.	Postcard August 2013	MP 277
167	92065, 0615T, 0687T, 0688T, 0704T, 0705T, 0706T				

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168	Whole Exome Sequencing	05/15/16		Monthly Provider Update August 2021- Annual Policy Review	MP 280
169	81415, 81416, 81417, 0094U				