

	A	B	C	D	E
1	<b>For lists of drugs that require prior authorization check the appropriate list below:</b>				
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>				
4	<b>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</b>				
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	12/1/1996	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 2025-Annual Policy Review	MP 63
8	20560, 20561, 97810, 97811, 97813, 97814				
9	Ambulance Transport Service (Non-Emergent)	7/1/2014		Monthly Provider Update December 2024-Annual Policy Review	MP 17
10	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				
11	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
12					
13	Biofeedback for Non Behavioral Health indications	9/1/2000	Prior auth for Medicare, Medicaid, FEHBP and certain TPAs. Excluded from coverage for Commercial, CHIP and Marketplace.	Monthly Provider Update July 2025-Annual Policy Review	MP 04
14	90901, 90911, 90912, 90913				
15	Blepharoplasty	10/15/2000		Monthly Provider Update March 2025-Annual Policy Review	MP 10
16	15820, 15821, 15822, 15823, 21280, 21282, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911				
17	Breast Pump	4/15/2026	Medicaid Line of Business only: This code requires a Prior authorization if rented for over 6 months.	Monthly Provider Update March 2026	MP 354
18	E0604				

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19	Breast Reduction	3/1/2002	Prior authorization for all lines of business	Monthly Provider Update May 2025- Annual Policy Review	MP 68
20	19318				
21	Bronchial Thermoplasty	3/15/2018		Monthly Provider Update February 2025- Annual Policy Review	MP 250
22	31660, 31661, C9751, C8005				
23	Cardiology Procedures	10/1/2023	See OPS Bulletin for additional information. Request Prior Authorization online at <a href="http://coherehealth.com">coherehealth.com</a> . 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, 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, 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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36	<b>Cardiac Devices-Leadless Pacemakers (Micra Transcatheter Pacing System [TPS])-33274, 33275, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T</b>				
37	<b>Cardiac Devices-Patent Foramen Ovale (PFO) and Atrial Septal Defect (ASD) Closure-93580</b>				
38	<b>Cardiac Devices-Mobile Cardiovascular Telemetry (MCT)-93228, 93229, 93264</b>				
39	<b>Cardiac Devices-Implantable Loop Recorder-33285, 33289</b>				
40	<b>Aortic Repair-33880, 33881, 33882, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34832, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 36245, 36246, 36247, 37215, 37216, 37217, 37218</b>				
41	<b>Angioplasty (Percutaneous Coronary Intervention [PCI])-92920</b>				
42	<b>Stent (Percutaneous Coronary Intervention [PCI])-92924, 92928, 92933, 92937, 92943, 92945</b>				
43	<b>Interventional Cardiology-Electrophysiological Studies-(ESP) - Arrhythmia Induction and Mapping- 93602, 93603, 93610, 93612, 93618, 93620, 93624, 93631, 93640, 93641, 93642, 93644, 0577T</b>				
44	<b>Interventional Cardiology-Electrophysiological Studies-(ESP) - Ablation-93653, 93654, 93656, 0793T</b>				
45	<b>Revascularization-37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37254, 37256, 37258, 37260, 37262, 37263, 37265, 37267, 36269, 37271, 37273, 37275, 37277, 37279, 37280, 37282, 37284, 37286, 37288, 37290, 37292, 37294, 39296, 37298, 0238T, 0505T</b>				
46					
47	<b>Chiropractic Services</b>	<b>1/16/2023</b>	<b>Prior Authorization is required for CHIP members. Request prior authorization online at <a href="http://coherehealth.com">coherehealth.com</a>. 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.</b>	<b>Operations Bulletin-November 2022</b>	
48	<b>For CHIP: 97032, 97035, 97110, 97112, 97140, 97530, 98940, 98941, 98942, 98943, 99202-99214</b>				
49	<b>Comparative Genomic Hybridization (CGH) or Chromosomal Microarray Analysis (CMA) for Evaluation of Developmental Delay</b>	<b>7/1/2011</b>		<b>Monthly Provider Update March 2025-Annual Policy Review</b>	<b>MP 255</b>
50	<b>S3870, 81228, 81229, 81277, 0156U, 0209U, 0318U</b>				

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51	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.	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				
53	Deep Brain Stimulation	5/1/2003		Monthly Provider Update February 2025-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.	4/1/2010		Monthly Provider Update-December 2024-Annual Policy Review	MP 38
56	21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21685, 41874, G0330, 41899 & Dental codes related to extraction of teeth				
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)      • Whirlpool Baths • 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>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 the Cohere platform or faxing your request to (570) 271-7171 Monday through Friday 8:00am to 5:00pm EST.	Operations Bulletin-November 2015	Not Applicable
58	See comments section for prior authorization requirements. Specific coding is not available.				

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59	Electrical and Electromagnetic Stimulation to aid wound healing	10/1/2001		Monthly Provider Update April 2025- Annual Policy Review	MP 113
60	G0281, G0329, E0761				
61	Endobronchial Valve	7/15/2023		Monthly Provider Update June 2025- Annual Policy Review	MP 370
62	31647, 31648, 31649, 31651				
63	Epidural Lysis of Adhesions	10/1/2004	Please see "Percutaneous Lysis of Epidural Adhesions".	Monthly Provider Update February 2025- Annual Policy Review	MP 138
64	62263, 62264				
65	Fetal Surgery	4/1/1999		Monthly Provider Update October 2024- Annual Policy Review	MP 59
66	59072, 59074, 59076, S2400, S2401, S2402, S2403, S2404, S2405, S2409, S2411				
67	Gastric Electrical Stimulation	7/1/2012		Monthly Provider Update July 2025- Annual Policy Review	MP 134
68	43647, 43648, 43881, 64590 (For code 64590, for urinary incontinence related conditions, please see MP091. Prior auth is not required on this policy.)				
69	Gender Dysphoria and Gender Confirmation Treatment	7/18/2016		Monthly Provider Update August 2025- Annual Policy Review	MP 307
70	15769, 15771, 15772, 15773, 15774, 17380, 19301, 19303, 19304, 19316, 19318, 19325, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19371, 19380, 31540, 31541, 31570, 31571, 31587, 31591, 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, 92507, 92508, C1813, C2622				
71	Genetic Susceptibility Cancer Panels	4/15/2021		Monthly Provider Update April 2025- Annual Policy Review	MP 328
72	81435, 81436, 81437, 81438, 0101U, 0102U, 0103U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0160U, 0161U, 0162U, 0171U, 0211U				
73	Genetic Testing for Mitochondrial Disorders	7/15/2022		Monthly Provider Update June 2025- Annual Policy Review	MP 356
74	81440, 81460, 81465, 0417U				

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75	Genetic Testing for Monogenic and Syndromic Obesity	5/15/2025	81443 is Non-Covered for Medicare Lines of Business	Monthly Provider Update April 2025	MP 382
76	81408, 81443				
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
78	Home Accessibility Durable Medical Equipment	8/15/2022	Prior Authorization for Medicaid Only.	Monthly Provider Update July 2025-Annual Policy Review	MP 358
79	E1399				
80	Home Health/ Home Phlebotomy	1/16/2023	<u>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.</u>	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)	3/1/2013	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				

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84	Hospice	1/16/2023	Prior authorization is required for Medicaid members receiving hospice care in a skilled nursing facility. Request prior authorization online at <a href="http://coherehealth.com">coherehealth.com</a> . Online requests may expedite approval. Print and fax forms remain available but are not preferred. Forms may be faxed to (570) 953-0368 or call (800) 544-3907.	Operations Bulletin-November 2022	
85	655, 656, Q5004, Q5005, Q5006, Q5007, Q5008, T2044, T2045				
86	Hysterectomy	3/1/2013	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	5/15/2018	Removal of Impacted Wisdom teeth requires prior authorization for Medicaid and CHIP at all locations.	Monthly Provider Update December 2024-Annual Policy Review	MP 38
91	D7230, D7240				

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92	Inpatient (planned) hospital admissions	1/1/1996	<p>Prior authorization for Planned Inpatient Procedures is required:</p> <ul style="list-style-type: none"> <li>• If any provider involved in a GHP patient's care is considered a non-participating provider with that patient's plan; or,</li> <li>• If the procedure being performed is an outpatient procedure, but the provider requests an acute inpatient level of care; or,</li> <li>• If a GHP patient is being admitted to an Inpatient Rehabilitation, Skilled Nursing or Long Term Acute Care facility or,</li> <li>• If the procedure being performed is a non-covered service under the GHP patient's plan; or,</li> <li>• If the procedure being performed is a covered service designated as requiring prior authorization on GHP's prior authorization list.</li> </ul> <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 requested online at <a href="http://coherehealth.com">coherehealth.com</a>. Online requests may expedite approval. Print and fax forms remain available but are not preferred. Forms must be faxed to 570-271-5534. 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
93	Inpatient (urgent) hospital admissions		<p>It is the responsibility of the participating admitting facility to notify GHP of member hospitalizations within one (1) business day of admission online at <a href="http://coherehealth.com">coherehealth.com</a> or by fax at 570-271-5534. A determination of continued coverage and a subsequent assigned concurrent review date will be provided by GHP Medical Management.</p>		Not Applicable
94	Hospital Observation over 23 hours		<p>GHP requires notification for any observation stay expected to exceed twenty-three (23) hours. Notification and clinical can be submitted online at <a href="http://coherehealth.com">coherehealth.com</a> or by fax at 570-271-5534. Facility will notify GHP of member hospitalizations within one (1) business day of admission.</p>		Not Applicable

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95	Intercostal Nerve Block	3/1/2015		Monthly Provider Update November 2025-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 <a href="http://coherehealth.com">coherehealth.com</a> . 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, 63650, 63655, 63663, 63664, 63685, 63688, 64451, 64454, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64555, 64575, 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 2025-Annual Policy Review	MP 371
100	64628, 64629				
101	Intrathecal Infusion Pump	3/1/2015	Medication refill does not require Prior Authorization. MP 298 has been combined with MP 293	Monthly Provider Update May 2025-Annual Policy Review	MP 293
102	62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362				
103	Lung Volume Reduction Surgery	1/1/2010		Monthly Provider Update June 2025-Annual Policy Review	MP 60
104	32141, 32491, 32655, 32672				
105	Magnetic Esophageal Sphincter Augmentation (LINX)	6/15/2017	This service is excluded from coverage for Medicare. Prior authorization for all other lines of business.	Monthly Provider Update February 2025-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 <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	
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				

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109	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.	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	Magnetic Resonance Spectroscopy (Outpatient/Nonemergency)	1/15/2026	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-July 2020	
112	76390				
113	Mastectomy for Gynecomastia	3/1/2002	Prior auth for Medicare, Medicaid, FEHBP and certain TPAs. This service is excluded from coverage for Commercial, CHIP and Marketplace.	Monthly Provider Update February 2025-Annual Policy Review	MP 55
114	19300				
115	Medical Daycare	7/1/2022	Prior Authorization for Medicaid line of business only. Excluded from coverage for all other lines of business.	Monthly Provider Update July 2025-Annual Policy Review	MP 359
116	T1002, T1003				
117	Mental Health and Substance Abuse Inpatient, Partial Hospitalization and Residential, Intensive Outpatient Services, 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.	Monthly Provider Update August 2019	Not Applicable
118	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, G0023, G0024, G0129, G0140, G0146, G0176, G0177, G0410, G0411, G0451, H0008, H0009, H0010, H0011, H0015, H0017, H0018, H0019, H0031, H0032, H0035, H2014, H2019, H2021, H2035, H2036, S0201, S9480				
119	Mental Health and Substance Abuse (Inpatient, Partial Hospitalization and Outpatient)	3/1/2013	<b>For Medicaid Only:</b> Refer to member's Behavioral Health HealthChoices Insurance card for contact information. (Not managed by GHP)	Briefly March 2013	
120	Molecular Profiling of Malignant Tumors to Identify Targeted Therapies	3/15/2019		Monthly Provider Update August 2025-Annual Review	MP 323
121	0037U, 0048U, 0172U, 0179U, 0211U, 0239U, 0242U, 0244U, 0326U, 0334U, 0391U, 0422U, 0473U, 0511U, 0523U, 81445, 81449, 81455, 81456				
122	Multi-gene Expression Assay for Predicting Recurrence in Colon Cancer	11/1/2012		Monthly Provider Update September 2025-Annual Policy Review	MP 246
123	81445, 81525, 0340U				

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124	<b>Musculoskeletal Procedures</b>	10/1/2023	See OPS Bulletin for additional information. Request Prior Authorization online at <a href="http://coherehealth.com">coherehealth.com</a> . 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	
125	<b>Ankle-27700, 27702, 27870, 29892</b>				
126	<b>Foot-28110, 28291, 28295, 28296, 28297, 28306</b>				
127	<b>Hip-26991, 26992, 27000, 27001, 27003, 27005, 27006, 27025, 27033, 27035, 27036, 27050, 27052, 27057, 27060, 27062, 27070, 27071, 27090, 27120, 27130, 27132, 27134, 27137, 27138, 27278, 27279, 27280, 29860, 29861, 29862, 29863, 29914, 29915, 29916, 0707T, 0737T</b>				
128	<b>Knee- 27412, 27415, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27454, 27455, 27457, 27472, 27486, 27487, 27570, 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</b>				
129	<b>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</b>				
130	<b>Spine-20930, 20931, 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, 22853, 22854, 22856, 22857, 22858, 22859, 22860, 22861, 22862, 22867, 22868, 22869, 22870, 62287, 62330, 62331, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63032, 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, 0219T, 0220T, 0221T, 0222T, 0275T, 0656T, 0657T, S2348, S2350, S2351</b>				
131	<b>Non-Invasive Home Ventilator</b>	1/15/2023		Monthly Provider Update December 2024-Annual Policy Review	MP 362
132	E0466, E0467				
133	<b>Non-Wearable Automatic External Defibrillator</b>	7/15/2021		Monthly Provider Update June 2025-Annual Policy Review	MP 342
134	E0617				
135	<b>Nutritional Supplements</b>		Requires Prior Auth for all lines of business	Monthly Provider Update July 2025-Annual Policy Review	MP 247
136	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				

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137	Obesity Surgery	3/1/2002		Monthly Provider Update December 2024-Annual Policy Review	MP 65
138	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43889				
139	Orthognathic Surgery (including, but not limited to mandibular and maxillary osteotomies)	4/1/2010		Monthly Provider Update December 2024-Annual Policy Review	MP 38
140	21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21685				
141	Orthotics (Custom fabricated & Select High Dollar Items) and Orthopedic Shoes	3/1/2013	Prior Authorization for Medicaid Only: Please call Medical Management at (800) 544-3907 to verify if prior auth is needed.		
142	A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5508, A5510, A5512, A5513, A5514, A9283, D7880, E0485, E0486, K0672, K0903, K1015, L0112, L0480, L0482, L0484, L0486, L0632, L0634, L0636, L0638, L0640, L0700, L0710, L0720, L0810, L0820, L0830, L0859, L0999, L1000, L1005, L1006, L1007, L1100, L1200, L1300, L1310, L1320, L1499, L1680, L1685, L1700, L1710, L1720, L1755, L1834, L1840, L1844, L1846, L1860, L1900, L1904, L1907, L1920, L1932, L1951, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2106, L2108, L2126, L2128, L2627, L2628, L2755, L2999, L3001, L3002, L3003, L3020, L3030, L3031, 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, L3320, L3330, 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, L3649, L3671, L3674, L3764, L3766, L3900, L3901, L3904, L3905, L3956, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3995, L3999, L4000, L4002, L4205, L4210, L4631, S1040				
143	Panniculectomy, Lipectomy or other excision of excessive skin or subcutaneous tissue	2/1/2002	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.	Monthly Provider Update December 2024-Annual Policy Review	MP 56
144	00802, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879				
145	Pediatric Specialty Bed and Safety Equipment	11/15/2025	Purchased/Rented DME items with an allowed amount of \$500 or less DO NOT require prior authorization.	Monthly Provider Update October 2025	MP 385
146	E0190, E0300, E0316, E0328, E0329, E1399, E2201-E2399, E2601-E2621, E0638, E0641, E0642, E0950-E1298, E8000, E8001, E8002, K0001-K0195, K0462, K0669				
147	Percutaneous Lysis of Epidural Adhesions without endoscopic guidance/approach	10/1/2004	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.	Monthly Provider Update February 2025-Annual Policy Review	MP 138
148	62263, 62264				
149	Percutaneous Electrical Nerve Field Stimulation (PENFS)	9/15/2024	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 May 2025-Annual Policy Review	MP 343
150	0720T, 0783T, E0721, E0743, 64567				

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151	Percutaneous Electrical Nerve Stimulation (PENS) and Neuromodulation Therapy (PTN)	05/15/25	Per this Medical policy, prior auth is required for the Nerivio device in members age 8-21 years of age. Outside of this age range, this procedure is considered Unproven.	Monthly Provider Update April 2025	MP 219
152	A4540				
153	Physical, Occupational, or Speech Therapy (Outpatient)	1/16/2023	<u>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.</u> Request prior authorization online at <a href="http://coherehealth.com">coherehealth.com</a> . 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.	Operations Bulletin-November 16, 2022	Not Applicable
154	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, 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.)				
155	Polysomnography and Sleep Studies	2/16/2026	See OPS Bulletin for additional information. Request Prior Authorization online at <a href="http://coherehealth.com">coherehealth.com</a> . 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-November 18, 2025	
156	95782, 95783, 95808, 95810 & 95811				
157	Polysomnography and Sleep Studies	2/16/2026	<b>For Medicaid and CHIP lines of Business only:</b> Home based testing requires an Authorization. See OPS Bulletin for additional information. Request Prior Authorization online at <a href="http://coherehealth.com">coherehealth.com</a> . 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-November 18, 2025	
158	95800, 95801, 95806, G0398, G0399 & G0400				

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159	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.	Operations Bulletin-July 2020	
160	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252				
161	Prenatal and Preimplantation Genetic Testing	11/15/2025		Monthly Provider Update-October 2025	MP 380
162	81228, 81229, 81349, 89290, 89291, 0254U, 0552U, 0553U, 0554U, 0555U				
163	Prosthetics	3/1/2013	Prior Authorization for Medicaid.		
164	K1014, K1022, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5420, 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, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5657, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5680, L5681, L5682, L5683, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5783, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5827, 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, L6020, L6025, L6026, L6028, L6029, L6030, L6031, L6032, L6033, L6034, L6035, L6036, L6037, L6038, L6039, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6611, L6621, L6624, L6625, L6638, L6642, L6646, L6647, L6648, L6677, L6686, L6693, L6694, L6695, L6696, L6697, L6698, L6700, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, 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, L7400, L7401, L7402, L7405, L7406, L7499, L7510, L7600, L7900, L7902, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049, L8300, L8310, L8320, L8330, L8417, L8465, L8485, L8499, L8505, L8609, L8610, L8612, L8615, L8616, L8617, L8618, L8619, L8627, L8628, L8629, L8630, L8631, L8641, L8642, L8658, L8659, L8670, L8695, L8699, L8720, L8721, L9900, V2623, V2629				

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165	Radiation Oncology	12/1/2024	See GHP Provider Update for additional information. Request Prior Authorization online at <a href="http://oneum.oncohealth.us">oneum.oncohealth.us</a> Online requests may expedite approval. Print and fax forms remain available but are not preferred. Forms must be faxed to 800-264-6128 or call (888)-916-2616.	Monthly Provider Update July 30, 2024	
166	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, <b>77436, 77437, 77438, 77439</b> , 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, A9513, A9543, A9590, A9606, A9607, C1716, C1716, C2616, G0339, G0340, G0458, G0562, G0563, S8030				
167	Restorative or Reconstructive surgical procedures due to their potential cosmetic or limitation of benefit	Contract Dependent		Briefly March 2006	Not Applicable
168	Rhinoplasty as a stand alone procedure or Rhineoplasty, with or without septal repair, in conjunction with other planned medically necessary surgeries.	11/1/2002		Monthly Provider Update April 2025-Annual Policy Review	MP 204
169	30400, 30410, 30420, 30430, 30435, 30450, 30468, 30469, 30520, 30620				
170	Rhinoplasty including major septal repair	11/1/2002		Monthly Provider Update April 2025-Annual Policy Review	MP 204
171	30400, 30410, 30420, 30430, 30435, 30450, 30520, 30620				
172	Septoplasty as a stand alone procedure or septoplasty in conjunction with other planned medically necessary surgeries	11/1/2002		Monthly Provider Update April 2025-Annual Policy Review	MP 204
173	30520, 30620				
174	Skilled Level of Care Admission	1/1/1996	Requires Prior Authorization for all lines of business and can be requested online at <a href="http://coherehealth.com">coherehealth.com</a> . Online requests may expedite approval. Print and fax forms remain available but are not preferred. Forms must be faxed to 570-953-0368.	Briefly March 2006	Not Applicable
175	Speech Generating Devices		Requires Prior Auth under DME for lines of business for which these devices are not contractually excluded.	Monthly Provider Update July 2025-Annual Policy Review	MP 275
176	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2513, E2599				

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177	Suprascapular Nerve Block	3/1/2015		Monthly Provider Update December 2024-Annual Policy Review	MP 297
178	64418				
179	Sympathetic Nerve Block	3/1/2015		Monthly Provider Update November 2025-Annual Policy Review	MP 292
180	64505, 64510, 64520, 64530				
181	Termination of Pregnancy (Abortion)	2/1/2014	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 2025-Annual Policy Review	MP 282
182	59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S0199				
183	Transoral Incisionless Fundoplication	8/15/2019		Monthly Provider Update July 2025-Annual Policy Review	MP 256
184	43210				
185	Transplant evaluation services (pre-transplant services) and surgical transplantation of organs, bone marrow or stem cells (Solid Organ)	8/1/2003	See OPS Bulletin for update on Transplant authorization changes.	Monthly Provider Update November 2025-Annual Policy Review	MP 20
186	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				
187	Tumor Treatment Fields	8/15/2016		Monthly Provider Update October 2024-Annual Policy Review	MP 306
188	77299, E0766				
189	Vagal Nerve Stimulation	12/1/2001		Monthly Provider Update August 2025-Annual Review	MP 51
190	61885, 61886, 64568, 0908T				
191	Varicose Vein Treatments	2/1/2003	Endovenous Radiofrequency Ablation, Sclerosing, Stab Phlebectomy, Vein ligation, Vein Stripping, Transilluminated Power Phlebectomy (Trivex)	Monthly Provider Update May 2025-Annual Policy Review	MP 33
192	36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T				

	A	B	C	D	E
1	<b>For lists of drugs that require prior authorization check the appropriate list below:</b>				
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>				
193	Vertical Expandable Titanium Rib	5/15/2021		Monthly Provider Update April 2025-Annual Policy Review	MP 310
194	21899				
195	Vision Services--(For Medicaid Only)-Low Vision Aids, Eye Occluder	4/27/2015	Prior authorization for Medicaid Only.	Department of Human Services-What's New	Medical Assistance Bulletin # 99-15-05
196	V2600, V2610, V2615, V2770				
197	Vision Therapy/Orthoptics	9/1/2013	Prior authorization for Medicaid Only.	Monthly Provider Update May 2025-Annual Policy Review	MP 277
198	92065, 92066, <b>0101T</b> , 0615T, 0687T, 0688T, 0704T, 0705T, 0706T				
199	Whole Exome Sequencing	5/15/2016		Monthly Provider Update November 2025-Annual Policy Review	MP 280
200	81349, 81415, 81416, 81417, 81425, 81426, 81427, 0094U, 0260U, 0264U, 0265U, 0266U, 0267U, 0425U, 0426U, 0532U, 0567U, 0582U, 0583U				