

# Place of Service and Revenue Codes Requiring Prior Authorization



Place of Service Revenue Code	Category	Description
21	Inpatient hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22 with Revenue Code 762	On campus outpatient hospital	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
22 with Revenue Code 762	Emergency room--hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
31	Skilled nursing facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to individuals other than those with intellectual disabilities.
51	Inpatient psychiatric facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric facility-partial hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
55	Residential substance abuse treatment facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
56	Psychiatric residential treatment center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.

# Place of Service and Revenue Codes Requiring Prior Authorization

## Kaiser Permanente

### Place of Service

Revenue Code	Category	Description
61	Comprehensive inpatient rehabilitation facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
0901	Behavioral Health Treatments/Services-Electroshock Treatment	
0905	Behavioral Health Treatments/Services-Intensive Outpatient Services-Psychiatric	
0906	Behavioral Health Treatments/Services-Intensive Outpatient Services-Chemical Dependency	
0907	Behavioral Health Treatments/Services-Community Behavioral Health Program/Day Treatment	
0911	Behavioral Health Treatments/Services-Rehabilitation	
0912	Behavioral Health Treatments/Services-Partial Hospitalization-Less Intensive	
0913	Behavioral Health Treatments/Services-Partial Hospitalization-Intensive	

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
10007	CPT, Surgery	General Surgery	Fine Needle Aspiration - Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion
10008	CPT, Surgery	General Surgery	Fine Needle Aspiration - Fine needle aspiration biopsy, including fluoroscopic guidance; each additional:
10009	CPT, Surgery	General Surgery	Fine Needle Aspiration - Fine needle aspiration biopsy, including CT guidance; first lesion
10010	CPT, Surgery	General Surgery	Fine Needle Aspiration - Fine needle aspiration biopsy, including CT guidance; each additional lesion (l
10011	CPT, Surgery	General Surgery	Fine Needle Aspiration - Fine needle aspiration biopsy, including MR guidance; first lesion
10012	CPT, Surgery	General Surgery	Fine Needle Aspiration - Fine needle aspiration biopsy, including MR guidance; each additional lesion i
10030	CPT, Surgery	Integumentary System	Treatment of Lesions: Skin and Subcutaneous Tissues - Image-guided fluid collection drainage by cath
10035	CPT, Surgery	Integumentary System	Treatment of Lesions: Skin and Subcutaneous Tissues - Placement of soft tissue localization device(s) (
10036	CPT, Surgery	Integumentary System	Treatment of Lesions: Skin and Subcutaneous Tissues - Placement of soft tissue localization device(s) (
11000	CPT, Surgery	Integumentary System	Debridement of extensive eczematous or infected skin; up to 10% of body surface
11001	CPT, Surgery	Integumentary System	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or pa
11004	CPT, Surgery	Integumentary System	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; exte
11005	CPT, Surgery	Integumentary System	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abd
11006	CPT, Surgery	Integumentary System	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; exte
11008	CPT, Surgery	Integumentary System	Removal of Foreign Substances and Infected/Devitalized Tissue - Removal of prosthetic material or me
11010	CPT, Surgery	Integumentary System	Debridement including removal of foreign material at the site of an open fracture and/or an open disl
11011	CPT, Surgery	Integumentary System	Debridement including removal of foreign material at the site of an open fracture and/or an open disl
11012	CPT, Surgery	Integumentary System	Debridement including removal of foreign material at the site of an open fracture and/or an open disl
11042	CPT, Surgery	Integumentary System	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or les
11043	CPT, Surgery	Integumentary System	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 :
11044	CPT, Surgery	Integumentary System	Removal of Infected/Devitalized Tissue - Debridement, bone (includes epidermis, dermis, subcutaneou
11045	CPT, Surgery	Integumentary System	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performe
11046	CPT, Surgery	Integumentary System	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performe
11047	CPT, Surgery	Integumentary System	Removal of Infected/Devitalized Tissue - Debridement, bone (includes epidermis, dermis, subcutaneou
11055	CPT, Surgery	Integumentary System	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	CPT, Surgery	Integumentary System	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
11057	CPT, Surgery	Integumentary System	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions
11450	CPT, Surgery	Integumentary System	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	CPT, Surgery	Integumentary System	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
11462	CPT, Surgery	Integumentary System	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
11463	CPT, Surgery	Integumentary System	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
11470	CPT, Surgery	Integumentary System	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple i
11471	CPT, Surgery	Integumentary System	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with comple
11719	CPT, Surgery	Integumentary System	Nails and Supporting Structures - Trimming of nondystrophic nails, any number
11720	CPT, Surgery	Integumentary System	Nails and Supporting Structures - Debridement of nail(s) by any method(s); 1 to 5
11721	CPT, Surgery	Integumentary System	Nails and Supporting Structures - Debridement of nail(s) by any method(s); 6 or more
11920	CPT, Surgery	Integumentary System	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, incl
11921	CPT, Surgery	Integumentary System	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, incl

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
11922	CPT, Surgery	Integumentary System	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, incl
11950	CPT, Surgery	Integumentary System	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	CPT, Surgery	Integumentary System	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	CPT, Surgery	Integumentary System	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	CPT, Surgery	Integumentary System	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11960	CPT, Surgery	Integumentary System	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	CPT, Surgery	Integumentary System	Replacement of tissue expander with permanent implant
11971	CPT, Surgery	Integumentary System	Removal of tissue expander without insertion of implant
14000	CPT, Surgery	Integumentary System	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	CPT, Surgery	Integumentary System	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
14020	CPT, Surgery	Integumentary System	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14021	CPT, Surgery	Integumentary System	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14040	CPT, Surgery	Integumentary System	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, han
14041	CPT, Surgery	Integumentary System	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, han
14060	CPT, Surgery	Integumentary System	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	CPT, Surgery	Integumentary System	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq
14302	CPT, Surgery	Integumentary System	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List :
14350	CPT, Surgery	Integumentary System	Filleted finger or toe flap, including preparation of recipient site
15002	CPT, Surgery	Integumentary System	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (inc
15003	CPT, Surgery	Integumentary System	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (inc
15004	CPT, Surgery	Integumentary System	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (inc
15005	CPT, Surgery	Integumentary System	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (inc
15040	CPT, Surgery	Integumentary System	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less
15100	CPT, Surgery	Integumentary System	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and cl
15101	CPT, Surgery	Integumentary System	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body a
15110	CPT, Surgery	Integumentary System	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and childr
15111	CPT, Surgery	Integumentary System	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area
15115	CPT, Surgery	Integumentary System	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multi
15116	CPT, Surgery	Integumentary System	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multi
15120	CPT, Surgery	Integumentary System	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or r
15130	CPT, Surgery	Integumentary System	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15131	CPT, Surgery	Integumentary System	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of
15135	CPT, Surgery	Integumentary System	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple
15136	CPT, Surgery	Integumentary System	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple
15150	CPT, Surgery	Integumentary System	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less
15151	CPT, Surgery	Integumentary System	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in add
15152	CPT, Surgery	Integumentary System	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of b
15155	CPT, Surgery	Integumentary System	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, an

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
15156	CPT, Surgery	Integumentary System	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and
15157	CPT, Surgery	Integumentary System	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and
15220	CPT, Surgery	Integumentary System	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or le
15221	CPT, Surgery	Integumentary System	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each addition
15240	CPT, Surgery	Integumentary System	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, a
15241	CPT, Surgery	Integumentary System	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, a
15260	CPT, Surgery	Integumentary System	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq c
15261	CPT, Surgery	Integumentary System	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each ac
15272	CPT, Surgery	Integumentary System	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; eac
15273	CPT, Surgery	Integumentary System	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equa
15274	CPT, Surgery	Integumentary System	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equa
15275	CPT, Surgery	Integumentary System	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, f
15276	CPT, Surgery	Integumentary System	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, f
15277	CPT, Surgery	Integumentary System	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, f
15278	CPT, Surgery	Integumentary System	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, f
15572	CPT, Surgery	Integumentary System	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
15574	CPT, Surgery	Integumentary System	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, a
15576	CPT, Surgery	Integumentary System	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15600	CPT, Surgery	Integumentary System	Delay of flap or sectioning of flap (division and inset); at trunk
15630	CPT, Surgery	Integumentary System	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
15650	CPT, Surgery	Integumentary System	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location
15730	CPT, Surgery	Integumentary System	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)
15731	CPT, Surgery	Integumentary System	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)
15733	CPT, Surgery	Integumentary System	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, bucci
15738	CPT, Surgery	Integumentary System	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15750	CPT, Surgery	Integumentary System	Flap; neurovascular pedicle
15756	CPT, Surgery	Integumentary System	Free muscle or myocutaneous flap with microvascular anastomosis
15758	CPT, Surgery	Integumentary System	Free fascial flap with microvascular anastomosis
15760	CPT, Surgery	Integumentary System	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
15769	CPT, Surgery	Integumentary System	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
15772	CPT, Surgery	Integumentary System	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or le
15773	CPT, Surgery	Integumentary System	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orb
15774	CPT, Surgery	Integumentary System	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orb
15776	CPT, Surgery	Integumentary System	Punch graft for hair transplant; more than 15 punch grafts
15777	CPT, Surgery	Integumentary System	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast,
15781	CPT, Surgery	Integumentary System	Dermabrasion; segmental, face
15782	CPT, Surgery	Integumentary System	Dermabrasion; regional, other than face
15783	CPT, Surgery	Integumentary System	Dermabrasion; superficial, any site (eg, tattoo removal)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
15786	CPT, Surgery	Integumentary System	Abrasion; single lesion (eg, keratosis, scar)
15792	CPT, Surgery	Integumentary System	Chemical peel, nonfacial; epidermal
15793	CPT, Surgery	Integumentary System	Chemical peel, nonfacial; dermal
15819	CPT, Surgery	Integumentary System	Cervicoplasty
15820	CPT, Surgery	Integumentary System	Blepharoplasty, lower eyelid;
15821	CPT, Surgery	Integumentary System	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	CPT, Surgery	Integumentary System	Blepharoplasty, upper eyelid;
15823	CPT, Surgery	Integumentary System	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	CPT, Surgery	Integumentary System	Rhytidectomy; forehead
15825	CPT, Surgery	Integumentary System	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	CPT, Surgery	Integumentary System	Rhytidectomy; glabellar frown lines
15839	CPT, Surgery	Integumentary System	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15841	CPT, Surgery	Integumentary System	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
15842	CPT, Surgery	Integumentary System	Graft for facial nerve paralysis; free muscle flap by microsurgical technique
15845	CPT, Surgery	Integumentary System	Graft for facial nerve paralysis; regional muscle transfer
15847	CPT, Surgery	Integumentary System	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty)
15851	CPT, Surgery	Integumentary System	Removal of sutures or staples requiring anesthesia (ie, general anesthesia, moderate sedation)
15852	CPT, Surgery	Integumentary System	Dressing change (for other than burns) under anesthesia (other than local)
15860	CPT, Surgery	Integumentary System	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft
15879	CPT, Surgery	Integumentary System	Suction assisted lipectomy; lower extremity
15922	CPT, Surgery	Integumentary System	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure
15931	CPT, Surgery	Integumentary System	Excision, sacral pressure ulcer, with primary suture;
15933	CPT, Surgery	Integumentary System	Excision, sacral pressure ulcer, with primary suture; with ostectomy
15934	CPT, Surgery	Integumentary System	Excision, sacral pressure ulcer, with skin flap closure;
15935	CPT, Surgery	Integumentary System	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy
15936	CPT, Surgery	Integumentary System	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15937	CPT, Surgery	Integumentary System	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; w
15940	CPT, Surgery	Integumentary System	Excision, ischial pressure ulcer, with primary suture;
15941	CPT, Surgery	Integumentary System	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)
15944	CPT, Surgery	Integumentary System	Excision, ischial pressure ulcer, with skin flap closure;
15945	CPT, Surgery	Integumentary System	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy
15952	CPT, Surgery	Integumentary System	Excision, trochanteric pressure ulcer, with skin flap closure;
15953	CPT, Surgery	Integumentary System	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy
15999	CPT, Surgery	Integumentary System	Unlisted procedure, excision pressure ulcer
16020	CPT, Surgery	Integumentary System	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% tot
16025	CPT, Surgery	Integumentary System	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole fa
16030	CPT, Surgery	Integumentary System	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1
16036	CPT, Surgery	Integumentary System	Escharotomy; each additional incision (List separately in addition to code for primary procedure)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
17107	CPT, Surgery	Integumentary System	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17111	CPT, Surgery	Integumentary System	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of b
17250	CPT, Surgery	Integumentary System	Chemical cauterization of granulation tissue (ie, proud flesh)
17264	CPT, Surgery	Integumentary System	Destruction, Any Method: Malignant Lesion - Destruction, malignant lesion (eg, laser surgery, electros
17266	CPT, Surgery	Integumentary System	Destruction, Any Method: Malignant Lesion - Destruction, malignant lesion (eg, laser surgery, electros
17274	CPT, Surgery	Integumentary System	Destruction, Any Method: Malignant Lesion - Destruction, malignant lesion (eg, laser surgery, electros
17276	CPT, Surgery	Integumentary System	Destruction, Any Method: Malignant Lesion - Destruction, malignant lesion (eg, laser surgery, electros
17283	CPT, Surgery	Integumentary System	Destruction, Any Method: Malignant Lesion - Destruction, malignant lesion (eg, laser surgery, electros
17284	CPT, Surgery	Integumentary System	Destruction, Any Method: Malignant Lesion - Destruction, malignant lesion (eg, laser surgery, electros
17286	CPT, Surgery	Integumentary System	Destruction, Any Method: Malignant Lesion - Destruction, malignant lesion (eg, laser surgery, electros
17311	CPT, Surgery	Integumentary System	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specime
17312	CPT, Surgery	Integumentary System	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specime
17313	CPT, Surgery	Integumentary System	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specime
17314	CPT, Surgery	Integumentary System	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specime
17315	CPT, Surgery	Integumentary System	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specime
17340	CPT, Surgery	Integumentary System	Cryotherapy (CO2 slush, liquid N2) for acne
17360	CPT, Surgery	Integumentary System	Chemical exfoliation for acne (eg, acne paste, acid)
17380	CPT, Surgery	Integumentary System	Electrolysis epilation, each 30 minutes
17999	CPT, Surgery	Integumentary System	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19020	CPT, Surgery	Integumentary System	Mastotomy with exploration or drainage of abscess, deep
19030	CPT, Surgery	Integumentary System	Injection procedure only for mammary ductogram or galactogram
19081	CPT, Surgery	Integumentary System	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when perform
19082	CPT, Surgery	Integumentary System	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when perform
19083	CPT, Surgery	Integumentary System	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when perform
19084	CPT, Surgery	Integumentary System	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when perform
19085	CPT, Surgery	Integumentary System	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when perform
19086	CPT, Surgery	Integumentary System	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when perform
19100	CPT, Surgery	Integumentary System	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
19101	CPT, Surgery	Integumentary System	Biopsy of breast; open, incisional
19105	CPT, Surgery	Integumentary System	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma
19110	CPT, Surgery	Integumentary System	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous du
19112	CPT, Surgery	Integumentary System	Excision of lactiferous duct fistula
19120	CPT, Surgery	Integumentary System	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesio
19125	CPT, Surgery	Integumentary System	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesi
19126	CPT, Surgery	Integumentary System	Excision of breast lesion identified by preoperative placement of radiological marker, open; each addi
19282	CPT, Surgery	Integumentary System	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), pe
19283	CPT, Surgery	Integumentary System	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), pe
19284	CPT, Surgery	Integumentary System	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), pe

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
19285	CPT, Surgery	Integumentary System	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), per
19286	CPT, Surgery	Integumentary System	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), pe
19287	CPT, Surgery	Integumentary System	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), per
19288	CPT, Surgery	Integumentary System	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), per
19298	CPT, Surgery	Integumentary System	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into
19301	CPT, Surgery	Integumentary System	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
19302	CPT, Surgery	Integumentary System	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lym
19303	CPT, Surgery	Integumentary System	Mastectomy, simple, complete
19306	CPT, Surgery	Integumentary System	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban
19307	CPT, Surgery	Integumentary System	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscul
19316	CPT, Surgery	Integumentary System	Mastopexy
19318	CPT, Surgery	Integumentary System	Breast reduction
19325	CPT, Surgery	Integumentary System	Breast augmentation with implant
19328	CPT, Surgery	Integumentary System	Removal of intact breast implant
19330	CPT, Surgery	Integumentary System	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)
19340	CPT, Surgery	Integumentary System	Insertion of breast implant on same day of mastectomy (ie, immediate)
19342	CPT, Surgery	Integumentary System	Insertion or replacement of breast implant on separate day from mastectomy
19350	CPT, Surgery	Integumentary System	Nipple/areola reconstruction
19355	CPT, Surgery	Integumentary System	Correction of inverted nipples
19357	CPT, Surgery	Integumentary System	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
19361	CPT, Surgery	Integumentary System	Breast reconstruction; with latissimus dorsi flap
19364	CPT, Surgery	Integumentary System	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)
19367	CPT, Surgery	Integumentary System	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap
19368	CPT, Surgery	Integumentary System	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, r
19369	CPT, Surgery	Integumentary System	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap
19370	CPT, Surgery	Integumentary System	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsul
19371	CPT, Surgery	Integumentary System	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
19380	CPT, Surgery	Integumentary System	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of
19396	CPT, Surgery	Integumentary System	Preparation of moulage for custom breast implant
19499	CPT, Surgery	Integumentary System	Unlisted procedure, breast
20150	CPT, Surgery	Musculoskeletal System	Epiphyseal Bar Resection - Excision of epiphyseal bar, with or without autogenous soft tissue graft obt
20527	CPT, Surgery	Musculoskeletal System	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)
20550	CPT, Surgery	Musculoskeletal System	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
20551	CPT, Surgery	Musculoskeletal System	Injection(s); single tendon origin/insertion
20552	CPT, Surgery	Musculoskeletal System	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
20553	CPT, Surgery	Musculoskeletal System	Injection(s); single or multiple trigger point(s), 3 or more muscles
20615	CPT, Surgery	Musculoskeletal System	Aspiration and injection for treatment of bone cyst
20650	CPT, Surgery	Musculoskeletal System	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
20660	CPT, Surgery	Musculoskeletal System	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
20661	CPT, Surgery	Musculoskeletal System	Application of halo, including removal; cranial
20662	CPT, Surgery	Musculoskeletal System	Application of halo, including removal; pelvic
20663	CPT, Surgery	Musculoskeletal System	Application of halo, including removal; femoral
20664	CPT, Surgery	Musculoskeletal System	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pedi
20665	CPT, Surgery	Musculoskeletal System	Removal of tongs or halo applied by another individual
20670	CPT, Surgery	Musculoskeletal System	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)
20680	CPT, Surgery	Musculoskeletal System	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)
20690	CPT, Surgery	Musculoskeletal System	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system
20692	CPT, Surgery	Musculoskeletal System	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (e
20693	CPT, Surgery	Musculoskeletal System	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/
20694	CPT, Surgery	Musculoskeletal System	Removal, under anesthesia, of external fixation system
20696	CPT, Surgery	Musculoskeletal System	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereo
20697	CPT, Surgery	Musculoskeletal System	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereo
20700	CPT, Surgery	Musculoskeletal System	Drug Delivery Device - Manual preparation and insertion of drug-delivery device(s), deep (eg, subfasci
20701	CPT, Surgery	Musculoskeletal System	Drug Delivery Device (removal) - Removal of drug-delivery device(s), deep (eg, subfascial) (List separat
20702	CPT, Surgery	Musculoskeletal System	Drug Delivery Device - Manual preparation and insertion of drug-delivery device(s), intramedullary (Li:
20703	CPT, Surgery	Musculoskeletal System	Drug Delivery Device (removal) - Removal of drug-delivery device(s), intramedullary (List separately in
20704	CPT, Surgery	Musculoskeletal System	Drug Delivery Device - Manual preparation and insertion of drug-delivery device(s), intra-articular (Lis
20705	CPT, Surgery	Musculoskeletal System	Drug Delivery Device (removal) - Removal of drug-delivery device(s), intra-articular (List separately in :
20902	CPT, Surgery	Musculoskeletal System	Bone graft, any donor area; major or large
20910	CPT, Surgery	Musculoskeletal System	Cartilage graft; costochondral
20920	CPT, Surgery	Musculoskeletal System	Fascia lata graft; by stripper
20922	CPT, Surgery	Musculoskeletal System	Fascia lata graft; by incision and area exposure, complex or sheet
20924	CPT, Surgery	Musculoskeletal System	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
20931	CPT, Surgery	Musculoskeletal System	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
20932	CPT, Surgery	Musculoskeletal System	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticul:
20933	CPT, Surgery	Musculoskeletal System	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical
20934	CPT, Surgery	Musculoskeletal System	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, i
20936	CPT, Surgery	Musculoskeletal System	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or lam
20937	CPT, Surgery	Musculoskeletal System	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or f
20938	CPT, Surgery	Musculoskeletal System	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (thrc
20939	CPT, Surgery	Musculoskeletal System	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision
20950	CPT, Surgery	Musculoskeletal System	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, nee
20955	CPT, Surgery	Musculoskeletal System	Bone graft with microvascular anastomosis; fibula
20956	CPT, Surgery	Musculoskeletal System	Bone graft with microvascular anastomosis; iliac crest
20957	CPT, Surgery	Musculoskeletal System	Bone graft with microvascular anastomosis; metatarsal
20962	CPT, Surgery	Musculoskeletal System	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
20969	CPT, Surgery	Musculoskeletal System	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great t
20970	CPT, Surgery	Musculoskeletal System	Free osteocutaneous flap with microvascular anastomosis; iliac crest
20972	CPT, Surgery	Musculoskeletal System	Free osteocutaneous flap with microvascular anastomosis; metatarsal
20973	CPT, Surgery	Musculoskeletal System	Free osteocutaneous flap with microvascular anastomosis; great toe with web space
20975	CPT, Surgery	Musculoskeletal System	Electrical stimulation to aid bone healing; invasive (operative)
20979	CPT, Surgery	Musculoskeletal System	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)
20982	CPT, Surgery	Musculoskeletal System	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adju
20983	CPT, Surgery	Musculoskeletal System	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adju
20985	CPT, Surgery	Musculoskeletal System	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List se
20999	CPT, Surgery	Musculoskeletal System	Unlisted procedure, musculoskeletal system, general
21010	CPT, Surgery	Musculoskeletal System	Arthrotomy, temporomandibular joint
21011	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm
21012	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater
21013	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm
21014	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater
21016	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater
21025	CPT, Surgery	Musculoskeletal System	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21026	CPT, Surgery	Musculoskeletal System	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
21029	CPT, Surgery	Musculoskeletal System	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
21030	CPT, Surgery	Musculoskeletal System	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21031	CPT, Surgery	Musculoskeletal System	Excision of torus mandibularis
21032	CPT, Surgery	Musculoskeletal System	Excision of maxillary torus palatinus
21034	CPT, Surgery	Musculoskeletal System	Excision of malignant tumor of maxilla or zygoma
21040	CPT, Surgery	Musculoskeletal System	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21044	CPT, Surgery	Musculoskeletal System	Excision of malignant tumor of mandible;
21045	CPT, Surgery	Musculoskeletal System	Excision of malignant tumor of mandible; radical resection
21046	CPT, Surgery	Musculoskeletal System	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or
21048	CPT, Surgery	Musculoskeletal System	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or de
21049	CPT, Surgery	Musculoskeletal System	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (e
21050	CPT, Surgery	Musculoskeletal System	Condylectomy, temporomandibular joint (separate procedure)
21060	CPT, Surgery	Musculoskeletal System	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070	CPT, Surgery	Musculoskeletal System	Coronoidectomy (separate procedure)
21073	CPT, Surgery	Musculoskeletal System	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, ge
21076	CPT, Surgery	Musculoskeletal System	Impression and custom preparation; surgical obturator prosthesis
21077	CPT, Surgery	Musculoskeletal System	Impression and custom preparation; orbital prosthesis
21079	CPT, Surgery	Musculoskeletal System	Impression and custom preparation; interim obturator prosthesis
21080	CPT, Surgery	Musculoskeletal System	Impression and custom preparation; definitive obturator prosthesis
21081	CPT, Surgery	Musculoskeletal System	Impression and custom preparation; mandibular resection prosthesis

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
21082	CPT, Surgery	Musculoskeletal System	Impression and custom preparation; palatal augmentation prosthesis
21083	CPT, Surgery	Musculoskeletal System	Impression and custom preparation; palatal lift prosthesis
21084	CPT, Surgery	Musculoskeletal System	Impression and custom preparation; speech aid prosthesis
21085	CPT, Surgery	Musculoskeletal System	Impression and custom preparation; oral surgical splint
21086	CPT, Surgery	Musculoskeletal System	Impression and custom preparation; auricular prosthesis
21087	CPT, Surgery	Musculoskeletal System	Impression and custom preparation; nasal prosthesis
21088	CPT, Surgery	Musculoskeletal System	Impression and custom preparation; facial prosthesis
21089	CPT, Surgery	Musculoskeletal System	Unlisted maxillofacial prosthetic procedure
21110	CPT, Surgery	Musculoskeletal System	Application of interdental fixation device for conditions other than fracture or dislocation, includes re
21121	CPT, Surgery	Musculoskeletal System	Genioplasty; sliding osteotomy, single piece
21122	CPT, Surgery	Musculoskeletal System	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal
21123	CPT, Surgery	Musculoskeletal System	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	CPT, Surgery	Musculoskeletal System	Augmentation, mandibular body or angle; prosthetic material
21127	CPT, Surgery	Musculoskeletal System	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining
21137	CPT, Surgery	Musculoskeletal System	Reduction forehead; contouring only
21138	CPT, Surgery	Musculoskeletal System	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtainir
21141	CPT, Surgery	Musculoskeletal System	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face
21142	CPT, Surgery	Musculoskeletal System	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
21143	CPT, Surgery	Musculoskeletal System	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone
21145	CPT, Surgery	Musculoskeletal System	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone gr
21146	CPT, Surgery	Musculoskeletal System	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts
21147	CPT, Surgery	Musculoskeletal System	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bor
21150	CPT, Surgery	Musculoskeletal System	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21151	CPT, Surgery	Musculoskeletal System	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	CPT, Surgery	Musculoskeletal System	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining a
21155	CPT, Surgery	Musculoskeletal System	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining a
21159	CPT, Surgery	Musculoskeletal System	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc
21160	CPT, Surgery	Musculoskeletal System	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc
21172	CPT, Surgery	Musculoskeletal System	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or wi
21175	CPT, Surgery	Musculoskeletal System	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration
21179	CPT, Surgery	Musculoskeletal System	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prost
21180	CPT, Surgery	Musculoskeletal System	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obta
21181	CPT, Surgery	Musculoskeletal System	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
21182	CPT, Surgery	Musculoskeletal System	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracrania
21183	CPT, Surgery	Musculoskeletal System	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracrania
21184	CPT, Surgery	Musculoskeletal System	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracrania
21188	CPT, Surgery	Musculoskeletal System	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining aut
21193	CPT, Surgery	Musculoskeletal System	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
21196	CPT, Surgery	Musculoskeletal System	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	CPT, Surgery	Musculoskeletal System	Osteotomy, mandible, segmental;
21199	CPT, Surgery	Musculoskeletal System	Osteotomy, mandible, segmental; with genioglossus advancement
21206	CPT, Surgery	Musculoskeletal System	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	CPT, Surgery	Musculoskeletal System	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	CPT, Surgery	Musculoskeletal System	Osteoplasty, facial bones; reduction
21210	CPT, Surgery	Musculoskeletal System	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	CPT, Surgery	Musculoskeletal System	Graft, bone; mandible (includes obtaining graft)
21230	CPT, Surgery	Musculoskeletal System	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	CPT, Surgery	Musculoskeletal System	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240	CPT, Surgery	Musculoskeletal System	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	CPT, Surgery	Musculoskeletal System	Arthroplasty, temporomandibular joint, with allograft
21243	CPT, Surgery	Musculoskeletal System	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21245	CPT, Surgery	Musculoskeletal System	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21247	CPT, Surgery	Musculoskeletal System	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (
21248	CPT, Surgery	Musculoskeletal System	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21255	CPT, Surgery	Musculoskeletal System	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autog
21256	CPT, Surgery	Musculoskeletal System	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autog
21260	CPT, Surgery	Musculoskeletal System	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261	CPT, Surgery	Musculoskeletal System	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial a
21263	CPT, Surgery	Musculoskeletal System	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267	CPT, Surgery	Musculoskeletal System	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	CPT, Surgery	Musculoskeletal System	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extrac
21270	CPT, Surgery	Musculoskeletal System	Malar augmentation, prosthetic material
21275	CPT, Surgery	Musculoskeletal System	Secondary revision of orbitocraniofacial reconstruction
21280	CPT, Surgery	Musculoskeletal System	Medial canthopexy (separate procedure)
21282	CPT, Surgery	Musculoskeletal System	Lateral canthopexy
21295	CPT, Surgery	Musculoskeletal System	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extrao
21296	CPT, Surgery	Musculoskeletal System	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraor
21299	CPT, Surgery	Musculoskeletal System	Unlisted craniofacial and maxillofacial procedure
21325	CPT, Surgery	Musculoskeletal System	Open treatment of nasal fracture; uncomplicated
21330	CPT, Surgery	Musculoskeletal System	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
21336	CPT, Surgery	Musculoskeletal System	Open treatment of nasal septal fracture, with or without stabilization
21338	CPT, Surgery	Musculoskeletal System	Open treatment of nasoethmoid fracture; without external fixation
21339	CPT, Surgery	Musculoskeletal System	Open treatment of nasoethmoid fracture; with external fixation
21343	CPT, Surgery	Musculoskeletal System	Open treatment of depressed frontal sinus fracture
21344	CPT, Surgery	Musculoskeletal System	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, vi
21345	CPT, Surgery	Musculoskeletal System	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or f

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
21346	CPT, Surgery	Musculoskeletal System	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347	CPT, Surgery	Musculoskeletal System	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
21348	CPT, Surgery	Musculoskeletal System	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtain
21355	CPT, Surgery	Musculoskeletal System	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with ma
21360	CPT, Surgery	Musculoskeletal System	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365	CPT, Surgery	Musculoskeletal System	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of m
21385	CPT, Surgery	Musculoskeletal System	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21386	CPT, Surgery	Musculoskeletal System	Open treatment of orbital floor blowout fracture; periorbital approach
21387	CPT, Surgery	Musculoskeletal System	Open treatment of orbital floor blowout fracture; combined approach
21390	CPT, Surgery	Musculoskeletal System	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other impla
21395	CPT, Surgery	Musculoskeletal System	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtai
21400	CPT, Surgery	Musculoskeletal System	Closed treatment of fracture of orbit, except blowout; without manipulation
21401	CPT, Surgery	Musculoskeletal System	Closed treatment of fracture of orbit, except blowout; with manipulation
21407	CPT, Surgery	Musculoskeletal System	Open treatment of fracture of orbit, except blowout; with implant
21408	CPT, Surgery	Musculoskeletal System	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)
21422	CPT, Surgery	Musculoskeletal System	Open treatment of palatal or maxillary fracture (LeFort I type);
21423	CPT, Surgery	Musculoskeletal System	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving
21431	CPT, Surgery	Musculoskeletal System	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture
21432	CPT, Surgery	Musculoskeletal System	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433	CPT, Surgery	Musculoskeletal System	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving
21435	CPT, Surgery	Musculoskeletal System	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or exter
21436	CPT, Surgery	Musculoskeletal System	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches,
21440	CPT, Surgery	Musculoskeletal System	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	CPT, Surgery	Musculoskeletal System	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	CPT, Surgery	Musculoskeletal System	Closed treatment of mandibular fracture; without manipulation
21451	CPT, Surgery	Musculoskeletal System	Closed treatment of mandibular fracture; with manipulation
21452	CPT, Surgery	Musculoskeletal System	Percutaneous treatment of mandibular fracture, with external fixation
21453	CPT, Surgery	Musculoskeletal System	Closed treatment of mandibular fracture with interdental fixation
21461	CPT, Surgery	Musculoskeletal System	Open treatment of mandibular fracture; without interdental fixation
21462	CPT, Surgery	Musculoskeletal System	Open treatment of mandibular fracture; with interdental fixation
21465	CPT, Surgery	Musculoskeletal System	Open treatment of mandibular condylar fracture
21470	CPT, Surgery	Musculoskeletal System	Open treatment of complicated mandibular fracture by multiple surgical approaches including interna
21485	CPT, Surgery	Musculoskeletal System	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxilla
21490	CPT, Surgery	Musculoskeletal System	Open treatment of temporomandibular dislocation
21497	CPT, Surgery	Musculoskeletal System	Interdental wiring, for condition other than fracture
21499	CPT, Surgery	Musculoskeletal System	Unlisted musculoskeletal procedure, head
21501	CPT, Surgery	Musculoskeletal System	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;
21502	CPT, Surgery	Musculoskeletal System	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib oste

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
21510	CPT, Surgery	Musculoskeletal System	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax
21554	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater
21555	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm
21556	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm
21557	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm
21558	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater
21601	CPT, Surgery	Musculoskeletal System	Excision of chest wall tumor including rib(s)
21610	CPT, Surgery	Musculoskeletal System	Costotransversectomy (separate procedure)
21615	CPT, Surgery	Musculoskeletal System	Excision first and/or cervical rib;
21616	CPT, Surgery	Musculoskeletal System	Excision first and/or cervical rib; with sympathectomy
21620	CPT, Surgery	Musculoskeletal System	Ostectomy of sternum, partial
21627	CPT, Surgery	Musculoskeletal System	Sternal debridement
21630	CPT, Surgery	Musculoskeletal System	Radical resection of sternum;
21632	CPT, Surgery	Musculoskeletal System	Radical resection of sternum; with mediastinal lymphadenectomy
21685	CPT, Surgery	Musculoskeletal System	Hyoid myotomy and suspension
21700	CPT, Surgery	Musculoskeletal System	Division of scalenus anticus; without resection of cervical rib
21705	CPT, Surgery	Musculoskeletal System	Division of scalenus anticus; with resection of cervical rib
21720	CPT, Surgery	Musculoskeletal System	Division of sternocleidomastoid for torticollis, open operation; without cast application
21725	CPT, Surgery	Musculoskeletal System	Division of sternocleidomastoid for torticollis, open operation; with cast application
21740	CPT, Surgery	Musculoskeletal System	Reconstructive repair of pectus excavatum or carinatum; open
21742	CPT, Surgery	Musculoskeletal System	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedur
21743	CPT, Surgery	Musculoskeletal System	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedur
21750	CPT, Surgery	Musculoskeletal System	Closure of median sternotomy separation with or without debridement (separate procedure)
21812	CPT, Surgery	Musculoskeletal System	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when per
21813	CPT, Surgery	Musculoskeletal System	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when per
21820	CPT, Surgery	Musculoskeletal System	Closed treatment of sternum fracture
21825	CPT, Surgery	Musculoskeletal System	Open treatment of sternum fracture with or without skeletal fixation
21899	CPT, Surgery	Musculoskeletal System	Unlisted procedure, neck or thorax
21925	CPT, Surgery	Musculoskeletal System	Biopsy, soft tissue of back or flank; deep
21930	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm
21931	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater
21932	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm
21933	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater
21935	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm
21936	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater
22010	CPT, Surgery	Musculoskeletal System	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervico
22015	CPT, Surgery	Musculoskeletal System	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosac
22101	CPT, Surgery	Musculoskeletal System	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bc

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
22102	CPT, Surgery	Musculoskeletal System	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bc
22103	CPT, Surgery	Musculoskeletal System	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bc
22110	CPT, Surgery	Musculoskeletal System	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or ne
22112	CPT, Surgery	Musculoskeletal System	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or ne
22114	CPT, Surgery	Musculoskeletal System	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or ne
22116	CPT, Surgery	Musculoskeletal System	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or ne
22206	CPT, Surgery	Musculoskeletal System	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle
22207	CPT, Surgery	Musculoskeletal System	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle
22208	CPT, Surgery	Musculoskeletal System	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle
22210	CPT, Surgery	Musculoskeletal System	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
22212	CPT, Surgery	Musculoskeletal System	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
22214	CPT, Surgery	Musculoskeletal System	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
22216	CPT, Surgery	Musculoskeletal System	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertel
22222	CPT, Surgery	Musculoskeletal System	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
22224	CPT, Surgery	Musculoskeletal System	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
22226	CPT, Surgery	Musculoskeletal System	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each
22310	CPT, Surgery	Musculoskeletal System	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting
22315	CPT, Surgery	Musculoskeletal System	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and ir
22318	CPT, Surgery	Musculoskeletal System	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoid
22319	CPT, Surgery	Musculoskeletal System	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoid
22325	CPT, Surgery	Musculoskeletal System	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1
22326	CPT, Surgery	Musculoskeletal System	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1
22327	CPT, Surgery	Musculoskeletal System	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1
22328	CPT, Surgery	Musculoskeletal System	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1
22505	CPT, Surgery	Musculoskeletal System	Manipulation of spine requiring anesthesia, any region
22510	CPT, Surgery	Musculoskeletal System	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or
22511	CPT, Surgery	Musculoskeletal System	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or
22512	CPT, Surgery	Musculoskeletal System	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or
22513	CPT, Surgery	Musculoskeletal System	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy ii
22514	CPT, Surgery	Musculoskeletal System	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy ii
22515	CPT, Surgery	Musculoskeletal System	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy ii
22526	CPT, Surgery	Musculoskeletal System	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic gui
22527	CPT, Surgery	Musculoskeletal System	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic gui
22532	CPT, Surgery	Musculoskeletal System	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace
22533	CPT, Surgery	Musculoskeletal System	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace
22534	CPT, Surgery	Musculoskeletal System	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace
22548	CPT, Surgery	Musculoskeletal System	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without
22551	CPT, Surgery	Musculoskeletal System	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
22552	CPT, Surgery	Musculoskeletal System	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and
22554	CPT, Surgery	Musculoskeletal System	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace
22556	CPT, Surgery	Musculoskeletal System	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace
22558	CPT, Surgery	Musculoskeletal System	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace
22585	CPT, Surgery	Musculoskeletal System	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace
22590	CPT, Surgery	Musculoskeletal System	Arthrodesis, posterior technique, craniocervical (occiput-C2)
22595	CPT, Surgery	Musculoskeletal System	Arthrodesis, posterior technique, atlas-axis (C1-C2)
22600	CPT, Surgery	Musculoskeletal System	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment
22610	CPT, Surgery	Musculoskeletal System	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse
22612	CPT, Surgery	Musculoskeletal System	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse
22630	CPT, Surgery	Musculoskeletal System	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare
22632	CPT, Surgery	Musculoskeletal System	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare
22633	CPT, Surgery	Musculoskeletal System	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique
22634	CPT, Surgery	Musculoskeletal System	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique
22800	CPT, Surgery	Musculoskeletal System	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
22802	CPT, Surgery	Musculoskeletal System	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments
22804	CPT, Surgery	Musculoskeletal System	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
22808	CPT, Surgery	Musculoskeletal System	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
22810	CPT, Surgery	Musculoskeletal System	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments
22812	CPT, Surgery	Musculoskeletal System	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
22818	CPT, Surgery	Musculoskeletal System	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body
22819	CPT, Surgery	Musculoskeletal System	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body
22830	CPT, Surgery	Musculoskeletal System	Exploration of spinal fusion
22836	CPT, Surgery	Musculoskeletal System	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebra
22837	CPT, Surgery	Musculoskeletal System	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertel
22838	CPT, Surgery	Musculoskeletal System	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body te
22840	CPT, Surgery	Musculoskeletal System	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 inte
22841	CPT, Surgery	Musculoskeletal System	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary p
22842	CPT, Surgery	Musculoskeletal System	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublamin
22843	CPT, Surgery	Musculoskeletal System	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublamin
22844	CPT, Surgery	Musculoskeletal System	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublamin
22845	CPT, Surgery	Musculoskeletal System	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary pr
22846	CPT, Surgery	Musculoskeletal System	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary pr
22847	CPT, Surgery	Musculoskeletal System	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primar
22848	CPT, Surgery	Musculoskeletal System	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than saci
22849	CPT, Surgery	Musculoskeletal System	Reinsertion of spinal fixation device
22850	CPT, Surgery	Musculoskeletal System	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)
22852	CPT, Surgery	Musculoskeletal System	Removal of posterior segmental instrumentation

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
22853	CPT, Surgery	Musculoskeletal System	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrum
22854	CPT, Surgery	Musculoskeletal System	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior in
22855	CPT, Surgery	Musculoskeletal System	Removal of anterior instrumentation
22856	CPT, Surgery	Musculoskeletal System	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate
22858	CPT, Surgery	Musculoskeletal System	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate
22859	CPT, Surgery	Musculoskeletal System	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to
22860	CPT, Surgery	Musculoskeletal System	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (
22861	CPT, Surgery	Musculoskeletal System	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single inte
22864	CPT, Surgery	Musculoskeletal System	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22865	CPT, Surgery	Musculoskeletal System	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
22868	CPT, Surgery	Musculoskeletal System	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, includir
22869	CPT, Surgery	Musculoskeletal System	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decomp
22899	CPT, Surgery	Musculoskeletal System	Unlisted procedure, spine
22900	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm
22901	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater
22903	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater
22904	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm
22905	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater
22999	CPT, Surgery	Musculoskeletal System	Unlisted procedure, abdomen, musculoskeletal system
23000	CPT, Surgery	Musculoskeletal System	Removal of subdeltoid calcareous deposits, open
23020	CPT, Surgery	Musculoskeletal System	Capsular contracture release (eg, Sever type procedure)
23030	CPT, Surgery	Musculoskeletal System	Incision and drainage, shoulder area; deep abscess or hematoma
23031	CPT, Surgery	Musculoskeletal System	Incision and drainage, shoulder area; infected bursa
23035	CPT, Surgery	Musculoskeletal System	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
23040	CPT, Surgery	Musculoskeletal System	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
23044	CPT, Surgery	Musculoskeletal System	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of fc
23066	CPT, Surgery	Musculoskeletal System	Biopsy, soft tissue of shoulder area; deep
23075	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm
23077	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm
23078	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater
23100	CPT, Surgery	Musculoskeletal System	Arthrotomy, glenohumeral joint, including biopsy
23101	CPT, Surgery	Musculoskeletal System	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn
23105	CPT, Surgery	Musculoskeletal System	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
23106	CPT, Surgery	Musculoskeletal System	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy
23107	CPT, Surgery	Musculoskeletal System	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign bc
23120	CPT, Surgery	Musculoskeletal System	Claviculectomy; partial
23125	CPT, Surgery	Musculoskeletal System	Claviculectomy; total
23130	CPT, Surgery	Musculoskeletal System	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
23145	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtu
23146	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft
23150	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of proximal humerus;
23155	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtu
23156	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft
23170	CPT, Surgery	Musculoskeletal System	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle
23172	CPT, Surgery	Musculoskeletal System	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
23174	CPT, Surgery	Musculoskeletal System	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
23180	CPT, Surgery	Musculoskeletal System	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle
23182	CPT, Surgery	Musculoskeletal System	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula
23184	CPT, Surgery	Musculoskeletal System	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal hur
23190	CPT, Surgery	Musculoskeletal System	Ostectomy of scapula, partial (eg, superior medial angle)
23195	CPT, Surgery	Musculoskeletal System	Resection, humeral head
23200	CPT, Surgery	Musculoskeletal System	Radical resection of tumor; clavicle
23220	CPT, Surgery	Musculoskeletal System	Radical resection of tumor, proximal humerus
23333	CPT, Surgery	Musculoskeletal System	Removal of foreign body, shoulder; deep (subfascial or intramuscular)
23334	CPT, Surgery	Musculoskeletal System	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid
23335	CPT, Surgery	Musculoskeletal System	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoi
23350	CPT, Surgery	Musculoskeletal System	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography
23395	CPT, Surgery	Musculoskeletal System	Muscle transfer, any type, shoulder or upper arm; single
23400	CPT, Surgery	Musculoskeletal System	Scapulopexy (eg, Sprengels deformity or for paralysis)
23405	CPT, Surgery	Musculoskeletal System	Tenotomy, shoulder area; single tendon
23406	CPT, Surgery	Musculoskeletal System	Tenotomy, shoulder area; multiple tendons through same incision
23412	CPT, Surgery	Musculoskeletal System	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23420	CPT, Surgery	Musculoskeletal System	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430	CPT, Surgery	Musculoskeletal System	Tenodesis of long tendon of biceps
23440	CPT, Surgery	Musculoskeletal System	Resection or transplantation of long tendon of biceps
23450	CPT, Surgery	Musculoskeletal System	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455	CPT, Surgery	Musculoskeletal System	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460	CPT, Surgery	Musculoskeletal System	Capsulorrhaphy, anterior, any type; with bone block
23462	CPT, Surgery	Musculoskeletal System	Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465	CPT, Surgery	Musculoskeletal System	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466	CPT, Surgery	Musculoskeletal System	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
23470	CPT, Surgery	Musculoskeletal System	Arthroplasty, glenohumeral joint; hemiarthroplasty
23472	CPT, Surgery	Musculoskeletal System	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, tota
23473	CPT, Surgery	Musculoskeletal System	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid comp
23480	CPT, Surgery	Musculoskeletal System	Osteotomy, clavicle, with or without internal fixation;
23485	CPT, Surgery	Musculoskeletal System	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (inclu

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
23490	CPT, Surgery	Musculoskeletal System	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicular
23491	CPT, Surgery	Musculoskeletal System	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal
23505	CPT, Surgery	Musculoskeletal System	Closed treatment of clavicular fracture; with manipulation
23515	CPT, Surgery	Musculoskeletal System	Open treatment of clavicular fracture, includes internal fixation, when performed
23520	CPT, Surgery	Musculoskeletal System	Closed treatment of sternoclavicular dislocation; without manipulation
23525	CPT, Surgery	Musculoskeletal System	Closed treatment of sternoclavicular dislocation; with manipulation
23530	CPT, Surgery	Musculoskeletal System	Open treatment of sternoclavicular dislocation, acute or chronic;
23532	CPT, Surgery	Musculoskeletal System	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining
23545	CPT, Surgery	Musculoskeletal System	Closed treatment of acromioclavicular dislocation; with manipulation
23550	CPT, Surgery	Musculoskeletal System	Open treatment of acromioclavicular dislocation, acute or chronic;
23552	CPT, Surgery	Musculoskeletal System	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtainin
23570	CPT, Surgery	Musculoskeletal System	Closed treatment of scapular fracture; without manipulation
23575	CPT, Surgery	Musculoskeletal System	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or wi
23585	CPT, Surgery	Musculoskeletal System	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when perf
23600	CPT, Surgery	Musculoskeletal System	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
23605	CPT, Surgery	Musculoskeletal System	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with
23615	CPT, Surgery	Musculoskeletal System	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation,
23616	CPT, Surgery	Musculoskeletal System	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation,
23620	CPT, Surgery	Musculoskeletal System	Closed treatment of greater humeral tuberosity fracture; without manipulation
23625	CPT, Surgery	Musculoskeletal System	Closed treatment of greater humeral tuberosity fracture; with manipulation
23630	CPT, Surgery	Musculoskeletal System	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed
23650	CPT, Surgery	Musculoskeletal System	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23655	CPT, Surgery	Musculoskeletal System	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
23660	CPT, Surgery	Musculoskeletal System	Open treatment of acute shoulder dislocation
23665	CPT, Surgery	Musculoskeletal System	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulat
23670	CPT, Surgery	Musculoskeletal System	Treatment of Shoulder Fracture/Dislocation - Open treatment of shoulder dislocation, with fracture of
23675	CPT, Surgery	Musculoskeletal System	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulator
23680	CPT, Surgery	Musculoskeletal System	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fi
23700	CPT, Surgery	Musculoskeletal System	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation
23800	CPT, Surgery	Musculoskeletal System	Arthrodesis, glenohumeral joint;
23802	CPT, Surgery	Musculoskeletal System	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)
23900	CPT, Surgery	Musculoskeletal System	Interthoracoscapular amputation (forequarter)
23920	CPT, Surgery	Musculoskeletal System	Disarticulation of shoulder;
23921	CPT, Surgery	Musculoskeletal System	Disarticulation of shoulder; secondary closure or scar revision
23929	CPT, Surgery	Musculoskeletal System	Unlisted procedure, shoulder
24000	CPT, Surgery	Musculoskeletal System	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
24006	CPT, Surgery	Musculoskeletal System	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)
24066	CPT, Surgery	Musculoskeletal System	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
24071	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater
24073	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater
24075	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm
24076	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm
24077	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm
24079	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater
24100	CPT, Surgery	Musculoskeletal System	Arthrotomy, elbow; with synovial biopsy only
24101	CPT, Surgery	Musculoskeletal System	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose o
24102	CPT, Surgery	Musculoskeletal System	Arthrotomy, elbow; with synovectomy
24105	CPT, Surgery	Musculoskeletal System	Excision, olecranon bursa
24110	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor, humerus;
24115	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)
24116	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor, humerus; with allograft
24120	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;
24125	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; wit
24126	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; wit
24130	CPT, Surgery	Musculoskeletal System	Excision, radial head
24134	CPT, Surgery	Musculoskeletal System	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus
24136	CPT, Surgery	Musculoskeletal System	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck
24138	CPT, Surgery	Musculoskeletal System	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process
24140	CPT, Surgery	Musculoskeletal System	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus
24145	CPT, Surgery	Musculoskeletal System	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head c
24147	CPT, Surgery	Musculoskeletal System	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon pr
24149	CPT, Surgery	Musculoskeletal System	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separ
24150	CPT, Surgery	Musculoskeletal System	Radical resection of tumor, shaft or distal humerus
24152	CPT, Surgery	Musculoskeletal System	Radical resection of tumor, radial head or neck
24155	CPT, Surgery	Musculoskeletal System	Resection of elbow joint (arthrectomy)
24164	CPT, Surgery	Musculoskeletal System	Removal of prosthesis, includes debridement and synovectomy when performed; radial head
24220	CPT, Surgery	Musculoskeletal System	Injection procedure for elbow arthrography
24300	CPT, Surgery	Musculoskeletal System	Manipulation, elbow, under anesthesia
24301	CPT, Surgery	Musculoskeletal System	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)
24305	CPT, Surgery	Musculoskeletal System	Tendon lengthening, upper arm or elbow, each tendon
24310	CPT, Surgery	Musculoskeletal System	Tenotomy, open, elbow to shoulder, each tendon
24330	CPT, Surgery	Musculoskeletal System	Flexor-plasty, elbow (eg, Steindler type advancement);
24331	CPT, Surgery	Musculoskeletal System	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement
24332	CPT, Surgery	Musculoskeletal System	Tenolysis, triceps
24340	CPT, Surgery	Musculoskeletal System	Tenodesis of biceps tendon at elbow (separate procedure)
24341	CPT, Surgery	Musculoskeletal System	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (exclde

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
24343	CPT, Surgery	Musculoskeletal System	Repair lateral collateral ligament, elbow, with local tissue
24344	CPT, Surgery	Musculoskeletal System	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24345	CPT, Surgery	Musculoskeletal System	Repair medial collateral ligament, elbow, with local tissue
24346	CPT, Surgery	Musculoskeletal System	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24357	CPT, Surgery	Musculoskeletal System	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous
24358	CPT, Surgery	Musculoskeletal System	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft
24359	CPT, Surgery	Musculoskeletal System	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft
24360	CPT, Surgery	Musculoskeletal System	Arthroplasty, elbow; with membrane (eg, fascial)
24361	CPT, Surgery	Musculoskeletal System	Arthroplasty, elbow; with distal humeral prosthetic replacement
24362	CPT, Surgery	Musculoskeletal System	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction
24363	CPT, Surgery	Musculoskeletal System	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)
24365	CPT, Surgery	Musculoskeletal System	Arthroplasty, radial head;
24366	CPT, Surgery	Musculoskeletal System	Arthroplasty, radial head; with implant
24370	CPT, Surgery	Musculoskeletal System	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar componen
24371	CPT, Surgery	Musculoskeletal System	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar compone
24400	CPT, Surgery	Musculoskeletal System	Osteotomy, humerus, with or without internal fixation
24410	CPT, Surgery	Musculoskeletal System	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
24420	CPT, Surgery	Musculoskeletal System	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)
24430	CPT, Surgery	Musculoskeletal System	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)
24470	CPT, Surgery	Musculoskeletal System	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)
24495	CPT, Surgery	Musculoskeletal System	Decompression fasciotomy, forearm, with brachial artery exploration
24498	CPT, Surgery	Musculoskeletal System	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, hum
24505	CPT, Surgery	Musculoskeletal System	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction
24515	CPT, Surgery	Musculoskeletal System	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
24516	CPT, Surgery	Musculoskeletal System	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclag
24535	CPT, Surgery	Musculoskeletal System	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar e
24538	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without int
24546	CPT, Surgery	Musculoskeletal System	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when i
24560	CPT, Surgery	Musculoskeletal System	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
24565	CPT, Surgery	Musculoskeletal System	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation
24566	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation
24575	CPT, Surgery	Musculoskeletal System	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when pe
24576	CPT, Surgery	Musculoskeletal System	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation
24577	CPT, Surgery	Musculoskeletal System	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation
24579	CPT, Surgery	Musculoskeletal System	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when perfo
24582	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation
24586	CPT, Surgery	Musculoskeletal System	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and
24587	CPT, Surgery	Musculoskeletal System	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
24600	CPT, Surgery	Musculoskeletal System	Treatment of closed elbow dislocation; without anesthesia
24605	CPT, Surgery	Musculoskeletal System	Treatment of closed elbow dislocation; requiring anesthesia
24615	CPT, Surgery	Musculoskeletal System	Open treatment of acute or chronic elbow dislocation
24620	CPT, Surgery	Musculoskeletal System	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with
24635	CPT, Surgery	Musculoskeletal System	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with
24655	CPT, Surgery	Musculoskeletal System	Closed treatment of radial head or neck fracture; with manipulation
24665	CPT, Surgery	Musculoskeletal System	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when
24666	CPT, Surgery	Musculoskeletal System	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when
24670	CPT, Surgery	Musculoskeletal System	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation
24675	CPT, Surgery	Musculoskeletal System	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation
24685	CPT, Surgery	Musculoskeletal System	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal
24802	CPT, Surgery	Musculoskeletal System	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)
24900	CPT, Surgery	Musculoskeletal System	Amputation, arm through humerus; with primary closure
24920	CPT, Surgery	Musculoskeletal System	Amputation, arm through humerus; open, circular (guillotine)
24925	CPT, Surgery	Musculoskeletal System	Amputation, arm through humerus; secondary closure or scar revision
24930	CPT, Surgery	Musculoskeletal System	Amputation, arm through humerus; re-amputation
24935	CPT, Surgery	Musculoskeletal System	Stump elongation, upper extremity
24999	CPT, Surgery	Musculoskeletal System	Unlisted procedure, humerus or elbow
25000	CPT, Surgery	Musculoskeletal System	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)
25001	CPT, Surgery	Musculoskeletal System	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)
25020	CPT, Surgery	Musculoskeletal System	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement
25024	CPT, Surgery	Musculoskeletal System	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement
25025	CPT, Surgery	Musculoskeletal System	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement
25035	CPT, Surgery	Musculoskeletal System	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)
25040	CPT, Surgery	Musculoskeletal System	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body
25066	CPT, Surgery	Musculoskeletal System	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)
25071	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater
25073	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater
25075	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm
25076	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm
25077	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm
25078	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater
25085	CPT, Surgery	Musculoskeletal System	Capsulotomy, wrist (eg, contracture)
25100	CPT, Surgery	Musculoskeletal System	Arthrotomy, wrist joint; with biopsy
25105	CPT, Surgery	Musculoskeletal System	Arthrotomy, wrist joint; with synovectomy
25107	CPT, Surgery	Musculoskeletal System	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
25109	CPT, Surgery	Musculoskeletal System	Excision of tendon, forearm and/or wrist, flexor or extensor, each
25110	CPT, Surgery	Musculoskeletal System	Excision, lesion of tendon sheath, forearm and/or wrist

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
25111	CPT, Surgery	Musculoskeletal System	Excision of ganglion, wrist (dorsal or volar); primary
25112	CPT, Surgery	Musculoskeletal System	Excision of ganglion, wrist (dorsal or volar); recurrent
25115	CPT, Surgery	Musculoskeletal System	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc,
25116	CPT, Surgery	Musculoskeletal System	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc,
25118	CPT, Surgery	Musculoskeletal System	Synovectomy, extensor tendon sheath, wrist, single compartment;
25119	CPT, Surgery	Musculoskeletal System	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna
25120	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius
25125	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius
25126	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius
25130	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of carpal bones;
25135	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining
25136	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft
25145	CPT, Surgery	Musculoskeletal System	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist
25150	CPT, Surgery	Musculoskeletal System	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna
25151	CPT, Surgery	Musculoskeletal System	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius
25170	CPT, Surgery	Musculoskeletal System	Radical resection of tumor, radius or ulna
25210	CPT, Surgery	Musculoskeletal System	Carpectomy; 1 bone
25215	CPT, Surgery	Musculoskeletal System	Carpectomy; all bones of proximal row
25230	CPT, Surgery	Musculoskeletal System	Radial styloidectomy (separate procedure)
25240	CPT, Surgery	Musculoskeletal System	Excision distal ulna partial or complete (eg, Darrach type or matched resection)
25246	CPT, Surgery	Musculoskeletal System	Injection procedure for wrist arthrography
25248	CPT, Surgery	Musculoskeletal System	Exploration with removal of deep foreign body, forearm or wrist
25250	CPT, Surgery	Musculoskeletal System	Removal of wrist prosthesis; (separate procedure)
25251	CPT, Surgery	Musculoskeletal System	Removal of wrist prosthesis; complicated, including total wrist
25259	CPT, Surgery	Musculoskeletal System	Manipulation, wrist, under anesthesia
25260	CPT, Surgery	Musculoskeletal System	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25263	CPT, Surgery	Musculoskeletal System	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle
25272	CPT, Surgery	Musculoskeletal System	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle
25275	CPT, Surgery	Musculoskeletal System	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, fi
25280	CPT, Surgery	Musculoskeletal System	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
25290	CPT, Surgery	Musculoskeletal System	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295	CPT, Surgery	Musculoskeletal System	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25300	CPT, Surgery	Musculoskeletal System	Tenodesis at wrist; flexors of fingers
25301	CPT, Surgery	Musculoskeletal System	Tenodesis at wrist; extensors of fingers
25310	CPT, Surgery	Musculoskeletal System	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
25312	CPT, Surgery	Musculoskeletal System	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft
25315	CPT, Surgery	Musculoskeletal System	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;
25316	CPT, Surgery	Musculoskeletal System	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
25332	CPT, Surgery	Musculoskeletal System	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation
25335	CPT, Surgery	Musculoskeletal System	Centralization of wrist on ulna (eg, radial club hand)
25337	CPT, Surgery	Musculoskeletal System	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tiss
25350	CPT, Surgery	Musculoskeletal System	Osteotomy, radius; distal third
25355	CPT, Surgery	Musculoskeletal System	Osteotomy, radius; middle or proximal third
25360	CPT, Surgery	Musculoskeletal System	Osteotomy; ulna
25365	CPT, Surgery	Musculoskeletal System	Osteotomy; radius AND ulna
25370	CPT, Surgery	Musculoskeletal System	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR uln
25375	CPT, Surgery	Musculoskeletal System	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND u
25390	CPT, Surgery	Musculoskeletal System	Osteoplasty, radius OR ulna; shortening
25391	CPT, Surgery	Musculoskeletal System	Osteoplasty, radius OR ulna; lengthening with autograft
25392	CPT, Surgery	Musculoskeletal System	Osteoplasty, radius AND ulna; shortening (excluding 64876)
25393	CPT, Surgery	Musculoskeletal System	Osteoplasty, radius AND ulna; lengthening with autograft
25394	CPT, Surgery	Musculoskeletal System	Osteoplasty, carpal bone, shortening
25400	CPT, Surgery	Musculoskeletal System	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)
25405	CPT, Surgery	Musculoskeletal System	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)
25415	CPT, Surgery	Musculoskeletal System	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)
25420	CPT, Surgery	Musculoskeletal System	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)
25425	CPT, Surgery	Musculoskeletal System	Repair of defect with autograft; radius OR ulna
25426	CPT, Surgery	Musculoskeletal System	Repair of defect with autograft; radius AND ulna
25430	CPT, Surgery	Musculoskeletal System	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)
25440	CPT, Surgery	Musculoskeletal System	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes o
25441	CPT, Surgery	Musculoskeletal System	Arthroplasty with prosthetic replacement; distal radius
25442	CPT, Surgery	Musculoskeletal System	Arthroplasty with prosthetic replacement; distal ulna
25443	CPT, Surgery	Musculoskeletal System	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)
25444	CPT, Surgery	Musculoskeletal System	Arthroplasty with prosthetic replacement; lunate
25445	CPT, Surgery	Musculoskeletal System	Arthroplasty with prosthetic replacement; trapezium
25446	CPT, Surgery	Musculoskeletal System	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)
25447	CPT, Surgery	Musculoskeletal System	Arthroplasty, interposition, intercarpal or carpometacarpal joints
25449	CPT, Surgery	Musculoskeletal System	Revision of arthroplasty, including removal of implant, wrist joint
25450	CPT, Surgery	Musculoskeletal System	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
25455	CPT, Surgery	Musculoskeletal System	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna
25490	CPT, Surgery	Musculoskeletal System	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radiu:
25491	CPT, Surgery	Musculoskeletal System	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna
25492	CPT, Surgery	Musculoskeletal System	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radiu:
25500	CPT, Surgery	Musculoskeletal System	Closed treatment of radial shaft fracture; without manipulation
25505	CPT, Surgery	Musculoskeletal System	Closed treatment of radial shaft fracture; with manipulation
25515	CPT, Surgery	Musculoskeletal System	Open treatment of radial shaft fracture, includes internal fixation, when performed

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
25520	CPT, Surgery	Musculoskeletal System	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint
25525	CPT, Surgery	Musculoskeletal System	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint
25526	CPT, Surgery	Musculoskeletal System	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint
25530	CPT, Surgery	Musculoskeletal System	Closed treatment of ulnar shaft fracture; without manipulation
25535	CPT, Surgery	Musculoskeletal System	Closed treatment of ulnar shaft fracture; with manipulation
25545	CPT, Surgery	Musculoskeletal System	Open treatment of ulnar shaft fracture, includes internal fixation, when performed
25560	CPT, Surgery	Musculoskeletal System	Closed treatment of radial and ulnar shaft fractures; without manipulation
25565	CPT, Surgery	Musculoskeletal System	Closed treatment of radial and ulnar shaft fractures; with manipulation
25574	CPT, Surgery	Musculoskeletal System	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius and ulna
25575	CPT, Surgery	Musculoskeletal System	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius and ulna
25600	CPT, Surgery	Musculoskeletal System	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes internal fixation
25605	CPT, Surgery	Musculoskeletal System	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes internal fixation
25606	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
25608	CPT, Surgery	Musculoskeletal System	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation
25609	CPT, Surgery	Musculoskeletal System	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation
25622	CPT, Surgery	Musculoskeletal System	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation
25624	CPT, Surgery	Musculoskeletal System	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation
25628	CPT, Surgery	Musculoskeletal System	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed
25630	CPT, Surgery	Musculoskeletal System	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation
25635	CPT, Surgery	Musculoskeletal System	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, includes internal fixation
25645	CPT, Surgery	Musculoskeletal System	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone
25650	CPT, Surgery	Musculoskeletal System	Closed treatment of ulnar styloid fracture
25651	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of ulnar styloid fracture
25652	CPT, Surgery	Musculoskeletal System	Open treatment of ulnar styloid fracture
25660	CPT, Surgery	Musculoskeletal System	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation
25670	CPT, Surgery	Musculoskeletal System	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones
25671	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of distal radioulnar dislocation
25675	CPT, Surgery	Musculoskeletal System	Closed treatment of distal radioulnar dislocation with manipulation
25676	CPT, Surgery	Musculoskeletal System	Open treatment of distal radioulnar dislocation, acute or chronic
25680	CPT, Surgery	Musculoskeletal System	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation
25685	CPT, Surgery	Musculoskeletal System	Open treatment of trans-scaphoperilunar type of fracture dislocation
25690	CPT, Surgery	Musculoskeletal System	Closed treatment of lunate dislocation, with manipulation
25695	CPT, Surgery	Musculoskeletal System	Open treatment of lunate dislocation
25800	CPT, Surgery	Musculoskeletal System	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal)
25805	CPT, Surgery	Musculoskeletal System	Arthrodesis, wrist; with sliding graft
25810	CPT, Surgery	Musculoskeletal System	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)
25825	CPT, Surgery	Musculoskeletal System	Arthrodesis, wrist; with autograft (includes obtaining graft)
25830	CPT, Surgery	Musculoskeletal System	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Scaphoid)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
25900	CPT, Surgery	Musculoskeletal System	Amputation, forearm, through radius and ulna;
25905	CPT, Surgery	Musculoskeletal System	Amputation, forearm, through radius and ulna; open, circular (guillotine)
25907	CPT, Surgery	Musculoskeletal System	Amputation, forearm, through radius and ulna; secondary closure or scar revision
25909	CPT, Surgery	Musculoskeletal System	Amputation, forearm, through radius and ulna; re-amputation
25915	CPT, Surgery	Musculoskeletal System	Krukenberg procedure
25920	CPT, Surgery	Musculoskeletal System	Disarticulation through wrist;
25922	CPT, Surgery	Musculoskeletal System	Disarticulation through wrist; secondary closure or scar revision
25924	CPT, Surgery	Musculoskeletal System	Disarticulation through wrist; re-amputation
25927	CPT, Surgery	Musculoskeletal System	Transmetacarpal amputation;
25929	CPT, Surgery	Musculoskeletal System	Transmetacarpal amputation; secondary closure or scar revision
25931	CPT, Surgery	Musculoskeletal System	Transmetacarpal amputation; re-amputation
25999	CPT, Surgery	Musculoskeletal System	Unlisted procedure, forearm or wrist
26034	CPT, Surgery	Musculoskeletal System	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)
26035	CPT, Surgery	Musculoskeletal System	Decompression fingers and/or hand, injection injury (eg, grease gun)
26037	CPT, Surgery	Musculoskeletal System	Decompressive fasciotomy, hand (excludes 26035)
26040	CPT, Surgery	Musculoskeletal System	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
26045	CPT, Surgery	Musculoskeletal System	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
26055	CPT, Surgery	Musculoskeletal System	Tendon sheath incision (eg, for trigger finger)
26060	CPT, Surgery	Musculoskeletal System	Tenotomy, percutaneous, single, each digit
26070	CPT, Surgery	Musculoskeletal System	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint
26075	CPT, Surgery	Musculoskeletal System	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint
26080	CPT, Surgery	Musculoskeletal System	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each
26100	CPT, Surgery	Musculoskeletal System	Arthrotomy with biopsy; carpometacarpal joint, each
26105	CPT, Surgery	Musculoskeletal System	Arthrotomy with biopsy; metacarpophalangeal joint, each
26110	CPT, Surgery	Musculoskeletal System	Arthrotomy with biopsy; interphalangeal joint, each
26111	CPT, Surgery	Musculoskeletal System	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater
26113	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular)
26115	CPT, Surgery	Musculoskeletal System	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm
26116	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular)
26118	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater
26123	CPT, Surgery	Musculoskeletal System	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with closure
26125	CPT, Surgery	Musculoskeletal System	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with closure
26130	CPT, Surgery	Musculoskeletal System	Synovectomy, carpometacarpal joint
26135	CPT, Surgery	Musculoskeletal System	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction
26140	CPT, Surgery	Musculoskeletal System	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
26145	CPT, Surgery	Musculoskeletal System	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon
26160	CPT, Surgery	Musculoskeletal System	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
26170	CPT, Surgery	Musculoskeletal System	Excision of tendon, palm, flexor or extensor, single, each tendon

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
26180	CPT, Surgery	Musculoskeletal System	Excision of tendon, finger, flexor or extensor, each tendon
26185	CPT, Surgery	Musculoskeletal System	Sesamoidectomy, thumb or finger (separate procedure)
26200	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of metacarpal;
26205	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining g
26210	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;
26215	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; wit
26230	CPT, Surgery	Musculoskeletal System	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal
26235	CPT, Surgery	Musculoskeletal System	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or i
26236	CPT, Surgery	Musculoskeletal System	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalan
26250	CPT, Surgery	Musculoskeletal System	Radical resection of tumor, metacarpal
26260	CPT, Surgery	Musculoskeletal System	Radical resection of tumor, proximal or middle phalanx of finger
26262	CPT, Surgery	Musculoskeletal System	Radical resection of tumor, distal phalanx of finger
26320	CPT, Surgery	Musculoskeletal System	Removal of implant from finger or hand
26340	CPT, Surgery	Musculoskeletal System	Manipulation, finger joint, under anesthesia, each joint
26350	CPT, Surgery	Musculoskeletal System	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); i
26352	CPT, Surgery	Musculoskeletal System	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); :
26356	CPT, Surgery	Musculoskeletal System	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); prim
26357	CPT, Surgery	Musculoskeletal System	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); seco
26358	CPT, Surgery	Musculoskeletal System	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); seco
26370	CPT, Surgery	Musculoskeletal System	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon
26372	CPT, Surgery	Musculoskeletal System	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free gra
26373	CPT, Surgery	Musculoskeletal System	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free
26390	CPT, Surgery	Musculoskeletal System	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, ea
26392	CPT, Surgery	Musculoskeletal System	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft)
26410	CPT, Surgery	Musculoskeletal System	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
26412	CPT, Surgery	Musculoskeletal System	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each t
26415	CPT, Surgery	Musculoskeletal System	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or fingi
26416	CPT, Surgery	Musculoskeletal System	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or fin
26418	CPT, Surgery	Musculoskeletal System	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26426	CPT, Surgery	Musculoskeletal System	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), in
26428	CPT, Surgery	Musculoskeletal System	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (include
26432	CPT, Surgery	Musculoskeletal System	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, malle
26433	CPT, Surgery	Musculoskeletal System	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)
26434	CPT, Surgery	Musculoskeletal System	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining g
26437	CPT, Surgery	Musculoskeletal System	Realignment of extensor tendon, hand, each tendon
26440	CPT, Surgery	Musculoskeletal System	Tenolysis, flexor tendon; palm OR finger, each tendon
26442	CPT, Surgery	Musculoskeletal System	Tenolysis, flexor tendon; palm AND finger, each tendon
26445	CPT, Surgery	Musculoskeletal System	Tenolysis, extensor tendon, hand OR finger, each tendon

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
26449	CPT, Surgery	Musculoskeletal System	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon
26455	CPT, Surgery	Musculoskeletal System	Tenotomy, flexor, finger, open, each tendon
26460	CPT, Surgery	Musculoskeletal System	Tenotomy, extensor, hand or finger, open, each tendon
26471	CPT, Surgery	Musculoskeletal System	Tenodesis; of proximal interphalangeal joint, each joint
26474	CPT, Surgery	Musculoskeletal System	Tenodesis; of distal joint, each joint
26476	CPT, Surgery	Musculoskeletal System	Lengthening of tendon, extensor, hand or finger, each tendon
26477	CPT, Surgery	Musculoskeletal System	Shortening of tendon, extensor, hand or finger, each tendon
26478	CPT, Surgery	Musculoskeletal System	Lengthening of tendon, flexor, hand or finger, each tendon
26479	CPT, Surgery	Musculoskeletal System	Shortening of tendon, flexor, hand or finger, each tendon
26480	CPT, Surgery	Musculoskeletal System	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon
26483	CPT, Surgery	Musculoskeletal System	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon
26485	CPT, Surgery	Musculoskeletal System	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon
26489	CPT, Surgery	Musculoskeletal System	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon
26490	CPT, Surgery	Musculoskeletal System	Opponensplasty; superficialis tendon transfer type, each tendon
26492	CPT, Surgery	Musculoskeletal System	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon
26494	CPT, Surgery	Musculoskeletal System	Opponensplasty; hypothenar muscle transfer
26496	CPT, Surgery	Musculoskeletal System	Opponensplasty; other methods
26497	CPT, Surgery	Musculoskeletal System	Transfer of tendon to restore intrinsic function; ring and small finger
26498	CPT, Surgery	Musculoskeletal System	Transfer of tendon to restore intrinsic function; all 4 fingers
26499	CPT, Surgery	Musculoskeletal System	Correction claw finger, other methods
26500	CPT, Surgery	Musculoskeletal System	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
26502	CPT, Surgery	Musculoskeletal System	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)
26508	CPT, Surgery	Musculoskeletal System	Release of thenar muscle(s) (eg, thumb contracture)
26510	CPT, Surgery	Musculoskeletal System	Cross intrinsic transfer, each tendon
26516	CPT, Surgery	Musculoskeletal System	Capsulodesis, metacarpophalangeal joint; single digit
26517	CPT, Surgery	Musculoskeletal System	Capsulodesis, metacarpophalangeal joint; 2 digits
26518	CPT, Surgery	Musculoskeletal System	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits
26520	CPT, Surgery	Musculoskeletal System	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
26525	CPT, Surgery	Musculoskeletal System	Capsulectomy or capsulotomy; interphalangeal joint, each joint
26530	CPT, Surgery	Musculoskeletal System	Arthroplasty, metacarpophalangeal joint; each joint
26531	CPT, Surgery	Musculoskeletal System	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint
26535	CPT, Surgery	Musculoskeletal System	Arthroplasty, interphalangeal joint; each joint
26536	CPT, Surgery	Musculoskeletal System	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
26540	CPT, Surgery	Musculoskeletal System	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
26541	CPT, Surgery	Musculoskeletal System	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft), each joint
26542	CPT, Surgery	Musculoskeletal System	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor digiti profundus), each joint
26545	CPT, Surgery	Musculoskeletal System	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint
26546	CPT, Surgery	Musculoskeletal System	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation), each joint

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
26548	CPT, Surgery	Musculoskeletal System	Repair and reconstruction, finger, volar plate, interphalangeal joint
26551	CPT, Surgery	Musculoskeletal System	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft
26553	CPT, Surgery	Musculoskeletal System	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single
26554	CPT, Surgery	Musculoskeletal System	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double
26555	CPT, Surgery	Musculoskeletal System	Transfer, finger to another position without microvascular anastomosis
26556	CPT, Surgery	Musculoskeletal System	Transfer, free toe joint, with microvascular anastomosis
26561	CPT, Surgery	Musculoskeletal System	Repair of syndactyly (web finger) each web space; with skin flaps and grafts
26562	CPT, Surgery	Musculoskeletal System	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)
26565	CPT, Surgery	Musculoskeletal System	Osteotomy; metacarpal, each
26567	CPT, Surgery	Musculoskeletal System	Osteotomy; phalanx of finger, each
26568	CPT, Surgery	Musculoskeletal System	Osteoplasty, lengthening, metacarpal or phalanx
26580	CPT, Surgery	Musculoskeletal System	Repair cleft hand
26587	CPT, Surgery	Musculoskeletal System	Reconstruction of polydactylous digit, soft tissue and bone
26590	CPT, Surgery	Musculoskeletal System	Repair macrodactylia, each digit
26593	CPT, Surgery	Musculoskeletal System	Release, intrinsic muscles of hand, each muscle
26596	CPT, Surgery	Musculoskeletal System	Excision of constricting ring of finger, with multiple Z-plasties
26600	CPT, Surgery	Musculoskeletal System	Closed treatment of metacarpal fracture, single; without manipulation, each bone
26605	CPT, Surgery	Musculoskeletal System	Closed treatment of metacarpal fracture, single; with manipulation, each bone
26607	CPT, Surgery	Musculoskeletal System	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone
26608	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of metacarpal fracture, each bone
26615	CPT, Surgery	Musculoskeletal System	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone
26641	CPT, Surgery	Musculoskeletal System	Closed treatment of carpometacarpal dislocation, thumb, with manipulation
26645	CPT, Surgery	Musculoskeletal System	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulat
26650	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with
26665	CPT, Surgery	Musculoskeletal System	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal f
26670	CPT, Surgery	Musculoskeletal System	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; w
26675	CPT, Surgery	Musculoskeletal System	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; re
26676	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, i
26685	CPT, Surgery	Musculoskeletal System	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when p
26686	CPT, Surgery	Musculoskeletal System	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed red
26700	CPT, Surgery	Musculoskeletal System	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
26705	CPT, Surgery	Musculoskeletal System	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia
26706	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation
26715	CPT, Surgery	Musculoskeletal System	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performe
26725	CPT, Surgery	Musculoskeletal System	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with man
26727	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, fing
26735	CPT, Surgery	Musculoskeletal System	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes in
26740	CPT, Surgery	Musculoskeletal System	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; witho

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
26742	CPT, Surgery	Musculoskeletal System	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with n
26746	CPT, Surgery	Musculoskeletal System	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, include:
26765	CPT, Surgery	Musculoskeletal System	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when perfori
26775	CPT, Surgery	Musculoskeletal System	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia
26776	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation
26785	CPT, Surgery	Musculoskeletal System	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, singl
26820	CPT, Surgery	Musculoskeletal System	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)
26841	CPT, Surgery	Musculoskeletal System	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;
26842	CPT, Surgery	Musculoskeletal System	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes
26843	CPT, Surgery	Musculoskeletal System	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;
26844	CPT, Surgery	Musculoskeletal System	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining g
26850	CPT, Surgery	Musculoskeletal System	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;
26852	CPT, Surgery	Musculoskeletal System	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obt
26860	CPT, Surgery	Musculoskeletal System	Arthrodesis, interphalangeal joint, with or without internal fixation;
26861	CPT, Surgery	Musculoskeletal System	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal jc
26862	CPT, Surgery	Musculoskeletal System	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining
26863	CPT, Surgery	Musculoskeletal System	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining
26910	CPT, Surgery	Musculoskeletal System	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous
26952	CPT, Surgery	Musculoskeletal System	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomi
26989	CPT, Surgery	Musculoskeletal System	Unlisted procedure, hands or fingers
26992	CPT, Surgery	Musculoskeletal System	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)
27000	CPT, Surgery	Musculoskeletal System	Tenotomy, adductor of hip, percutaneous (separate procedure)
27001	CPT, Surgery	Musculoskeletal System	Tenotomy, adductor of hip, open
27005	CPT, Surgery	Musculoskeletal System	Tenotomy, hip flexor(s), open (separate procedure)
27006	CPT, Surgery	Musculoskeletal System	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
27025	CPT, Surgery	Musculoskeletal System	Fasciotomy, hip or thigh, any type
27027	CPT, Surgery	Musculoskeletal System	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteu
27030	CPT, Surgery	Musculoskeletal System	Arthrotomy, hip, with drainage (eg, infection)
27033	CPT, Surgery	Musculoskeletal System	Arthrotomy, hip, including exploration or removal of loose or foreign body
27035	CPT, Surgery	Musculoskeletal System	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturat
27036	CPT, Surgery	Musculoskeletal System	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip fl
27043	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater
27045	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater
27047	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm
27048	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm
27049	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm
27050	CPT, Surgery	Musculoskeletal System	Arthrotomy, with biopsy; sacroiliac joint
27052	CPT, Surgery	Musculoskeletal System	Arthrotomy, with biopsy; hip joint

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
27054	CPT, Surgery	Musculoskeletal System	Arthrotomy with synovectomy, hip joint
27057	CPT, Surgery	Musculoskeletal System	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteu
27059	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater
27060	CPT, Surgery	Musculoskeletal System	Excision; ischial bursa
27062	CPT, Surgery	Musculoskeletal System	Excision; trochanteric bursa or calcification
27065	CPT, Surgery	Musculoskeletal System	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur;
27066	CPT, Surgery	Musculoskeletal System	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur;
27067	CPT, Surgery	Musculoskeletal System	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur;
27070	CPT, Surgery	Musculoskeletal System	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, sauceriz
27071	CPT, Surgery	Musculoskeletal System	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, sauceriz
27075	CPT, Surgery	Musculoskeletal System	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis
27076	CPT, Surgery	Musculoskeletal System	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum
27077	CPT, Surgery	Musculoskeletal System	Radical resection of tumor; innominate bone, total
27078	CPT, Surgery	Musculoskeletal System	Radical resection of tumor; ischial tuberosity and greater trochanter of femur
27080	CPT, Surgery	Musculoskeletal System	Coccygectomy, primary
27090	CPT, Surgery	Musculoskeletal System	Removal of hip prosthesis; (separate procedure)
27091	CPT, Surgery	Musculoskeletal System	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or wii
27095	CPT, Surgery	Musculoskeletal System	Injection procedure for hip arthrography; with anesthesia
27096	CPT, Surgery	Musculoskeletal System	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) in
27097	CPT, Surgery	Musculoskeletal System	Release or recession, hamstring, proximal
27098	CPT, Surgery	Musculoskeletal System	Transfer, adductor to ischium
27100	CPT, Surgery	Musculoskeletal System	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)
27105	CPT, Surgery	Musculoskeletal System	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
27110	CPT, Surgery	Musculoskeletal System	Transfer iliopsoas; to greater trochanter of femur
27111	CPT, Surgery	Musculoskeletal System	Transfer iliopsoas; to femoral neck
27120	CPT, Surgery	Musculoskeletal System	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
27122	CPT, Surgery	Musculoskeletal System	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)
27125	CPT, Surgery	Musculoskeletal System	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
27130	CPT, Surgery	Musculoskeletal System	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or
27132	CPT, Surgery	Musculoskeletal System	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	CPT, Surgery	Musculoskeletal System	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	CPT, Surgery	Musculoskeletal System	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	CPT, Surgery	Musculoskeletal System	Revision of total hip arthroplasty; femoral component only, with or without allograft
27146	CPT, Surgery	Musculoskeletal System	Osteotomy, iliac, acetabular or innominate bone;
27147	CPT, Surgery	Musculoskeletal System	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip
27151	CPT, Surgery	Musculoskeletal System	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy
27156	CPT, Surgery	Musculoskeletal System	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of
27158	CPT, Surgery	Musculoskeletal System	Osteotomy, pelvis, bilateral (eg, congenital malformation)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
27161	CPT, Surgery	Musculoskeletal System	Osteotomy, femoral neck (separate procedure)
27165	CPT, Surgery	Musculoskeletal System	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast
27170	CPT, Surgery	Musculoskeletal System	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone gr
27175	CPT, Surgery	Musculoskeletal System	Treatment of slipped femoral epiphysis; by traction, without reduction
27176	CPT, Surgery	Musculoskeletal System	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ
27177	CPT, Surgery	Musculoskeletal System	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtain
27178	CPT, Surgery	Musculoskeletal System	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning
27179	CPT, Surgery	Musculoskeletal System	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)
27181	CPT, Surgery	Musculoskeletal System	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation
27185	CPT, Surgery	Musculoskeletal System	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur
27187	CPT, Surgery	Musculoskeletal System	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femo
27197	CPT, Surgery	Musculoskeletal System	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ili
27198	CPT, Surgery	Musculoskeletal System	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ili
27200	CPT, Surgery	Musculoskeletal System	Closed treatment of coccygeal fracture
27202	CPT, Surgery	Musculoskeletal System	Open treatment of coccygeal fracture
27215	CPT, Surgery	Musculoskeletal System	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bon
27216	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patter
27217	CPT, Surgery	Musculoskeletal System	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt t
27218	CPT, Surgery	Musculoskeletal System	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt
27220	CPT, Surgery	Musculoskeletal System	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation
27222	CPT, Surgery	Musculoskeletal System	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal
27226	CPT, Surgery	Musculoskeletal System	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation
27227	CPT, Surgery	Musculoskeletal System	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture ru
27228	CPT, Surgery	Musculoskeletal System	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fr
27230	CPT, Surgery	Musculoskeletal System	Closed treatment of femoral fracture, proximal end, neck; without manipulation
27232	CPT, Surgery	Musculoskeletal System	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal
27235	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of femoral fracture, proximal end, neck
27236	CPT, Surgery	Musculoskeletal System	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement
27238	CPT, Surgery	Musculoskeletal System	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without i
27240	CPT, Surgery	Musculoskeletal System	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with mar
27244	CPT, Surgery	Musculoskeletal System	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/scre
27245	CPT, Surgery	Musculoskeletal System	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedu
27246	CPT, Surgery	Musculoskeletal System	Closed treatment of greater trochanteric fracture, without manipulation
27248	CPT, Surgery	Musculoskeletal System	Open treatment of greater trochanteric fracture, includes internal fixation, when performed
27250	CPT, Surgery	Musculoskeletal System	Closed treatment of hip dislocation, traumatic; without anesthesia
27252	CPT, Surgery	Musculoskeletal System	Closed treatment of hip dislocation, traumatic; requiring anesthesia
27253	CPT, Surgery	Musculoskeletal System	Open treatment of hip dislocation, traumatic, without internal fixation
27254	CPT, Surgery	Musculoskeletal System	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
27256	CPT, Surgery	Musculoskeletal System	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by at
27257	CPT, Surgery	Musculoskeletal System	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by at
27258	CPT, Surgery	Musculoskeletal System	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological),
27259	CPT, Surgery	Musculoskeletal System	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological),
27265	CPT, Surgery	Musculoskeletal System	Closed treatment of post hip arthroplasty dislocation; without anesthesia
27266	CPT, Surgery	Musculoskeletal System	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia
27267	CPT, Surgery	Musculoskeletal System	Closed treatment of femoral fracture, proximal end, head; without manipulation
27268	CPT, Surgery	Musculoskeletal System	Closed treatment of femoral fracture, proximal end, head; with manipulation
27269	CPT, Surgery	Musculoskeletal System	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed
27275	CPT, Surgery	Musculoskeletal System	Manipulation, hip joint, requiring general anesthesia
27278	CPT, Surgery	Musculoskeletal System	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articula
27279	CPT, Surgery	Musculoskeletal System	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image gu
27280	CPT, Surgery	Musculoskeletal System	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when per
27282	CPT, Surgery	Musculoskeletal System	Arthrodesis, symphysis pubis (including obtaining graft)
27284	CPT, Surgery	Musculoskeletal System	Arthrodesis, hip joint (including obtaining graft);
27286	CPT, Surgery	Musculoskeletal System	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy
27290	CPT, Surgery	Musculoskeletal System	Interpelviabdominal amputation (hindquarter amputation)
27295	CPT, Surgery	Musculoskeletal System	Disarticulation of hip
27299	CPT, Surgery	Musculoskeletal System	Unlisted procedure, pelvis or hip joint
27305	CPT, Surgery	Musculoskeletal System	Fasciotomy, iliotibial (tenotomy), open
27306	CPT, Surgery	Musculoskeletal System	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)
27307	CPT, Surgery	Musculoskeletal System	Tenotomy, percutaneous, adductor or hamstring; multiple tendons
27310	CPT, Surgery	Musculoskeletal System	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)
27325	CPT, Surgery	Musculoskeletal System	Neurectomy, hamstring muscle
27326	CPT, Surgery	Musculoskeletal System	Neurectomy, popliteal (gastrocnemius)
27327	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm
27328	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm
27329	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm
27330	CPT, Surgery	Musculoskeletal System	Arthrotomy, knee; with synovial biopsy only
27331	CPT, Surgery	Musculoskeletal System	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
27332	CPT, Surgery	Musculoskeletal System	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
27334	CPT, Surgery	Musculoskeletal System	Arthrotomy, with synovectomy, knee; anterior OR posterior
27335	CPT, Surgery	Musculoskeletal System	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
27337	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater
27339	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater
27340	CPT, Surgery	Musculoskeletal System	Excision, prepatellar bursa
27345	CPT, Surgery	Musculoskeletal System	Excision of synovial cyst of popliteal space (eg, Baker's cyst)
27347	CPT, Surgery	Musculoskeletal System	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
27350	CPT, Surgery	Musculoskeletal System	Patellectomy or hemipatellectomy
27355	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of femur;
27356	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of femur; with allograft
27357	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)
27358	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to c
27360	CPT, Surgery	Musculoskeletal System	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fib
27364	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater
27365	CPT, Surgery	Musculoskeletal System	Radical resection of tumor, femur or knee
27369	CPT, Surgery	Musculoskeletal System	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography
27372	CPT, Surgery	Musculoskeletal System	Removal of foreign body, deep, thigh region or knee area
27381	CPT, Surgery	Musculoskeletal System	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft
27385	CPT, Surgery	Musculoskeletal System	Suture of quadriceps or hamstring muscle rupture; primary
27386	CPT, Surgery	Musculoskeletal System	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tend
27390	CPT, Surgery	Musculoskeletal System	Tenotomy, open, hamstring, knee to hip; single tendon
27391	CPT, Surgery	Musculoskeletal System	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg
27392	CPT, Surgery	Musculoskeletal System	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral
27393	CPT, Surgery	Musculoskeletal System	Lengthening of hamstring tendon; single tendon
27394	CPT, Surgery	Musculoskeletal System	Lengthening of hamstring tendon; multiple tendons, 1 leg
27395	CPT, Surgery	Musculoskeletal System	Lengthening of hamstring tendon; multiple tendons, bilateral
27396	CPT, Surgery	Musculoskeletal System	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tenc
27397	CPT, Surgery	Musculoskeletal System	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple te
27400	CPT, Surgery	Musculoskeletal System	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)
27403	CPT, Surgery	Musculoskeletal System	Arthrotomy with meniscus repair, knee
27405	CPT, Surgery	Musculoskeletal System	Repair, primary, torn ligament and/or capsule, knee; collateral
27409	CPT, Surgery	Musculoskeletal System	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments
27412	CPT, Surgery	Musculoskeletal System	Autologous chondrocyte implantation, knee
27415	CPT, Surgery	Musculoskeletal System	Osteochondral allograft, knee, open
27416	CPT, Surgery	Musculoskeletal System	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])
27420	CPT, Surgery	Musculoskeletal System	Reconstruction of dislocating patella; (eg, Hauser type procedure)
27422	CPT, Surgery	Musculoskeletal System	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or relea
27424	CPT, Surgery	Musculoskeletal System	Reconstruction of dislocating patella; with patellectomy
27425	CPT, Surgery	Musculoskeletal System	Lateral retinacular release, open
27427	CPT, Surgery	Musculoskeletal System	Ligamentous reconstruction (augmentation), knee; extra-articular
27428	CPT, Surgery	Musculoskeletal System	Ligamentous reconstruction (augmentation), knee; intra-articular (open)
27429	CPT, Surgery	Musculoskeletal System	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
27430	CPT, Surgery	Musculoskeletal System	Quadricepsplasty (eg, Bennett or Thompson type)
27435	CPT, Surgery	Musculoskeletal System	Capsulotomy, posterior capsular release, knee
27437	CPT, Surgery	Musculoskeletal System	Arthroplasty, patella; without prosthesis

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
27438	CPT, Surgery	Musculoskeletal System	Arthroplasty, patella; with prosthesis
27440	CPT, Surgery	Musculoskeletal System	Arthroplasty, knee, tibial plateau;
27442	CPT, Surgery	Musculoskeletal System	Arthroplasty, femoral condyles or tibial plateau(s), knee;
27443	CPT, Surgery	Musculoskeletal System	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27446	CPT, Surgery	Musculoskeletal System	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	CPT, Surgery	Musculoskeletal System	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella re
27448	CPT, Surgery	Musculoskeletal System	Osteotomy, femur, shaft or supracondylar; without fixation
27450	CPT, Surgery	Musculoskeletal System	Osteotomy, femur, shaft or supracondylar; with fixation
27454	CPT, Surgery	Musculoskeletal System	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedu
27455	CPT, Surgery	Musculoskeletal System	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [
27457	CPT, Surgery	Musculoskeletal System	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [
27465	CPT, Surgery	Musculoskeletal System	Osteoplasty, femur; shortening (excluding 64876)
27466	CPT, Surgery	Musculoskeletal System	Osteoplasty, femur; lengthening
27470	CPT, Surgery	Musculoskeletal System	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression techniq
27472	CPT, Surgery	Musculoskeletal System	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone gr
27475	CPT, Surgery	Musculoskeletal System	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur
27477	CPT, Surgery	Musculoskeletal System	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal
27479	CPT, Surgery	Musculoskeletal System	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula
27485	CPT, Surgery	Musculoskeletal System	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)
27486	CPT, Surgery	Musculoskeletal System	Revision of total knee arthroplasty, with or without allograft; 1 component
27487	CPT, Surgery	Musculoskeletal System	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
27488	CPT, Surgery	Musculoskeletal System	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion
27495	CPT, Surgery	Musculoskeletal System	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femu
27496	CPT, Surgery	Musculoskeletal System	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);
27497	CPT, Surgery	Musculoskeletal System	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with
27498	CPT, Surgery	Musculoskeletal System	Decompression fasciotomy, thigh and/or knee, multiple compartments;
27499	CPT, Surgery	Musculoskeletal System	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviabl
27500	CPT, Surgery	Musculoskeletal System	Closed treatment of femoral shaft fracture, without manipulation
27501	CPT, Surgery	Musculoskeletal System	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar ex
27502	CPT, Surgery	Musculoskeletal System	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal tractio
27503	CPT, Surgery	Musculoskeletal System	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar ex
27507	CPT, Surgery	Musculoskeletal System	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage
27508	CPT, Surgery	Musculoskeletal System	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation
27509	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondy
27510	CPT, Surgery	Musculoskeletal System	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation
27511	CPT, Surgery	Musculoskeletal System	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension,
27513	CPT, Surgery	Musculoskeletal System	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, incl
27514	CPT, Surgery	Musculoskeletal System	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, w

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
27516	CPT, Surgery	Musculoskeletal System	Closed treatment of distal femoral epiphyseal separation; without manipulation
27517	CPT, Surgery	Musculoskeletal System	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or s
27519	CPT, Surgery	Musculoskeletal System	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed
27520	CPT, Surgery	Musculoskeletal System	Closed treatment of patellar fracture, without manipulation
27524	CPT, Surgery	Musculoskeletal System	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy an
27530	CPT, Surgery	Musculoskeletal System	Closed treatment of tibial fracture, proximal (plateau); without manipulation
27532	CPT, Surgery	Musculoskeletal System	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal tra
27535	CPT, Surgery	Musculoskeletal System	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when pe
27536	CPT, Surgery	Musculoskeletal System	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation
27538	CPT, Surgery	Musculoskeletal System	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without mani
27540	CPT, Surgery	Musculoskeletal System	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal f
27550	CPT, Surgery	Musculoskeletal System	Closed treatment of knee dislocation; without anesthesia
27552	CPT, Surgery	Musculoskeletal System	Closed treatment of knee dislocation; requiring anesthesia
27556	CPT, Surgery	Musculoskeletal System	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligar
27557	CPT, Surgery	Musculoskeletal System	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamer
27558	CPT, Surgery	Musculoskeletal System	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamer
27560	CPT, Surgery	Musculoskeletal System	Closed treatment of patellar dislocation; without anesthesia
27562	CPT, Surgery	Musculoskeletal System	Closed treatment of patellar dislocation; requiring anesthesia
27566	CPT, Surgery	Musculoskeletal System	Open treatment of patellar dislocation, with or without partial or total patellectomy
27580	CPT, Surgery	Musculoskeletal System	Arthrodesis, knee, any technique
27590	CPT, Surgery	Musculoskeletal System	Amputation, thigh, through femur, any level;
27591	CPT, Surgery	Musculoskeletal System	Amputation, thigh, through femur, any level; immediate fitting technique including first cast
27592	CPT, Surgery	Musculoskeletal System	Amputation, thigh, through femur, any level; open, circular (guillotine)
27594	CPT, Surgery	Musculoskeletal System	Amputation, thigh, through femur, any level; secondary closure or scar revision
27596	CPT, Surgery	Musculoskeletal System	Amputation, thigh, through femur, any level; re-amputation
27598	CPT, Surgery	Musculoskeletal System	Disarticulation at knee
27599	CPT, Surgery	Musculoskeletal System	Unlisted procedure, femur or knee
27600	CPT, Surgery	Musculoskeletal System	Decompression fasciotomy, leg; anterior and/or lateral compartments only
27602	CPT, Surgery	Musculoskeletal System	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)
27603	CPT, Surgery	Musculoskeletal System	Incision and drainage, leg or ankle; deep abscess or hematoma
27604	CPT, Surgery	Musculoskeletal System	Incision and drainage, leg or ankle; infected bursa
27605	CPT, Surgery	Musculoskeletal System	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
27606	CPT, Surgery	Musculoskeletal System	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
27607	CPT, Surgery	Musculoskeletal System	Incision (eg, osteomyelitis or bone abscess), leg or ankle
27610	CPT, Surgery	Musculoskeletal System	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body
27612	CPT, Surgery	Musculoskeletal System	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening
27614	CPT, Surgery	Musculoskeletal System	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
27615	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
27616	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater
27618	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm
27619	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm
27620	CPT, Surgery	Musculoskeletal System	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or
27625	CPT, Surgery	Musculoskeletal System	Arthrotomy, with synovectomy, ankle;
27626	CPT, Surgery	Musculoskeletal System	Arthrotomy, with synovectomy, ankle; including tenosynovectomy
27630	CPT, Surgery	Musculoskeletal System	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle
27632	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater
27634	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater
27635	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor, tibia or fibula;
27638	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft
27640	CPT, Surgery	Musculoskeletal System	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia
27641	CPT, Surgery	Musculoskeletal System	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula
27645	CPT, Surgery	Musculoskeletal System	Radical resection of tumor; tibia
27646	CPT, Surgery	Musculoskeletal System	Radical resection of tumor; fibula
27647	CPT, Surgery	Musculoskeletal System	Radical resection of tumor; talus or calcaneus
27648	CPT, Surgery	Musculoskeletal System	Injection procedure for ankle arthrography
27650	CPT, Surgery	Musculoskeletal System	Repair, primary, open or percutaneous, ruptured Achilles tendon;
27652	CPT, Surgery	Musculoskeletal System	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)
27654	CPT, Surgery	Musculoskeletal System	Repair, secondary, Achilles tendon, with or without graft
27656	CPT, Surgery	Musculoskeletal System	Repair, fascial defect of leg
27658	CPT, Surgery	Musculoskeletal System	Repair, flexor tendon, leg; primary, without graft, each tendon
27659	CPT, Surgery	Musculoskeletal System	Repair, flexor tendon, leg; secondary, with or without graft, each tendon
27664	CPT, Surgery	Musculoskeletal System	Repair, extensor tendon, leg; primary, without graft, each tendon
27675	CPT, Surgery	Musculoskeletal System	Repair, dislocating peroneal tendons; without fibular osteotomy
27676	CPT, Surgery	Musculoskeletal System	Repair, dislocating peroneal tendons; with fibular osteotomy
27680	CPT, Surgery	Musculoskeletal System	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon
27681	CPT, Surgery	Musculoskeletal System	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s])
27685	CPT, Surgery	Musculoskeletal System	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
27686	CPT, Surgery	Musculoskeletal System	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each
27687	CPT, Surgery	Musculoskeletal System	Gastrocnemius recession (eg, Strayer procedure)
27690	CPT, Surgery	Musculoskeletal System	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior
27691	CPT, Surgery	Musculoskeletal System	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial
27695	CPT, Surgery	Musculoskeletal System	Repair, primary, disrupted ligament, ankle; collateral
27696	CPT, Surgery	Musculoskeletal System	Repair, primary, disrupted ligament, ankle; both collateral ligaments
27698	CPT, Surgery	Musculoskeletal System	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
27700	CPT, Surgery	Musculoskeletal System	Arthroplasty, ankle;
27702	CPT, Surgery	Musculoskeletal System	Arthroplasty, ankle; with implant (total ankle)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
27703	CPT, Surgery	Musculoskeletal System	Arthroplasty, ankle; revision, total ankle
27704	CPT, Surgery	Musculoskeletal System	Removal of ankle implant
27705	CPT, Surgery	Musculoskeletal System	Osteotomy; tibia
27707	CPT, Surgery	Musculoskeletal System	Osteotomy; fibula
27709	CPT, Surgery	Musculoskeletal System	Osteotomy; tibia and fibula
27712	CPT, Surgery	Musculoskeletal System	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)
27715	CPT, Surgery	Musculoskeletal System	Osteoplasty, tibia and fibula, lengthening or shortening
27720	CPT, Surgery	Musculoskeletal System	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)
27722	CPT, Surgery	Musculoskeletal System	Repair of nonunion or malunion, tibia; with sliding graft
27724	CPT, Surgery	Musculoskeletal System	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)
27725	CPT, Surgery	Musculoskeletal System	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method
27726	CPT, Surgery	Musculoskeletal System	Repair of fibula nonunion and/or malunion with internal fixation
27727	CPT, Surgery	Musculoskeletal System	Repair of congenital pseudarthrosis, tibia
27730	CPT, Surgery	Musculoskeletal System	Arrest, epiphyseal (epiphysiodesis), open; distal tibia
27734	CPT, Surgery	Musculoskeletal System	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula
27740	CPT, Surgery	Musculoskeletal System	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;
27742	CPT, Surgery	Musculoskeletal System	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and d
27745	CPT, Surgery	Musculoskeletal System	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia
27750	CPT, Surgery	Musculoskeletal System	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
27752	CPT, Surgery	Musculoskeletal System	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or
27758	CPT, Surgery	Musculoskeletal System	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or w
27759	CPT, Surgery	Musculoskeletal System	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or
27760	CPT, Surgery	Musculoskeletal System	Closed treatment of medial malleolus fracture; without manipulation
27762	CPT, Surgery	Musculoskeletal System	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal tra
27766	CPT, Surgery	Musculoskeletal System	Open treatment of medial malleolus fracture, includes internal fixation, when performed
27767	CPT, Surgery	Musculoskeletal System	Closed treatment of posterior malleolus fracture; without manipulation
27768	CPT, Surgery	Musculoskeletal System	Closed treatment of posterior malleolus fracture; with manipulation
27769	CPT, Surgery	Musculoskeletal System	Open treatment of posterior malleolus fracture, includes internal fixation, when performed
27780	CPT, Surgery	Musculoskeletal System	Closed treatment of proximal fibula or shaft fracture; without manipulation
27781	CPT, Surgery	Musculoskeletal System	Closed treatment of proximal fibula or shaft fracture; with manipulation
27784	CPT, Surgery	Musculoskeletal System	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed
27786	CPT, Surgery	Musculoskeletal System	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27788	CPT, Surgery	Musculoskeletal System	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
27792	CPT, Surgery	Musculoskeletal System	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performe
27808	CPT, Surgery	Musculoskeletal System	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterio
27810	CPT, Surgery	Musculoskeletal System	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterio
27814	CPT, Surgery	Musculoskeletal System	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior
27816	CPT, Surgery	Musculoskeletal System	Closed treatment of trimalleolar ankle fracture; without manipulation

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
27818	CPT, Surgery	Musculoskeletal System	Closed treatment of trimalleolar ankle fracture; with manipulation
27822	CPT, Surgery	Musculoskeletal System	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and
27823	CPT, Surgery	Musculoskeletal System	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and
27825	CPT, Surgery	Musculoskeletal System	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafor
27826	CPT, Surgery	Musculoskeletal System	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibia
27827	CPT, Surgery	Musculoskeletal System	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibia
27828	CPT, Surgery	Musculoskeletal System	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibia
27829	CPT, Surgery	Musculoskeletal System	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when p
27830	CPT, Surgery	Musculoskeletal System	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia
27831	CPT, Surgery	Musculoskeletal System	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia
27832	CPT, Surgery	Musculoskeletal System	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed,
27840	CPT, Surgery	Musculoskeletal System	Closed treatment of ankle dislocation; without anesthesia
27842	CPT, Surgery	Musculoskeletal System	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fix:
27846	CPT, Surgery	Musculoskeletal System	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or
27848	CPT, Surgery	Musculoskeletal System	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or int
27860	CPT, Surgery	Musculoskeletal System	Manipulation of ankle under general anesthesia (includes application of traction or other fixation app;
27870	CPT, Surgery	Musculoskeletal System	Arthrodesis, ankle, open
27871	CPT, Surgery	Musculoskeletal System	Arthrodesis, tibiofibular joint, proximal or distal
27880	CPT, Surgery	Musculoskeletal System	Amputation, leg, through tibia and fibula;
27881	CPT, Surgery	Musculoskeletal System	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of fir
27882	CPT, Surgery	Musculoskeletal System	Amputation, leg, through tibia and fibula; open, circular (guillotine)
27884	CPT, Surgery	Musculoskeletal System	Amputation, leg, through tibia and fibula; secondary closure or scar revision
27886	CPT, Surgery	Musculoskeletal System	Amputation, leg, through tibia and fibula; re-amputation
27888	CPT, Surgery	Musculoskeletal System	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plas
27889	CPT, Surgery	Musculoskeletal System	Ankle disarticulation
27892	CPT, Surgery	Musculoskeletal System	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of non
27893	CPT, Surgery	Musculoskeletal System	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscl
27894	CPT, Surgery	Musculoskeletal System	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debriden
27899	CPT, Surgery	Musculoskeletal System	Unlisted procedure, leg or ankle
28002	CPT, Surgery	Musculoskeletal System	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal spa
28003	CPT, Surgery	Musculoskeletal System	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas
28008	CPT, Surgery	Musculoskeletal System	Fasciotomy, foot and/or toe
28010	CPT, Surgery	Musculoskeletal System	Tenotomy, percutaneous, toe; single tendon
28011	CPT, Surgery	Musculoskeletal System	Tenotomy, percutaneous, toe; multiple tendons
28020	CPT, Surgery	Musculoskeletal System	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarson
28022	CPT, Surgery	Musculoskeletal System	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalange:
28024	CPT, Surgery	Musculoskeletal System	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal join
28035	CPT, Surgery	Musculoskeletal System	Release, tarsal tunnel (posterior tibial nerve decompression)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
28039	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater
28041	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater
28045	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm
28047	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater
28050	CPT, Surgery	Musculoskeletal System	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint
28054	CPT, Surgery	Musculoskeletal System	Arthrotomy with biopsy; interphalangeal joint
28055	CPT, Surgery	Musculoskeletal System	Neurectomy, intrinsic musculature of foot
28060	CPT, Surgery	Musculoskeletal System	Fasciectomy, plantar fascia; partial (separate procedure)
28062	CPT, Surgery	Musculoskeletal System	Fasciectomy, plantar fascia; radical (separate procedure)
28070	CPT, Surgery	Musculoskeletal System	Synovectomy; intertarsal or tarsometatarsal joint, each
28072	CPT, Surgery	Musculoskeletal System	Synovectomy; metatarsophalangeal joint, each
28080	CPT, Surgery	Musculoskeletal System	Excision, interdigital (Morton) neuroma, single, each
28088	CPT, Surgery	Musculoskeletal System	Synovectomy, tendon sheath, foot; extensor
28090	CPT, Surgery	Musculoskeletal System	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); fc
28100	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
28102	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (in
28103	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
28104	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;
28106	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; wit
28107	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; wit
28108	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor, phalanges of foot
28110	CPT, Surgery	Musculoskeletal System	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111	CPT, Surgery	Musculoskeletal System	Ostectomy, complete excision; first metatarsal head
28112	CPT, Surgery	Musculoskeletal System	Ostectomy, complete excision; other metatarsal head (second, third or fourth)
28113	CPT, Surgery	Musculoskeletal System	Ostectomy, complete excision; fifth metatarsal head
28116	CPT, Surgery	Musculoskeletal System	Ostectomy, excision of tarsal coalition
28118	CPT, Surgery	Musculoskeletal System	Ostectomy, calcaneus;
28119	CPT, Surgery	Musculoskeletal System	Ostectomy, calcaneus; for spur, with or without plantar fascial release
28120	CPT, Surgery	Musculoskeletal System	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyel
28122	CPT, Surgery	Musculoskeletal System	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyel
28124	CPT, Surgery	Musculoskeletal System	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyel
28126	CPT, Surgery	Musculoskeletal System	Resection, partial or complete, phalangeal base, each toe
28140	CPT, Surgery	Musculoskeletal System	Metatarsectomy
28150	CPT, Surgery	Musculoskeletal System	Phalangectomy, toe, each toe
28153	CPT, Surgery	Musculoskeletal System	Resection, condyle(s), distal end of phalanx, each toe
28160	CPT, Surgery	Musculoskeletal System	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
28171	CPT, Surgery	Musculoskeletal System	Radical resection of tumor; tarsal (except talus or calcaneus)
28175	CPT, Surgery	Musculoskeletal System	Radical resection of tumor; phalanx of toe

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
28200	CPT, Surgery	Musculoskeletal System	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
28202	CPT, Surgery	Musculoskeletal System	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
28208	CPT, Surgery	Musculoskeletal System	Repair, tendon, extensor, foot; primary or secondary, each tendon
28210	CPT, Surgery	Musculoskeletal System	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)
28220	CPT, Surgery	Musculoskeletal System	Tenolysis, flexor, foot; single tendon
28222	CPT, Surgery	Musculoskeletal System	Tenolysis, flexor, foot; multiple tendons
28225	CPT, Surgery	Musculoskeletal System	Tenolysis, extensor, foot; single tendon
28226	CPT, Surgery	Musculoskeletal System	Tenolysis, extensor, foot; multiple tendons
28230	CPT, Surgery	Musculoskeletal System	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)
28232	CPT, Surgery	Musculoskeletal System	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
28234	CPT, Surgery	Musculoskeletal System	Tenotomy, open, extensor, foot or toe, each tendon
28238	CPT, Surgery	Musculoskeletal System	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone
28240	CPT, Surgery	Musculoskeletal System	Tenotomy, lengthening, or release, abductor hallucis muscle
28250	CPT, Surgery	Musculoskeletal System	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)
28261	CPT, Surgery	Musculoskeletal System	Capsulotomy, midfoot; with tendon lengthening
28262	CPT, Surgery	Musculoskeletal System	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening
28264	CPT, Surgery	Musculoskeletal System	Capsulotomy, midtarsal (eg, Heyman type procedure)
28270	CPT, Surgery	Musculoskeletal System	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)
28272	CPT, Surgery	Musculoskeletal System	Capsulotomy; interphalangeal joint, each joint (separate procedure)
28280	CPT, Surgery	Musculoskeletal System	Syndactylization, toes (eg, webbing or Kelikian type procedure)
28285	CPT, Surgery	Musculoskeletal System	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)
28286	CPT, Surgery	Musculoskeletal System	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)
28288	CPT, Surgery	Musculoskeletal System	Osteotomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28289	CPT, Surgery	Musculoskeletal System	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsoph
28291	CPT, Surgery	Musculoskeletal System	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsoph
28295	CPT, Surgery	Musculoskeletal System	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal met
28296	CPT, Surgery	Musculoskeletal System	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metata
28297	CPT, Surgery	Musculoskeletal System	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatars
28298	CPT, Surgery	Musculoskeletal System	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal pha
28299	CPT, Surgery	Musculoskeletal System	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteo
28300	CPT, Surgery	Musculoskeletal System	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation
28302	CPT, Surgery	Musculoskeletal System	Osteotomy; talus
28304	CPT, Surgery	Musculoskeletal System	Osteotomy, tarsal bones, other than calcaneus or talus;
28305	CPT, Surgery	Musculoskeletal System	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, F
28306	CPT, Surgery	Musculoskeletal System	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsa
28307	CPT, Surgery	Musculoskeletal System	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsa
28309	CPT, Surgery	Musculoskeletal System	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, S
28310	CPT, Surgery	Musculoskeletal System	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedu

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
28312	CPT, Surgery	Musculoskeletal System	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28313	CPT, Surgery	Musculoskeletal System	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe)
28315	CPT, Surgery	Musculoskeletal System	Sesamoidectomy, first toe (separate procedure)
28320	CPT, Surgery	Musculoskeletal System	Repair, nonunion or malunion; tarsal bones
28322	CPT, Surgery	Musculoskeletal System	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
28340	CPT, Surgery	Musculoskeletal System	Reconstruction, toe, macrodactyly; soft tissue resection
28341	CPT, Surgery	Musculoskeletal System	Reconstruction, toe, macrodactyly; requiring bone resection
28344	CPT, Surgery	Musculoskeletal System	Reconstruction, toe(s); polydactyly
28345	CPT, Surgery	Musculoskeletal System	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web
28360	CPT, Surgery	Musculoskeletal System	Reconstruction, cleft foot
28400	CPT, Surgery	Musculoskeletal System	Closed treatment of calcaneal fracture; without manipulation
28405	CPT, Surgery	Musculoskeletal System	Closed treatment of calcaneal fracture; with manipulation
28406	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of calcaneal fracture, with manipulation
28415	CPT, Surgery	Musculoskeletal System	Open treatment of calcaneal fracture, includes internal fixation, when performed;
28420	CPT, Surgery	Musculoskeletal System	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac crest bone graft
28430	CPT, Surgery	Musculoskeletal System	Closed treatment of talus fracture; without manipulation
28435	CPT, Surgery	Musculoskeletal System	Closed treatment of talus fracture; with manipulation
28436	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of talus fracture, with manipulation
28445	CPT, Surgery	Musculoskeletal System	Open treatment of talus fracture, includes internal fixation, when performed
28446	CPT, Surgery	Musculoskeletal System	Open osteochondral autograft, talus (includes obtaining graft[s])
28450	CPT, Surgery	Musculoskeletal System	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
28455	CPT, Surgery	Musculoskeletal System	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each
28456	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each
28465	CPT, Surgery	Musculoskeletal System	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each
28470	CPT, Surgery	Musculoskeletal System	Closed treatment of metatarsal fracture; without manipulation, each
28475	CPT, Surgery	Musculoskeletal System	Closed treatment of metatarsal fracture; with manipulation, each
28476	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28485	CPT, Surgery	Musculoskeletal System	Open treatment of metatarsal fracture, includes internal fixation, when performed, each
28490	CPT, Surgery	Musculoskeletal System	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
28496	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28505	CPT, Surgery	Musculoskeletal System	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed
28525	CPT, Surgery	Musculoskeletal System	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed
28531	CPT, Surgery	Musculoskeletal System	Open treatment of sesamoid fracture, with or without internal fixation
28540	CPT, Surgery	Musculoskeletal System	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia
28545	CPT, Surgery	Musculoskeletal System	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia
28546	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation
28555	CPT, Surgery	Musculoskeletal System	Open treatment of tarsal bone dislocation, includes internal fixation, when performed
28570	CPT, Surgery	Musculoskeletal System	Closed treatment of talotarsal joint dislocation; without anesthesia

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
28575	CPT, Surgery	Musculoskeletal System	Closed treatment of talotarsal joint dislocation; requiring anesthesia
28576	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation
28585	CPT, Surgery	Musculoskeletal System	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed
28600	CPT, Surgery	Musculoskeletal System	Closed treatment of tarsometatarsal joint dislocation; without anesthesia
28605	CPT, Surgery	Musculoskeletal System	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia
28606	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation
28615	CPT, Surgery	Musculoskeletal System	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed
28630	CPT, Surgery	Musculoskeletal System	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia
28635	CPT, Surgery	Musculoskeletal System	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia
28636	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
28645	CPT, Surgery	Musculoskeletal System	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed
28660	CPT, Surgery	Musculoskeletal System	Closed treatment of interphalangeal joint dislocation; without anesthesia
28665	CPT, Surgery	Musculoskeletal System	Closed treatment of interphalangeal joint dislocation; requiring anesthesia
28666	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation
28675	CPT, Surgery	Musculoskeletal System	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed
28705	CPT, Surgery	Musculoskeletal System	Arthrodesis; pantalar
28715	CPT, Surgery	Musculoskeletal System	Arthrodesis; triple
28725	CPT, Surgery	Musculoskeletal System	Arthrodesis; subtalar
28730	CPT, Surgery	Musculoskeletal System	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;
28735	CPT, Surgery	Musculoskeletal System	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correct
28737	CPT, Surgery	Musculoskeletal System	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Mi
28740	CPT, Surgery	Musculoskeletal System	Arthrodesis, midtarsal or tarsometatarsal, single joint
28750	CPT, Surgery	Musculoskeletal System	Arthrodesis, great toe; metatarsophalangeal joint
28755	CPT, Surgery	Musculoskeletal System	Arthrodesis, great toe; interphalangeal joint
28760	CPT, Surgery	Musculoskeletal System	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal
28800	CPT, Surgery	Musculoskeletal System	Amputation, foot; midtarsal (eg, Chopart type procedure)
28805	CPT, Surgery	Musculoskeletal System	Amputation, foot; transmetatarsal
28810	CPT, Surgery	Musculoskeletal System	Amputation, metatarsal, with toe, single
28820	CPT, Surgery	Musculoskeletal System	Amputation, toe; metatarsophalangeal joint
28825	CPT, Surgery	Musculoskeletal System	Amputation, toe; interphalangeal joint
28890	CPT, Surgery	Musculoskeletal System	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care profe
28899	CPT, Surgery	Musculoskeletal System	Unlisted procedure, foot or toes
29800	CPT, Surgery	Musculoskeletal System	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedu
29804	CPT, Surgery	Musculoskeletal System	Arthroscopy, temporomandibular joint, surgical
29805	CPT, Surgery	Musculoskeletal System	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	CPT, Surgery	Musculoskeletal System	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	CPT, Surgery	Musculoskeletal System	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	CPT, Surgery	Musculoskeletal System	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
29820	CPT, Surgery	Musculoskeletal System	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	CPT, Surgery	Musculoskeletal System	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	CPT, Surgery	Musculoskeletal System	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, hu
29823	CPT, Surgery	Musculoskeletal System	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bi
29824	CPT, Surgery	Musculoskeletal System	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford proc
29825	CPT, Surgery	Musculoskeletal System	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826	CPT, Surgery	Musculoskeletal System	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with
29827	CPT, Surgery	Musculoskeletal System	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	CPT, Surgery	Musculoskeletal System	Arthroscopy, shoulder, surgical; biceps tenodesis
29830	CPT, Surgery	Musculoskeletal System	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29834	CPT, Surgery	Musculoskeletal System	Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835	CPT, Surgery	Musculoskeletal System	Arthroscopy, elbow, surgical; synovectomy, partial
29836	CPT, Surgery	Musculoskeletal System	Arthroscopy, elbow, surgical; synovectomy, complete
29837	CPT, Surgery	Musculoskeletal System	Arthroscopy, elbow, surgical; debridement, limited
29838	CPT, Surgery	Musculoskeletal System	Arthroscopy, elbow, surgical; debridement, extensive
29840	CPT, Surgery	Musculoskeletal System	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29843	CPT, Surgery	Musculoskeletal System	Arthroscopy, wrist, surgical; for infection, lavage and drainage
29844	CPT, Surgery	Musculoskeletal System	Arthroscopy, wrist, surgical; synovectomy, partial
29845	CPT, Surgery	Musculoskeletal System	Arthroscopy, wrist, surgical; synovectomy, complete
29846	CPT, Surgery	Musculoskeletal System	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debrideme
29847	CPT, Surgery	Musculoskeletal System	Arthroscopy, wrist, surgical; internal fixation for fracture or instability
29848	CPT, Surgery	Musculoskeletal System	Endoscopy, wrist, surgical, with release of transverse carpal ligament
29850	CPT, Surgery	Musculoskeletal System	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, w
29851	CPT, Surgery	Musculoskeletal System	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, w
29855	CPT, Surgery	Musculoskeletal System	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal f
29856	CPT, Surgery	Musculoskeletal System	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fix
29860	CPT, Surgery	Musculoskeletal System	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
29861	CPT, Surgery	Musculoskeletal System	Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862	CPT, Surgery	Musculoskeletal System	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion a
29863	CPT, Surgery	Musculoskeletal System	Arthroscopy, hip, surgical; with synovectomy
29866	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the ;
29867	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
29868	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; meniscal transplplantation (includes arthrotomy for meniscal insertion), me
29870	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; for infection, lavage and drainage
29873	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; with lateral release
29874	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans f
29875	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
29876	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
29877	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple
29881	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) in
29882	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure
29885	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without i
29886	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	CPT, Surgery	Musculoskeletal System	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	CPT, Surgery	Musculoskeletal System	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29891	CPT, Surgery	Musculoskeletal System	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of
29893	CPT, Surgery	Musculoskeletal System	Endoscopic plantar fasciotomy
29894	CPT, Surgery	Musculoskeletal System	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign bo
29895	CPT, Surgery	Musculoskeletal System	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29897	CPT, Surgery	Musculoskeletal System	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898	CPT, Surgery	Musculoskeletal System	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29899	CPT, Surgery	Musculoskeletal System	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis
29900	CPT, Surgery	Musculoskeletal System	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy
29901	CPT, Surgery	Musculoskeletal System	Arthroscopy, metacarpophalangeal joint, surgical; with debridement
29902	CPT, Surgery	Musculoskeletal System	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligamen
29904	CPT, Surgery	Musculoskeletal System	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body
29905	CPT, Surgery	Musculoskeletal System	Arthroscopy, subtalar joint, surgical; with synovectomy
29906	CPT, Surgery	Musculoskeletal System	Arthroscopy, subtalar joint, surgical; with debridement
29907	CPT, Surgery	Musculoskeletal System	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis
29914	CPT, Surgery	Musculoskeletal System	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
29915	CPT, Surgery	Musculoskeletal System	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
29916	CPT, Surgery	Musculoskeletal System	Arthroscopy, hip, surgical; with labral repair
29999	CPT, Surgery	Musculoskeletal System	Unlisted procedure, arthroscopy
30110	CPT, Surgery	Respiratory System	Excision, nasal polyp(s), simple
30115	CPT, Surgery	Respiratory System	Excision, nasal polyp(s), extensive
30117	CPT, Surgery	Respiratory System	Excision or destruction (eg, laser), intranasal lesion; internal approach
30118	CPT, Surgery	Respiratory System	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)
30120	CPT, Surgery	Respiratory System	Excision or surgical planing of skin of nose for rhinophyma
30124	CPT, Surgery	Respiratory System	Excision dermoid cyst, nose; simple, skin, subcutaneous
30125	CPT, Surgery	Respiratory System	Excision dermoid cyst, nose; complex, under bone or cartilage
30130	CPT, Surgery	Respiratory System	Excision inferior turbinate, partial or complete, any method

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
30140	CPT, Surgery	Respiratory System	Submucous resection inferior turbinate, partial or complete, any method
30150	CPT, Surgery	Respiratory System	Rhinectomy; partial
30160	CPT, Surgery	Respiratory System	Rhinectomy; total
30200	CPT, Surgery	Respiratory System	Injection into turbinate(s), therapeutic
30210	CPT, Surgery	Respiratory System	Displacement therapy (Proetz type)
30220	CPT, Surgery	Respiratory System	Insertion, nasal septal prosthesis (button)
30310	CPT, Surgery	Respiratory System	Removal foreign body, intranasal; requiring general anesthesia
30320	CPT, Surgery	Respiratory System	Removal foreign body, intranasal; by lateral rhinotomy
30400	CPT, Surgery	Respiratory System	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	CPT, Surgery	Respiratory System	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and
30420	CPT, Surgery	Respiratory System	Rhinoplasty, primary; including major septal repair
30430	CPT, Surgery	Respiratory System	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	CPT, Surgery	Respiratory System	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	CPT, Surgery	Respiratory System	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30460	CPT, Surgery	Respiratory System	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar le
30462	CPT, Surgery	Respiratory System	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar le
30465	CPT, Surgery	Respiratory System	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
30468	CPT, Surgery	Respiratory System	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)
30469	CPT, Surgery	Respiratory System	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutane
30520	CPT, Surgery	Respiratory System	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement wit
30540	CPT, Surgery	Respiratory System	Repair choanal atresia; intranasal
30560	CPT, Surgery	Respiratory System	Lysis intranasal synechia
30580	CPT, Surgery	Respiratory System	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30600	CPT, Surgery	Respiratory System	Repair fistula; oronasal
30620	CPT, Surgery	Respiratory System	Septal or other intranasal dermatoplasty (does not include obtaining graft)
30630	CPT, Surgery	Respiratory System	Repair nasal septal perforations
30801	CPT, Surgery	Respiratory System	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radi
30802	CPT, Surgery	Respiratory System	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radi
30930	CPT, Surgery	Respiratory System	Fracture nasal inferior turbinate(s), therapeutic
30999	CPT, Surgery	Respiratory System	Unlisted procedure, nose
31000	CPT, Surgery	Respiratory System	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)
31002	CPT, Surgery	Respiratory System	Lavage by cannulation; sphenoid sinus
31020	CPT, Surgery	Respiratory System	Sinusotomy, maxillary (antrotomy); intranasal
31032	CPT, Surgery	Respiratory System	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps
31040	CPT, Surgery	Respiratory System	Pterygomaxillary fossa surgery, any approach
31050	CPT, Surgery	Respiratory System	Sinusotomy, sphenoid, with or without biopsy;
31051	CPT, Surgery	Respiratory System	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)
31070	CPT, Surgery	Respiratory System	Sinusotomy frontal; external, simple (trephine operation)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
31075	CPT, Surgery	Respiratory System	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)
31080	CPT, Surgery	Respiratory System	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)
31081	CPT, Surgery	Respiratory System	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)
31084	CPT, Surgery	Respiratory System	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision
31085	CPT, Surgery	Respiratory System	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision
31086	CPT, Surgery	Respiratory System	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision
31087	CPT, Surgery	Respiratory System	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision
31090	CPT, Surgery	Respiratory System	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)
31200	CPT, Surgery	Respiratory System	Ethmoidectomy; intranasal, anterior
31201	CPT, Surgery	Respiratory System	Ethmoidectomy; intranasal, total
31205	CPT, Surgery	Respiratory System	Ethmoidectomy; extranasal, total
31225	CPT, Surgery	Respiratory System	Maxillectomy; without orbital exenteration
31230	CPT, Surgery	Respiratory System	Maxillectomy; with orbital exenteration (en bloc)
31231	CPT, Surgery	Respiratory System	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)
31233	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa pur
31235	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or can
31237	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
31239	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy
31240	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical; with concha bullosa resection
31241	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery
31242	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve
31253	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal
31254	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)
31255	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)
31256	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
31257	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including spheno
31259	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including spheno
31267	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinu
31276	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from front
31287	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical, with sphenoidotomy;
31288	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
31290	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region
31291	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region
31292	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall
31293	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall
31294	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical, with optic nerve decompression
31295	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal
31296	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
31297	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium
31298	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia
31299	CPT, Surgery	Respiratory System	Unlisted procedure, accessory sinuses
31300	CPT, Surgery	Respiratory System	Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, cordectomy
31360	CPT, Surgery	Respiratory System	Laryngectomy; total, without radical neck dissection
31365	CPT, Surgery	Respiratory System	Laryngectomy; total, with radical neck dissection
31367	CPT, Surgery	Respiratory System	Laryngectomy; subtotal supraglottic, without radical neck dissection
31368	CPT, Surgery	Respiratory System	Laryngectomy; subtotal supraglottic, with radical neck dissection
31370	CPT, Surgery	Respiratory System	Partial laryngectomy (hemilaryngectomy); horizontal
31375	CPT, Surgery	Respiratory System	Partial laryngectomy (hemilaryngectomy); laterovertical
31380	CPT, Surgery	Respiratory System	Partial laryngectomy (hemilaryngectomy); anterovertical
31382	CPT, Surgery	Respiratory System	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical
31390	CPT, Surgery	Respiratory System	Pharyngolaryngectomy, with radical neck dissection; without reconstruction
31395	CPT, Surgery	Respiratory System	Pharyngolaryngectomy, with radical neck dissection; with reconstruction
31400	CPT, Surgery	Respiratory System	Arytenoidectomy or arytenoidopexy, external approach
31420	CPT, Surgery	Respiratory System	Epiglottidectomy
31500	CPT, Surgery	Respiratory System	Intubation, endotracheal, emergency procedure
31502	CPT, Surgery	Respiratory System	Tracheotomy tube change prior to establishment of fistula tract
31505	CPT, Surgery	Respiratory System	Laryngoscopy, indirect; diagnostic (separate procedure)
31510	CPT, Surgery	Respiratory System	Laryngoscopy, indirect; with biopsy
31511	CPT, Surgery	Respiratory System	Laryngoscopy, indirect; with removal of foreign body
31512	CPT, Surgery	Respiratory System	Laryngoscopy, indirect; with removal of lesion
31513	CPT, Surgery	Respiratory System	Laryngoscopy, indirect; with vocal cord injection
31515	CPT, Surgery	Respiratory System	Laryngoscopy direct, with or without tracheoscopy; for aspiration
31525	CPT, Surgery	Respiratory System	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn
31526	CPT, Surgery	Respiratory System	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope
31527	CPT, Surgery	Respiratory System	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator
31528	CPT, Surgery	Respiratory System	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial
31529	CPT, Surgery	Respiratory System	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent
31530	CPT, Surgery	Respiratory System	Laryngoscopy, direct, operative, with foreign body removal;
31531	CPT, Surgery	Respiratory System	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope
31535	CPT, Surgery	Respiratory System	Laryngoscopy, direct, operative, with biopsy;
31540	CPT, Surgery	Respiratory System	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;
31541	CPT, Surgery	Respiratory System	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; w
31546	CPT, Surgery	Respiratory System	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of
31551	CPT, Surgery	Respiratory System	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12
31552	CPT, Surgery	Respiratory System	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or c
31553	CPT, Surgery	Respiratory System	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 ye

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
31554	CPT, Surgery	Respiratory System	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older
31560	CPT, Surgery	Respiratory System	Laryngoscopy, direct, operative, with arytenoidectomy;
31570	CPT, Surgery	Respiratory System	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;
31571	CPT, Surgery	Respiratory System	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope
31572	CPT, Surgery	Respiratory System	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral
31573	CPT, Surgery	Respiratory System	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenevation agent or corticosteroid, in
31574	CPT, Surgery	Respiratory System	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral
31579	CPT, Surgery	Respiratory System	Laryngoscopy, flexible or rigid telescopic, with stroboscopy
31580	CPT, Surgery	Respiratory System	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion
31584	CPT, Surgery	Respiratory System	Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed
31587	CPT, Surgery	Respiratory System	Laryngoplasty, cricoid split, without graft placement
31590	CPT, Surgery	Respiratory System	Laryngeal reinnervation by neuromuscular pedicle
31591	CPT, Surgery	Respiratory System	Laryngoplasty, medialization, unilateral
31592	CPT, Surgery	Respiratory System	Cricotracheal resection
31599	CPT, Surgery	Respiratory System	Unlisted procedure, larynx
31600	CPT, Surgery	Respiratory System	Tracheostomy, planned (separate procedure);
31601	CPT, Surgery	Respiratory System	Tracheostomy, planned (separate procedure); younger than 2 years
31603	CPT, Surgery	Respiratory System	Tracheostomy, emergency procedure; transtracheal
31605	CPT, Surgery	Respiratory System	Tracheostomy, emergency procedure; cricothyroid membrane
31610	CPT, Surgery	Respiratory System	Tracheostomy, fenestration procedure with skin flaps
31611	CPT, Surgery	Respiratory System	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis
31612	CPT, Surgery	Respiratory System	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection
31613	CPT, Surgery	Respiratory System	Tracheostoma revision; simple, without flap rotation
31614	CPT, Surgery	Respiratory System	Tracheostoma revision; complex, with flap rotation
31615	CPT, Surgery	Respiratory System	Tracheobronchoscopy through established tracheostomy incision
31622	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell
31623	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or biopsy
31624	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar
31625	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial
31626	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of foreign
31627	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted
31628	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial
31629	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial
31630	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial
31631	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal
31632	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial
31633	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial
31634	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
31635	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of for
31636	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of t
31637	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional maj
31638	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of trac
31640	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tun
31641	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of
31643	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of c
31645	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic as
31646	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic as
31647	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlus
31648	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of brc
31649	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of brc
31651	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlus
31652	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial
31653	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial
31654	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscop
31660	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial theri
31661	CPT, Surgery	Respiratory System	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial theri
31717	CPT, Surgery	Respiratory System	Catheterization with bronchial brush biopsy
31720	CPT, Surgery	Respiratory System	Catheter aspiration (separate procedure); nasotracheal
31725	CPT, Surgery	Respiratory System	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside
31730	CPT, Surgery	Respiratory System	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen t
31750	CPT, Surgery	Respiratory System	Tracheoplasty; cervical
31755	CPT, Surgery	Respiratory System	Tracheoplasty; tracheopharyngeal fistulization, each stage
31760	CPT, Surgery	Respiratory System	Tracheoplasty; intrathoracic
31766	CPT, Surgery	Respiratory System	Carinal reconstruction
31770	CPT, Surgery	Respiratory System	Bronchoplasty; graft repair
31775	CPT, Surgery	Respiratory System	Bronchoplasty; excision stenosis and anastomosis
31780	CPT, Surgery	Respiratory System	Excision tracheal stenosis and anastomosis; cervical
31781	CPT, Surgery	Respiratory System	Excision tracheal stenosis and anastomosis; cervicothoracic
31785	CPT, Surgery	Respiratory System	Excision of tracheal tumor or carcinoma; cervical
31786	CPT, Surgery	Respiratory System	Excision of tracheal tumor or carcinoma; thoracic
31800	CPT, Surgery	Respiratory System	Suture of tracheal wound or injury; cervical
31805	CPT, Surgery	Respiratory System	Suture of tracheal wound or injury; intrathoracic
31820	CPT, Surgery	Respiratory System	Surgical closure tracheostomy or fistula; without plastic repair
31825	CPT, Surgery	Respiratory System	Surgical closure tracheostomy or fistula; with plastic repair
31830	CPT, Surgery	Respiratory System	Revision of tracheostomy scar
31899	CPT, Surgery	Respiratory System	Unlisted procedure, trachea, bronchi

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
32035	CPT, Surgery	Respiratory System	Thoracostomy; with rib resection for empyema
32036	CPT, Surgery	Respiratory System	Thoracostomy; with open flap drainage for empyema
32096	CPT, Surgery	Respiratory System	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral
32097	CPT, Surgery	Respiratory System	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilate
32098	CPT, Surgery	Respiratory System	Thoracotomy, with biopsy(ies) of pleura
32100	CPT, Surgery	Respiratory System	Thoracotomy; with exploration
32110	CPT, Surgery	Respiratory System	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear
32120	CPT, Surgery	Respiratory System	Thoracotomy; for postoperative complications
32124	CPT, Surgery	Respiratory System	Thoracotomy; with open intrapleural pneumonolysis
32140	CPT, Surgery	Respiratory System	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed
32141	CPT, Surgery	Respiratory System	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed
32150	CPT, Surgery	Respiratory System	Thoracotomy; with removal of intrapleural foreign body or fibrin deposit
32151	CPT, Surgery	Respiratory System	Thoracotomy; with removal of intrapulmonary foreign body
32160	CPT, Surgery	Respiratory System	Thoracotomy; with cardiac massage
32200	CPT, Surgery	Respiratory System	Pneumonostomy, with open drainage of abscess or cyst
32215	CPT, Surgery	Respiratory System	Pleural scarification for repeat pneumothorax
32220	CPT, Surgery	Respiratory System	Decortication, pulmonary (separate procedure); total
32225	CPT, Surgery	Respiratory System	Decortication, pulmonary (separate procedure); partial
32310	CPT, Surgery	Respiratory System	Pleurectomy, parietal (separate procedure)
32320	CPT, Surgery	Respiratory System	Decortication and parietal pleurectomy
32400	CPT, Surgery	Respiratory System	Biopsy, pleura, percutaneous needle
32440	CPT, Surgery	Respiratory System	Removal of lung, pneumonectomy;
32442	CPT, Surgery	Respiratory System	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-trachea
32482	CPT, Surgery	Respiratory System	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)
32484	CPT, Surgery	Respiratory System	Removal of lung, other than pneumonectomy; single segment (segmentectomy)
32488	CPT, Surgery	Respiratory System	Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a
32491	CPT, Surgery	Respiratory System	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bu
32501	CPT, Surgery	Respiratory System	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or
32503	CPT, Surgery	Respiratory System	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s),
32504	CPT, Surgery	Respiratory System	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s),
32505	CPT, Surgery	Respiratory System	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial
32506	CPT, Surgery	Respiratory System	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsila
32507	CPT, Surgery	Respiratory System	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in
32540	CPT, Surgery	Respiratory System	Extrapleural enucleation of empyema (empyemectomy)
32550	CPT, Surgery	Respiratory System	Insertion of indwelling tunneled pleural catheter with cuff
32551	CPT, Surgery	Respiratory System	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (
32552	CPT, Surgery	Respiratory System	Removal of indwelling tunneled pleural catheter with cuff
32553	CPT, Surgery	Respiratory System	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), per

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
32554	CPT, Surgery	Respiratory System	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
32555	CPT, Surgery	Respiratory System	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance
32556	CPT, Surgery	Respiratory System	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
32557	CPT, Surgery	Respiratory System	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance
32560	CPT, Surgery	Respiratory System	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumo
32561	CPT, Surgery	Respiratory System	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of mult
32562	CPT, Surgery	Respiratory System	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of mult
32601	CPT, Surgery	Respiratory System	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, wi
32604	CPT, Surgery	Respiratory System	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy
32606	CPT, Surgery	Respiratory System	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy
32607	CPT, Surgery	Respiratory System	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral
32608	CPT, Surgery	Respiratory System	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilate
32609	CPT, Surgery	Respiratory System	Thoracoscopy; with biopsy(ies) of pleura
32650	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)
32651	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with partial pulmonary decortication
32652	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis
32653	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit
32654	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with control of traumatic hemorrhage
32655	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when perfor
32656	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with parietal pleurectomy
32658	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac
32659	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for d
32661	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass
32662	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass
32663	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with lobectomy (single lobe)
32664	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with thoracic sympathectomy
32665	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with esophagomyotomy (Heller type)
32666	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral
32667	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resect
32668	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List sep
32669	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)
32670	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)
32671	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with removal of lung (pneumonectomy)
32672	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for
32673	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral
32674	CPT, Surgery	Respiratory System	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to
32701	CPT, Surgery	Respiratory System	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle t
32800	CPT, Surgery	Respiratory System	Repair lung hernia through chest wall

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
32810	CPT, Surgery	Respiratory System	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)
32815	CPT, Surgery	Respiratory System	Open closure of major bronchial fistula
32820	CPT, Surgery	Respiratory System	Major reconstruction, chest wall (posttraumatic)
32846	CPT, Surgery	Respiratory System	Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus
32850	CPT, Surgery	Respiratory System	Donor pneumonectomy(s) (including cold preservation), from cadaver donor
32851	CPT, Surgery	Respiratory System	Lung transplant, single; without cardiopulmonary bypass
32852	CPT, Surgery	Respiratory System	Lung transplant, single; with cardiopulmonary bypass
32853	CPT, Surgery	Respiratory System	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass
32854	CPT, Surgery	Respiratory System	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass
32855	CPT, Surgery	Respiratory System	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dis
32856	CPT, Surgery	Respiratory System	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dis
32900	CPT, Surgery	Respiratory System	Resection of ribs, extrapleural, all stages
32905	CPT, Surgery	Respiratory System	Thoracoplasty, Schede type or extrapleural (all stages);
32906	CPT, Surgery	Respiratory System	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula
32940	CPT, Surgery	Respiratory System	Pneumonolysis, extraperiosteal, including filling or packing procedures
32960	CPT, Surgery	Respiratory System	Pneumothorax, therapeutic, intrapleural injection of air
32994	CPT, Surgery	Respiratory System	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or che
32997	CPT, Surgery	Respiratory System	Total lung lavage (unilateral)
32998	CPT, Surgery	Respiratory System	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or che
32999	CPT, Surgery	Respiratory System	Unlisted procedure, lungs and pleura
33016	CPT, Surgery	Cardiovascular, Hemic, an	Pericardiocentesis, including imaging guidance, when performed
33017	CPT, Surgery	Cardiovascular, Hemic, an	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or
33018	CPT, Surgery	Cardiovascular, Hemic, an	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or
33019	CPT, Surgery	Cardiovascular, Hemic, an	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance
33020	CPT, Surgery	Cardiovascular, Hemic, an	Pericardiotomy for removal of clot or foreign body (primary procedure)
33025	CPT, Surgery	Cardiovascular, Hemic, an	Creation of pericardial window or partial resection for drainage
33030	CPT, Surgery	Cardiovascular, Hemic, an	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass
33031	CPT, Surgery	Cardiovascular, Hemic, an	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass
33050	CPT, Surgery	Cardiovascular, Hemic, an	Resection of pericardial cyst or tumor
33120	CPT, Surgery	Cardiovascular, Hemic, an	Excision of intracardiac tumor, resection with cardiopulmonary bypass
33130	CPT, Surgery	Cardiovascular, Hemic, an	Resection of external cardiac tumor
33140	CPT, Surgery	Cardiovascular, Hemic, an	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)
33141	CPT, Surgery	Cardiovascular, Hemic, an	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac
33202	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid a
33203	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)
33206	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial
33207	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular
33208	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and v

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
33210	CPT, Surgery	Cardiovascular, Hemic, an	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker ca
33211	CPT, Surgery	Cardiovascular, Hemic, an	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate proced
33212	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of pacemaker pulse generator only; with existing single lead
33213	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of pacemaker pulse generator only; with existing dual leads
33214	CPT, Surgery	Cardiovascular, Hemic, an	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber syste
33215	CPT, Surgery	Cardiovascular, Hemic, an	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial
33216	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator
33217	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator
33218	CPT, Surgery	Cardiovascular, Hemic, an	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator
33220	CPT, Surgery	Cardiovascular, Hemic, an	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator
33221	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of pacemaker pulse generator only; with existing multiple leads
33222	CPT, Surgery	Cardiovascular, Hemic, an	Relocation of skin pocket for pacemaker
33223	CPT, Surgery	Cardiovascular, Hemic, an	Relocation of skin pocket for implantable defibrillator
33224	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to pi
33225	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of
33226	CPT, Surgery	Cardiovascular, Hemic, an	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including rer
33227	CPT, Surgery	Cardiovascular, Hemic, an	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; s
33228	CPT, Surgery	Cardiovascular, Hemic, an	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; c
33229	CPT, Surgery	Cardiovascular, Hemic, an	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; r
33231	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of implantable defibrillator pulse generator only; with existing multiple leads
33233	CPT, Surgery	Cardiovascular, Hemic, an	Removal of permanent pacemaker pulse generator only
33234	CPT, Surgery	Cardiovascular, Hemic, an	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular
33235	CPT, Surgery	Cardiovascular, Hemic, an	Removal of transvenous pacemaker electrode(s); dual lead system
33236	CPT, Surgery	Cardiovascular, Hemic, an	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atria
33237	CPT, Surgery	Cardiovascular, Hemic, an	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system
33238	CPT, Surgery	Cardiovascular, Hemic, an	Removal of permanent transvenous electrode(s) by thoracotomy
33240	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of implantable defibrillator pulse generator only; with existing single lead
33241	CPT, Surgery	Cardiovascular, Hemic, an	Removal of implantable defibrillator pulse generator only
33243	CPT, Surgery	Cardiovascular, Hemic, an	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy
33244	CPT, Surgery	Cardiovascular, Hemic, an	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction
33249	CPT, Surgery	Cardiovascular, Hemic, an	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), sin
33250	CPT, Surgery	Cardiovascular, Hemic, an	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White,
33251	CPT, Surgery	Cardiovascular, Hemic, an	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White,
33255	CPT, Surgery	Cardiovascular, Hemic, an	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiop
33256	CPT, Surgery	Cardiovascular, Hemic, an	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopul
33257	CPT, Surgery	Cardiovascular, Hemic, an	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedur
33258	CPT, Surgery	Cardiovascular, Hemic, an	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedur
33259	CPT, Surgery	Cardiovascular, Hemic, an	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedur

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
33261	CPT, Surgery	Cardiovascular, Hemic, an	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass
33262	CPT, Surgery	Cardiovascular, Hemic, an	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pu
33263	CPT, Surgery	Cardiovascular, Hemic, an	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pu
33264	CPT, Surgery	Cardiovascular, Hemic, an	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pu
33265	CPT, Surgery	Cardiovascular, Hemic, an	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze
33266	CPT, Surgery	Cardiovascular, Hemic, an	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedi
33270	CPT, Surgery	Cardiovascular, Hemic, an	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutan
33271	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of subcutaneous implantable defibrillator electrode
33272	CPT, Surgery	Cardiovascular, Hemic, an	Removal of subcutaneous implantable defibrillator electrode
33273	CPT, Surgery	Cardiovascular, Hemic, an	Repositioning of previously implanted subcutaneous implantable defibrillator electrode
33274	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including
33275	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidanc
33276	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vesse
33277	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for
33278	CPT, Surgery	Cardiovascular, Hemic, an	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interr
33279	CPT, Surgery	Cardiovascular, Hemic, an	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interr
33280	CPT, Surgery	Cardiovascular, Hemic, an	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interr
33281	CPT, Surgery	Cardiovascular, Hemic, an	Repositioning of phrenic nerve stimulator transvenous lead(s)
33287	CPT, Surgery	Cardiovascular, Hemic, an	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging gu
33288	CPT, Surgery	Cardiovascular, Hemic, an	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging gu
33285	CPT, Surgery	Cardiovascular, Hemic, an	Insertion, subcutaneous cardiac rhythm monitor, including programming
33286	CPT, Surgery	Cardiovascular, Hemic, an	Removal, subcutaneous cardiac rhythm monitor
33289	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic
33300	CPT, Surgery	Cardiovascular, Hemic, an	Repair of cardiac wound; without bypass
33305	CPT, Surgery	Cardiovascular, Hemic, an	Repair of cardiac wound; with cardiopulmonary bypass
33310	CPT, Surgery	Cardiovascular, Hemic, an	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without by
33315	CPT, Surgery	Cardiovascular, Hemic, an	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardi
33321	CPT, Surgery	Cardiovascular, Hemic, an	Suture repair of aorta or great vessels; with shunt bypass
33322	CPT, Surgery	Cardiovascular, Hemic, an	Suture repair of aorta or great vessels; with cardiopulmonary bypass
33330	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass
33335	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass
33340	CPT, Surgery	Cardiovascular, Hemic, an	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fl
33361	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral arte
33362	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery appro
33363	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approa
33364	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach
33365	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, n
33366	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, le

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
33367	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass su
33368	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass su
33369	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass su
33390	CPT, Surgery	Cardiovascular, Hemic, an	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, c
33391	CPT, Surgery	Cardiovascular, Hemic, an	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet
33404	CPT, Surgery	Cardiovascular, Hemic, an	Construction of apical-aortic conduit
33405	CPT, Surgery	Cardiovascular, Hemic, an	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than hom
33406	CPT, Surgery	Cardiovascular, Hemic, an	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)
33410	CPT, Surgery	Cardiovascular, Hemic, an	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve
33411	CPT, Surgery	Cardiovascular, Hemic, an	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus
33412	CPT, Surgery	Cardiovascular, Hemic, an	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)
33413	CPT, Surgery	Cardiovascular, Hemic, an	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement
33414	CPT, Surgery	Cardiovascular, Hemic, an	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract
33415	CPT, Surgery	Cardiovascular, Hemic, an	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
33417	CPT, Surgery	Cardiovascular, Hemic, an	Aortoplasty (gusset) for supra-aortic stenosis
33418	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when perfo
33419	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when perfo
33420	CPT, Surgery	Cardiovascular, Hemic, an	Valvotomy, mitral valve; closed heart
33422	CPT, Surgery	Cardiovascular, Hemic, an	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass
33425	CPT, Surgery	Cardiovascular, Hemic, an	Valvuloplasty, mitral valve, with cardiopulmonary bypass;
33426	CPT, Surgery	Cardiovascular, Hemic, an	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
33427	CPT, Surgery	Cardiovascular, Hemic, an	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring
33430	CPT, Surgery	Cardiovascular, Hemic, an	Replacement, mitral valve, with cardiopulmonary bypass
33440	CPT, Surgery	Cardiovascular, Hemic, an	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic
33460	CPT, Surgery	Cardiovascular, Hemic, an	Valvectomy, tricuspid valve, with cardiopulmonary bypass
33463	CPT, Surgery	Cardiovascular, Hemic, an	Valvuloplasty, tricuspid valve; without ring insertion
33464	CPT, Surgery	Cardiovascular, Hemic, an	Valvuloplasty, tricuspid valve; with ring insertion
33465	CPT, Surgery	Cardiovascular, Hemic, an	Replacement, tricuspid valve, with cardiopulmonary bypass
33468	CPT, Surgery	Cardiovascular, Hemic, an	Tricuspid valve repositioning and plication for Ebstein anomaly
33471	CPT, Surgery	Cardiovascular, Hemic, an	Valvotomy, pulmonary valve, closed heart, via pulmonary artery
33474	CPT, Surgery	Cardiovascular, Hemic, an	Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass
33475	CPT, Surgery	Cardiovascular, Hemic, an	Replacement, pulmonary valve
33476	CPT, Surgery	Cardiovascular, Hemic, an	Right ventricular resection for infundibular stenosis, with or without commissurotomy
33477	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the va
33478	CPT, Surgery	Cardiovascular, Hemic, an	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection
33496	CPT, Surgery	Cardiovascular, Hemic, an	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedu
33500	CPT, Surgery	Cardiovascular, Hemic, an	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass
33501	CPT, Surgery	Cardiovascular, Hemic, an	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
33502	CPT, Surgery	Cardiovascular, Hemic, an	Repair of anomalous coronary artery from pulmonary artery origin; by ligation
33503	CPT, Surgery	Cardiovascular, Hemic, an	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary
33504	CPT, Surgery	Cardiovascular, Hemic, an	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary by
33505	CPT, Surgery	Cardiovascular, Hemic, an	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmona
33506	CPT, Surgery	Cardiovascular, Hemic, an	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary
33507	CPT, Surgery	Cardiovascular, Hemic, an	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation
33508	CPT, Surgery	Cardiovascular, Hemic, an	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (
33510	CPT, Surgery	Cardiovascular, Hemic, an	Coronary artery bypass, vein only; single coronary venous graft
33511	CPT, Surgery	Cardiovascular, Hemic, an	Coronary artery bypass, vein only; 2 coronary venous grafts
33512	CPT, Surgery	Cardiovascular, Hemic, an	Coronary artery bypass, vein only; 3 coronary venous grafts
33513	CPT, Surgery	Cardiovascular, Hemic, an	Coronary artery bypass, vein only; 4 coronary venous grafts
33514	CPT, Surgery	Cardiovascular, Hemic, an	Coronary artery bypass, vein only; 5 coronary venous grafts
33516	CPT, Surgery	Cardiovascular, Hemic, an	Coronary artery bypass, vein only; 6 or more coronary venous grafts
33517	CPT, Surgery	Cardiovascular, Hemic, an	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in a
33518	CPT, Surgery	Cardiovascular, Hemic, an	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in a
33519	CPT, Surgery	Cardiovascular, Hemic, an	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in a
33521	CPT, Surgery	Cardiovascular, Hemic, an	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in a
33522	CPT, Surgery	Cardiovascular, Hemic, an	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in a
33523	CPT, Surgery	Cardiovascular, Hemic, an	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separa
33530	CPT, Surgery	Cardiovascular, Hemic, an	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original
33533	CPT, Surgery	Cardiovascular, Hemic, an	Coronary artery bypass, using arterial graft(s); single arterial graft
33534	CPT, Surgery	Cardiovascular, Hemic, an	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts
33535	CPT, Surgery	Cardiovascular, Hemic, an	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts
33536	CPT, Surgery	Cardiovascular, Hemic, an	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts
33542	CPT, Surgery	Cardiovascular, Hemic, an	Myocardial resection (eg, ventricular aneurysmectomy)
33545	CPT, Surgery	Cardiovascular, Hemic, an	Repair of postinfarction ventricular septal defect, with or without myocardial resection
33548	CPT, Surgery	Cardiovascular, Hemic, an	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular
33572	CPT, Surgery	Cardiovascular, Hemic, an	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronar
33600	CPT, Surgery	Cardiovascular, Hemic, an	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch
33602	CPT, Surgery	Cardiovascular, Hemic, an	Closure of semilunar valve (aortic or pulmonary) by suture or patch
33606	CPT, Surgery	Cardiovascular, Hemic, an	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)
33608	CPT, Surgery	Cardiovascular, Hemic, an	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by con
33610	CPT, Surgery	Cardiovascular, Hemic, an	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlarg
33611	CPT, Surgery	Cardiovascular, Hemic, an	Repair of double outlet right ventricle with intraventricular tunnel repair;
33612	CPT, Surgery	Cardiovascular, Hemic, an	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricul
33615	CPT, Surgery	Cardiovascular, Hemic, an	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anast
33617	CPT, Surgery	Cardiovascular, Hemic, an	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure
33619	CPT, Surgery	Cardiovascular, Hemic, an	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left h

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
33620	CPT, Surgery	Cardiovascular, Hemic, an	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)
33622	CPT, Surgery	Cardiovascular, Hemic, an	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliatic
33641	CPT, Surgery	Cardiovascular, Hemic, an	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch
33645	CPT, Surgery	Cardiovascular, Hemic, an	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage
33647	CPT, Surgery	Cardiovascular, Hemic, an	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure
33660	CPT, Surgery	Cardiovascular, Hemic, an	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or with
33665	CPT, Surgery	Cardiovascular, Hemic, an	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve rep
33670	CPT, Surgery	Cardiovascular, Hemic, an	Repair of complete atrioventricular canal, with or without prosthetic valve
33675	CPT, Surgery	Cardiovascular, Hemic, an	Closure of multiple ventricular septal defects;
33676	CPT, Surgery	Cardiovascular, Hemic, an	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (ac
33677	CPT, Surgery	Cardiovascular, Hemic, an	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without
33681	CPT, Surgery	Cardiovascular, Hemic, an	Closure of single ventricular septal defect, with or without patch;
33684	CPT, Surgery	Cardiovascular, Hemic, an	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infunc
33688	CPT, Surgery	Cardiovascular, Hemic, an	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery b
33690	CPT, Surgery	Cardiovascular, Hemic, an	Banding of pulmonary artery
33692	CPT, Surgery	Cardiovascular, Hemic, an	Complete repair tetralogy of Fallot without pulmonary atresia;
33694	CPT, Surgery	Cardiovascular, Hemic, an	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch
33697	CPT, Surgery	Cardiovascular, Hemic, an	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from righ
33702	CPT, Surgery	Cardiovascular, Hemic, an	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;
33710	CPT, Surgery	Cardiovascular, Hemic, an	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect
33720	CPT, Surgery	Cardiovascular, Hemic, an	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass
33724	CPT, Surgery	Cardiovascular, Hemic, an	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)
33726	CPT, Surgery	Cardiovascular, Hemic, an	Repair of pulmonary venous stenosis
33730	CPT, Surgery	Cardiovascular, Hemic, an	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac ty
33732	CPT, Surgery	Cardiovascular, Hemic, an	Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane
33735	CPT, Surgery	Cardiovascular, Hemic, an	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)
33736	CPT, Surgery	Cardiovascular, Hemic, an	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass
33737	CPT, Surgery	Cardiovascular, Hemic, an	Atrial septectomy or septostomy; open heart, with inflow occlusion
33750	CPT, Surgery	Cardiovascular, Hemic, an	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)
33755	CPT, Surgery	Cardiovascular, Hemic, an	Shunt; ascending aorta to pulmonary artery (Waterston type operation)
33762	CPT, Surgery	Cardiovascular, Hemic, an	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)
33764	CPT, Surgery	Cardiovascular, Hemic, an	Shunt; central, with prosthetic graft
33766	CPT, Surgery	Cardiovascular, Hemic, an	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)
33767	CPT, Surgery	Cardiovascular, Hemic, an	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)
33768	CPT, Surgery	Cardiovascular, Hemic, an	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary proce
33770	CPT, Surgery	Cardiovascular, Hemic, an	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis;
33771	CPT, Surgery	Cardiovascular, Hemic, an	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis;
33774	CPT, Surgery	Cardiovascular, Hemic, an	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
33775	CPT, Surgery	Cardiovascular, Hemic, an	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with
33776	CPT, Surgery	Cardiovascular, Hemic, an	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with
33777	CPT, Surgery	Cardiovascular, Hemic, an	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with
33778	CPT, Surgery	Cardiovascular, Hemic, an	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);
33779	CPT, Surgery	Cardiovascular, Hemic, an	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);
33780	CPT, Surgery	Cardiovascular, Hemic, an	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);
33781	CPT, Surgery	Cardiovascular, Hemic, an	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);
33782	CPT, Surgery	Cardiovascular, Hemic, an	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh pri
33783	CPT, Surgery	Cardiovascular, Hemic, an	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh pri
33786	CPT, Surgery	Cardiovascular, Hemic, an	Total repair, truncus arteriosus (Rastelli type operation)
33788	CPT, Surgery	Cardiovascular, Hemic, an	Reimplantation of an anomalous pulmonary artery
33800	CPT, Surgery	Cardiovascular, Hemic, an	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedu
33802	CPT, Surgery	Cardiovascular, Hemic, an	Division of aberrant vessel (vascular ring);
33803	CPT, Surgery	Cardiovascular, Hemic, an	Division of aberrant vessel (vascular ring); with reanastomosis
33813	CPT, Surgery	Cardiovascular, Hemic, an	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass
33814	CPT, Surgery	Cardiovascular, Hemic, an	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass
33820	CPT, Surgery	Cardiovascular, Hemic, an	Repair of patent ductus arteriosus; by ligation
33822	CPT, Surgery	Cardiovascular, Hemic, an	Repair of patent ductus arteriosus; by division, younger than 18 years
33824	CPT, Surgery	Cardiovascular, Hemic, an	Repair of patent ductus arteriosus; by division, 18 years and older
33840	CPT, Surgery	Cardiovascular, Hemic, an	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anast
33845	CPT, Surgery	Cardiovascular, Hemic, an	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft
33851	CPT, Surgery	Cardiovascular, Hemic, an	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using eith
33852	CPT, Surgery	Cardiovascular, Hemic, an	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without card
33853	CPT, Surgery	Cardiovascular, Hemic, an	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiop
33858	CPT, Surgery	Cardiovascular, Hemic, an	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for
33859	CPT, Surgery	Cardiovascular, Hemic, an	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for
33863	CPT, Surgery	Cardiovascular, Hemic, an	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved condu
33864	CPT, Surgery	Cardiovascular, Hemic, an	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruct
33866	CPT, Surgery	Cardiovascular, Hemic, an	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic an
33871	CPT, Surgery	Cardiovascular, Hemic, an	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulat
33875	CPT, Surgery	Cardiovascular, Hemic, an	Descending thoracic aorta graft, with or without bypass
33877	CPT, Surgery	Cardiovascular, Hemic, an	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass
33880	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetr
33881	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetr
33883	CPT, Surgery	Cardiovascular, Hemic, an	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg,
33884	CPT, Surgery	Cardiovascular, Hemic, an	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg,
33886	CPT, Surgery	Cardiovascular, Hemic, an	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic a
33889	CPT, Surgery	Cardiovascular, Hemic, an	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
33891	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjun
33910	CPT, Surgery	Cardiovascular, Hemic, an	Pulmonary artery embolectomy; with cardiopulmonary bypass
33915	CPT, Surgery	Cardiovascular, Hemic, an	Pulmonary artery embolectomy; without cardiopulmonary bypass
33916	CPT, Surgery	Cardiovascular, Hemic, an	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass
33917	CPT, Surgery	Cardiovascular, Hemic, an	Repair of pulmonary artery stenosis by reconstruction with patch or graft
33920	CPT, Surgery	Cardiovascular, Hemic, an	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit
33922	CPT, Surgery	Cardiovascular, Hemic, an	Transection of pulmonary artery with cardiopulmonary bypass
33924	CPT, Surgery	Cardiovascular, Hemic, an	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a con
33925	CPT, Surgery	Cardiovascular, Hemic, an	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypas
33926	CPT, Surgery	Cardiovascular, Hemic, an	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass
33927	CPT, Surgery	Cardiovascular, Hemic, an	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
33928	CPT, Surgery	Cardiovascular, Hemic, an	Removal and replacement of total replacement heart system (artificial heart)
33929	CPT, Surgery	Cardiovascular, Hemic, an	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately
33930	CPT, Surgery	Cardiovascular, Hemic, an	Donor cardiectomy-pneumonectomy (including cold preservation)
33933	CPT, Surgery	Cardiovascular, Hemic, an	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, includ
33935	CPT, Surgery	Cardiovascular, Hemic, an	Heart-lung transplant with recipient cardiectomy-pneumonectomy
33940	CPT, Surgery	Cardiovascular, Hemic, an	Donor cardiectomy (including cold preservation)
33944	CPT, Surgery	Cardiovascular, Hemic, an	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including d
33945	CPT, Surgery	Cardiovascular, Hemic, an	Heart transplant, with or without recipient cardiectomy
33946	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physici
33947	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physici
33948	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physici
33949	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physici
33951	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physici
33952	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physici
33953	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physici
33954	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physici
33955	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physici
33956	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physici
33957	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physici
33958	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physici
33959	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physici
33962	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physici
33964	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physici
33965	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physici
33966	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physici
33967	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of intra-aortic balloon assist device, percutaneous
33968	CPT, Surgery	Cardiovascular, Hemic, an	Removal of intra-aortic balloon assist device, percutaneous

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
33969	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physi
33970	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of intra-aortic balloon assist device through the femoral artery, open approach
33973	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of intra-aortic balloon assist device through the ascending aorta
33974	CPT, Surgery	Cardiovascular, Hemic, an	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascendi
33975	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of ventricular assist device; extracorporeal, single ventricle
33976	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of ventricular assist device; extracorporeal, biventricular
33977	CPT, Surgery	Cardiovascular, Hemic, an	Removal of ventricular assist device; extracorporeal, single ventricle
33978	CPT, Surgery	Cardiovascular, Hemic, an	Removal of ventricular assist device; extracorporeal, biventricular
33979	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of ventricular assist device, implantable intracorporeal, single ventricle
33980	CPT, Surgery	Cardiovascular, Hemic, an	Removal of ventricular assist device, implantable intracorporeal, single ventricle
33981	CPT, Surgery	Cardiovascular, Hemic, an	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or eac
33982	CPT, Surgery	Cardiovascular, Hemic, an	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, withou
33983	CPT, Surgery	Cardiovascular, Hemic, an	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with ca
33984	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physi
33985	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physi
33986	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physi
33987	CPT, Surgery	Cardiovascular, Hemic, an	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for E
33988	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS
33989	CPT, Surgery	Cardiovascular, Hemic, an	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS
33990	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretati
33991	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretati
33992	CPT, Surgery	Cardiovascular, Hemic, an	Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s)
33993	CPT, Surgery	Cardiovascular, Hemic, an	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at se
33999	CPT, Surgery	Cardiovascular, Hemic, an	Unlisted procedure, cardiac surgery
34001	CPT, Surgery	Cardiovascular, Hemic, an	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, b
34051	CPT, Surgery	Cardiovascular, Hemic, an	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic
34101	CPT, Surgery	Cardiovascular, Hemic, an	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian a
34111	CPT, Surgery	Cardiovascular, Hemic, an	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision
34151	CPT, Surgery	Cardiovascular, Hemic, an	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, t
34201	CPT, Surgery	Cardiovascular, Hemic, an	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg in
34203	CPT, Surgery	Cardiovascular, Hemic, an	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incisi
34401	CPT, Surgery	Cardiovascular, Hemic, an	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision
34421	CPT, Surgery	Cardiovascular, Hemic, an	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision
34451	CPT, Surgery	Cardiovascular, Hemic, an	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg ir
34471	CPT, Surgery	Cardiovascular, Hemic, an	Thrombectomy, direct or with catheter; subclavian vein, by neck incision
34490	CPT, Surgery	Cardiovascular, Hemic, an	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision
34501	CPT, Surgery	Cardiovascular, Hemic, an	Valvuloplasty, femoral vein
34502	CPT, Surgery	Cardiovascular, Hemic, an	Reconstruction of vena cava, any method

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
34510	CPT, Surgery	Cardiovascular, Hemic, an	Venous valve transposition, any vein donor
34520	CPT, Surgery	Cardiovascular, Hemic, an	Cross-over vein graft to venous system
34530	CPT, Surgery	Cardiovascular, Hemic, an	Saphenopopliteal vein anastomosis
34701	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre
34702	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre
34703	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac end
34704	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac end
34705	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endo
34706	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endo
34707	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedu
34708	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedu
34709	CPT, Surgery	Cardiovascular, Hemic, an	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal a
34710	CPT, Surgery	Cardiovascular, Hemic, an	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abc
34711	CPT, Surgery	Cardiovascular, Hemic, an	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abc
34712	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and al
34713	CPT, Surgery	Cardiovascular, Hemic, an	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (1:
34714	CPT, Surgery	Cardiovascular, Hemic, an	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for e
34715	CPT, Surgery	Cardiovascular, Hemic, an	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or s
34716	CPT, Surgery	Cardiovascular, Hemic, an	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthe
34717	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deploymen
34718	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at
34808	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary
34812	CPT, Surgery	Cardiovascular, Hemic, an	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (Lis
34813	CPT, Surgery	Cardiovascular, Hemic, an	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separa
34820	CPT, Surgery	Cardiovascular, Hemic, an	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascu
34830	CPT, Surgery	Cardiovascular, Hemic, an	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, follc
34831	CPT, Surgery	Cardiovascular, Hemic, an	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, follc
34832	CPT, Surgery	Cardiovascular, Hemic, an	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, follc
34833	CPT, Surgery	Cardiovascular, Hemic, an	Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for estal
34834	CPT, Surgery	Cardiovascular, Hemic, an	Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in ad
34839	CPT, Surgery	Cardiovascular, Hemic, an	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 9
34841	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, ir
34842	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, ir
34843	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, ir
34844	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, ir
34845	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm
34846	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm
34847	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
34848	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm
35001	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35002	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35005	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35011	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35013	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35021	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35022	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35045	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35081	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35082	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35091	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35092	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35102	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35103	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35111	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35112	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35121	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35122	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35131	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35132	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35141	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35142	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35151	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35152	CPT, Surgery	Cardiovascular, Hemic, an	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or w
35180	CPT, Surgery	Cardiovascular, Hemic, an	Repair, congenital arteriovenous fistula; head and neck
35182	CPT, Surgery	Cardiovascular, Hemic, an	Repair, congenital arteriovenous fistula; thorax and abdomen
35184	CPT, Surgery	Cardiovascular, Hemic, an	Repair, congenital arteriovenous fistula; extremities
35188	CPT, Surgery	Cardiovascular, Hemic, an	Repair, acquired or traumatic arteriovenous fistula; head and neck
35189	CPT, Surgery	Cardiovascular, Hemic, an	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen
35190	CPT, Surgery	Cardiovascular, Hemic, an	Repair, acquired or traumatic arteriovenous fistula; extremities
35201	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel, direct; neck
35206	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel, direct; upper extremity
35207	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel, direct; hand, finger
35211	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel, direct; intrathoracic, with bypass
35216	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel, direct; intrathoracic, without bypass
35221	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel, direct; intra-abdominal
35226	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel, direct; lower extremity

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
35231	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel with vein graft; neck
35236	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel with vein graft; upper extremity
35241	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel with vein graft; intrathoracic, with bypass
35246	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel with vein graft; intrathoracic, without bypass
35251	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel with vein graft; intra-abdominal
35256	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel with vein graft; lower extremity
35261	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel with graft other than vein; neck
35266	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel with graft other than vein; upper extremity
35271	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel with graft other than vein; intrathoracic, with bypass
35276	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel with graft other than vein; intrathoracic, without bypass
35281	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel with graft other than vein; intra-abdominal
35286	CPT, Surgery	Cardiovascular, Hemic, an	Repair blood vessel with graft other than vein; lower extremity
35301	CPT, Surgery	Cardiovascular, Hemic, an	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision
35302	CPT, Surgery	Cardiovascular, Hemic, an	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery
35303	CPT, Surgery	Cardiovascular, Hemic, an	Thromboendarterectomy, including patch graft, if performed; popliteal artery
35304	CPT, Surgery	Cardiovascular, Hemic, an	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery
35305	CPT, Surgery	Cardiovascular, Hemic, an	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel
35306	CPT, Surgery	Cardiovascular, Hemic, an	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery
35311	CPT, Surgery	Cardiovascular, Hemic, an	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision
35321	CPT, Surgery	Cardiovascular, Hemic, an	Thromboendarterectomy, including patch graft, if performed; axillary-brachial
35331	CPT, Surgery	Cardiovascular, Hemic, an	Thromboendarterectomy, including patch graft, if performed; abdominal aorta
35341	CPT, Surgery	Cardiovascular, Hemic, an	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal
35351	CPT, Surgery	Cardiovascular, Hemic, an	Thromboendarterectomy, including patch graft, if performed; iliac
35355	CPT, Surgery	Cardiovascular, Hemic, an	Thromboendarterectomy, including patch graft, if performed; iliofemoral
35361	CPT, Surgery	Cardiovascular, Hemic, an	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac
35363	CPT, Surgery	Cardiovascular, Hemic, an	Thromboendarterectomy, including patch graft, if performed; combined aortiliofemoral
35371	CPT, Surgery	Cardiovascular, Hemic, an	Thromboendarterectomy, including patch graft, if performed; common femoral
35372	CPT, Surgery	Cardiovascular, Hemic, an	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral
35390	CPT, Surgery	Cardiovascular, Hemic, an	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to primary procedure)
35400	CPT, Surgery	Cardiovascular, Hemic, an	Angioscopy (noncoronary vessels or grafts) during therapeutic intervention (List separately in addition to primary procedure)
35500	CPT, Surgery	Cardiovascular, Hemic, an	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure
35501	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with vein; common carotid-ipsilateral internal carotid
35506	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with vein; carotid-subclavian or subclavian-carotid
35508	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with vein; carotid-vertebral
35509	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with vein; carotid-contralateral carotid
35510	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with vein; carotid-brachial
35511	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with vein; subclavian-subclavian
35512	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with vein; subclavian-brachial

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
35515	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; subclavian-vertebral	
35516	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; subclavian-axillary	
35518	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; axillary-axillary	
35521	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; axillary-femoral	
35522	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; axillary-brachial	
35523	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; brachial-ulnar or -radial	
35525	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; brachial-brachial	
35526	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid	
35531	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; aortoceliac or aortomesenteric	
35533	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; axillary-femoral-femoral	
35535	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; hepatorenal	
35536	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; splenorenal	
35537	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; aortoiliac	
35538	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; aortobi-iliac	
35539	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; aortofemoral	
35540	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; aortobifemoral	
35556	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; femoral-popliteal	
35558	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; femoral-femoral	
35560	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; aortorenal	
35563	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; ilioiliac	
35565	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; iliofemoral	
35566	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	
35570	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	
35571	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	
35572	CPT, Surgery	Cardiovascular, Hemic, an Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena ca	
35583	CPT, Surgery	Cardiovascular, Hemic, an In-situ vein bypass; femoral-popliteal	
35585	CPT, Surgery	Cardiovascular, Hemic, an In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	
35587	CPT, Surgery	Cardiovascular, Hemic, an In-situ vein bypass; popliteal-tibial, peroneal	
35600	CPT, Surgery	Cardiovascular, Hemic, an Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open	
35601	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with other than vein; common carotid-ipsilateral internal carotid	
35606	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with other than vein; carotid-subclavian	
35612	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with other than vein; subclavian-subclavian	
35616	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with other than vein; subclavian-axillary	
35621	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with other than vein; axillary-femoral	
35623	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with other than vein; axillary-popliteal or -tibial	
35626	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid	
35631	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	
35632	CPT, Surgery	Cardiovascular, Hemic, an Bypass graft, with other than vein; ilio-celiac	

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
35633	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein; ilio-mesenteric
35634	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein; iliorenal
35636	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)
35637	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein; aortoiliac
35638	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein; aortobi-iliac
35642	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein; carotid-vertebral
35645	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein; subclavian-vertebral
35646	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein; aortobifemoral
35647	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein; aortofemoral
35650	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein; axillary-axillary
35654	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein; axillary-femoral-femoral
35656	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein; femoral-popliteal
35661	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein; femoral-femoral
35663	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein; ilioiliac
35665	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein; iliofemoral
35666	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery
35671	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery
35681	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)
35682	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition
35683	CPT, Surgery	Cardiovascular, Hemic, an	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separa
35685	CPT, Surgery	Cardiovascular, Hemic, an	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately
35686	CPT, Surgery	Cardiovascular, Hemic, an	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List
35691	CPT, Surgery	Cardiovascular, Hemic, an	Transposition and/or reimplantation; vertebral to carotid artery
35693	CPT, Surgery	Cardiovascular, Hemic, an	Transposition and/or reimplantation; vertebral to subclavian artery
35694	CPT, Surgery	Cardiovascular, Hemic, an	Transposition and/or reimplantation; subclavian to carotid artery
35695	CPT, Surgery	Cardiovascular, Hemic, an	Transposition and/or reimplantation; carotid to subclavian artery
35697	CPT, Surgery	Cardiovascular, Hemic, an	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition t
35700	CPT, Surgery	Cardiovascular, Hemic, an	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, c
35701	CPT, Surgery	Cardiovascular, Hemic, an	Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)
35702	CPT, Surgery	Cardiovascular, Hemic, an	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar,
35703	CPT, Surgery	Cardiovascular, Hemic, an	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femor
35800	CPT, Surgery	Cardiovascular, Hemic, an	Exploration for postoperative hemorrhage, thrombosis or infection; neck
35820	CPT, Surgery	Cardiovascular, Hemic, an	Exploration for postoperative hemorrhage, thrombosis or infection; chest
35840	CPT, Surgery	Cardiovascular, Hemic, an	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen
35860	CPT, Surgery	Cardiovascular, Hemic, an	Exploration for postoperative hemorrhage, thrombosis or infection; extremity
35870	CPT, Surgery	Cardiovascular, Hemic, an	Repair of graft-enteric fistula
35875	CPT, Surgery	Cardiovascular, Hemic, an	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);
35876	CPT, Surgery	Cardiovascular, Hemic, an	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of ar

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
35879	CPT, Surgery	Cardiovascular, Hemic, an Revision,	lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty
35881	CPT, Surgery	Cardiovascular, Hemic, an Revision,	lower extremity arterial bypass, without thrombectomy, open; with segmental vein interpos
35883	CPT, Surgery	Cardiovascular, Hemic, an Revision,	femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous p
35884	CPT, Surgery	Cardiovascular, Hemic, an Revision,	femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein ;
35901	CPT, Surgery	Cardiovascular, Hemic, an	Excision of infected graft; neck
35903	CPT, Surgery	Cardiovascular, Hemic, an	Excision of infected graft; extremity
35905	CPT, Surgery	Cardiovascular, Hemic, an	Excision of infected graft; thorax
35907	CPT, Surgery	Cardiovascular, Hemic, an	Excision of infected graft; abdomen
36000	CPT, Surgery	Cardiovascular, Hemic, an	Introduction of needle or intracatheter, vein
36002	CPT, Surgery	Cardiovascular, Hemic, an	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm
36005	CPT, Surgery	Cardiovascular, Hemic, an	Injection procedure for extremity venography (including introduction of needle or intracatheter)
36010	CPT, Surgery	Cardiovascular, Hemic, an	Introduction of catheter, superior or inferior vena cava
36011	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)
36012	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrena
36013	CPT, Surgery	Cardiovascular, Hemic, an	Introduction of catheter, right heart or main pulmonary artery
36014	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, left or right pulmonary artery
36015	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, segmental or subsegmental pulmonary artery
36100	CPT, Surgery	Cardiovascular, Hemic, an	Introduction of needle or intracatheter, carotid or vertebral artery
36140	CPT, Surgery	Cardiovascular, Hemic, an	Introduction of needle or intracatheter, upper or lower extremity artery
36160	CPT, Surgery	Cardiovascular, Hemic, an	Introduction of needle or intracatheter, aortic, translumbar
36200	CPT, Surgery	Cardiovascular, Hemic, an	Introduction of catheter, aorta
36215	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, with
36216	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch,
36217	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachioc
36218	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, arterial system; additional second order, third order, and beyond, thora
36221	CPT, Surgery	Cardiovascular, Hemic, an	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, verteb
36222	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with ar
36223	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with ar
36224	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral int
36225	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsi
36226	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral
36227	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral ex
36228	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, uni
36245	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity a
36246	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremi
36247	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, o
36248	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdo
36251	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for rena

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
36252	CPT, Surgery	Cardiovascular, Hemic, an	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for rena
36253	CPT, Surgery	Cardiovascular, Hemic, an	Superselective catheter placement (one or more second order or higher renal artery branches) renal a
36254	CPT, Surgery	Cardiovascular, Hemic, an	Superselective catheter placement (one or more second order or higher renal artery branches) renal a
36260	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
36261	CPT, Surgery	Cardiovascular, Hemic, an	Revision of implanted intra-arterial infusion pump
36262	CPT, Surgery	Cardiovascular, Hemic, an	Removal of implanted intra-arterial infusion pump
36299	CPT, Surgery	Cardiovascular, Hemic, an	Unlisted procedure, vascular injection
36430	CPT, Surgery	Cardiovascular, Hemic, an	Transfusion, blood or blood components
36440	CPT, Surgery	Cardiovascular, Hemic, an	Push transfusion, blood, 2 years or younger
36450	CPT, Surgery	Cardiovascular, Hemic, an	Exchange transfusion, blood; newborn
36455	CPT, Surgery	Cardiovascular, Hemic, an	Exchange transfusion, blood; other than newborn
36456	CPT, Surgery	Cardiovascular, Hemic, an	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other
36460	CPT, Surgery	Cardiovascular, Hemic, an	Transfusion, intrauterine, fetal
36465	CPT, Surgery	Cardiovascular, Hemic, an	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide displ
36466	CPT, Surgery	Cardiovascular, Hemic, an	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide displ
36468	CPT, Surgery	Cardiovascular, Hemic, an	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
36470	CPT, Surgery	Cardiovascular, Hemic, an	Injection of sclerosant; single incompetent vein (other than telangiectasia)
36471	CPT, Surgery	Cardiovascular, Hemic, an	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
36473	CPT, Surgery	Cardiovascular, Hemic, an	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and mc
36474	CPT, Surgery	Cardiovascular, Hemic, an	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and mc
36475	CPT, Surgery	Cardiovascular, Hemic, an	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and mc
36476	CPT, Surgery	Cardiovascular, Hemic, an	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and mc
36478	CPT, Surgery	Cardiovascular, Hemic, an	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and mc
36479	CPT, Surgery	Cardiovascular, Hemic, an	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and mc
36481	CPT, Surgery	Cardiovascular, Hemic, an	Percutaneous portal vein catheterization by any method
36482	CPT, Surgery	Cardiovascular, Hemic, an	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical i
36483	CPT, Surgery	Cardiovascular, Hemic, an	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical i
36500	CPT, Surgery	Cardiovascular, Hemic, an	Venous catheterization for selective organ blood sampling
36510	CPT, Surgery	Cardiovascular, Hemic, an	Catheterization of umbilical vein for diagnosis or therapy, newborn
36511	CPT, Surgery	Cardiovascular, Hemic, an	Therapeutic apheresis; for white blood cells
36512	CPT, Surgery	Cardiovascular, Hemic, an	Therapeutic apheresis; for red blood cells
36513	CPT, Surgery	Cardiovascular, Hemic, an	Therapeutic apheresis; for platelets
36514	CPT, Surgery	Cardiovascular, Hemic, an	Therapeutic apheresis; for plasma pheresis
36516	CPT, Surgery	Cardiovascular, Hemic, an	Therapeutic apheresis; with extracorporeal immunoabsorption, selective adsorption or selective filtra
36522	CPT, Surgery	Cardiovascular, Hemic, an	Photopheresis, extracorporeal
36800	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein
36810	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (S
36815	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external re

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
36818	CPT, Surgery	Cardiovascular, Hemic, an	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition
36819	CPT, Surgery	Cardiovascular, Hemic, an	Arteriovenous anastomosis, open; by upper arm basilic vein transposition
36820	CPT, Surgery	Cardiovascular, Hemic, an	Arteriovenous anastomosis, open; by forearm vein transposition
36821	CPT, Surgery	Cardiovascular, Hemic, an	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)
36823	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional ch
36825	CPT, Surgery	Cardiovascular, Hemic, an	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure)
36830	CPT, Surgery	Cardiovascular, Hemic, an	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure)
36831	CPT, Surgery	Cardiovascular, Hemic, an	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis g
36832	CPT, Surgery	Cardiovascular, Hemic, an	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis ;
36833	CPT, Surgery	Cardiovascular, Hemic, an	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graf
36835	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of Thomas shunt (separate procedure)
36836	CPT, Surgery	Cardiovascular, Hemic, an	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral art
36837	CPT, Surgery	Cardiovascular, Hemic, an	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral ;
36838	CPT, Surgery	Cardiovascular, Hemic, an	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndro
36860	CPT, Surgery	Cardiovascular, Hemic, an	External cannula declotting (separate procedure); without balloon catheter
36861	CPT, Surgery	Cardiovascular, Hemic, an	External cannula declotting (separate procedure); with balloon catheter
36901	CPT, Surgery	Cardiovascular, Hemic, an	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysi
36902	CPT, Surgery	Cardiovascular, Hemic, an	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysi
36903	CPT, Surgery	Cardiovascular, Hemic, an	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysi
36904	CPT, Surgery	Cardiovascular, Hemic, an	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circui
36905	CPT, Surgery	Cardiovascular, Hemic, an	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circui
36906	CPT, Surgery	Cardiovascular, Hemic, an	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circui
36907	CPT, Surgery	Cardiovascular, Hemic, an	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, includir
36908	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysi
36909	CPT, Surgery	Cardiovascular, Hemic, an	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory )
37140	CPT, Surgery	Cardiovascular, Hemic, an	Venous anastomosis, open; portocaval
37145	CPT, Surgery	Cardiovascular, Hemic, an	Venous anastomosis, open; renoportal
37160	CPT, Surgery	Cardiovascular, Hemic, an	Venous anastomosis, open; caval-mesenteric
37180	CPT, Surgery	Cardiovascular, Hemic, an	Venous anastomosis, open; splenorenal, proximal
37181	CPT, Surgery	Cardiovascular, Hemic, an	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, a
37182	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic a
37183	CPT, Surgery	Cardiovascular, Hemic, an	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic ar
37184	CPT, Surgery	Cardiovascular, Hemic, an	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arteria
37185	CPT, Surgery	Cardiovascular, Hemic, an	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arteria
37186	CPT, Surgery	Cardiovascular, Hemic, an	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, sucti
37187	CPT, Surgery	Cardiovascular, Hemic, an	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacolog
37188	CPT, Surgery	Cardiovascular, Hemic, an	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacolog
37195	CPT, Surgery	Cardiovascular, Hemic, an	Thrombolysis, cerebral, by intravenous infusion

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
37197	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial c
37200	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter biopsy
37211	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any meth
37212	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervisi
37213	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method,
37214	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method,
37215	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, inclu
37216	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, inclu
37217	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate
37218	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate
37220	CPT, Surgery	Cardiovascular, Hemic, an	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with tran
37221	CPT, Surgery	Cardiovascular, Hemic, an	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with tran
37222	CPT, Surgery	Cardiovascular, Hemic, an	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac ve
37223	CPT, Surgery	Cardiovascular, Hemic, an	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac ve
37224	CPT, Surgery	Cardiovascular, Hemic, an	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with tr
37225	CPT, Surgery	Cardiovascular, Hemic, an	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with a
37226	CPT, Surgery	Cardiovascular, Hemic, an	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with tr
37227	CPT, Surgery	Cardiovascular, Hemic, an	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with tr
37228	CPT, Surgery	Cardiovascular, Hemic, an	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vesse
37229	CPT, Surgery	Cardiovascular, Hemic, an	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vesse
37230	CPT, Surgery	Cardiovascular, Hemic, an	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vesse
37231	CPT, Surgery	Cardiovascular, Hemic, an	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vesse
37232	CPT, Surgery	Cardiovascular, Hemic, an	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additic
37233	CPT, Surgery	Cardiovascular, Hemic, an	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additic
37234	CPT, Surgery	Cardiovascular, Hemic, an	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additic
37235	CPT, Surgery	Cardiovascular, Hemic, an	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additic
37236	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive di:
37237	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive di:
37238	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological su
37239	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological su
37241	CPT, Surgery	Cardiovascular, Hemic, an	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intrapr
37242	CPT, Surgery	Cardiovascular, Hemic, an	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intrapr
37243	CPT, Surgery	Cardiovascular, Hemic, an	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intrapr
37244	CPT, Surgery	Cardiovascular, Hemic, an	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intrapr
37246	CPT, Surgery	Cardiovascular, Hemic, an	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial
37247	CPT, Surgery	Cardiovascular, Hemic, an	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial
37248	CPT, Surgery	Cardiovascular, Hemic, an	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging
37249	CPT, Surgery	Cardiovascular, Hemic, an	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
37252	CPT, Surgery	Cardiovascular, Hemic, an	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic interve
37253	CPT, Surgery	Cardiovascular, Hemic, an	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic interve
37500	CPT, Surgery	Cardiovascular, Hemic, an	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
37501	CPT, Surgery	Cardiovascular, Hemic, an	Unlisted vascular endoscopy procedure
37565	CPT, Surgery	Cardiovascular, Hemic, an	Ligation, internal jugular vein
37600	CPT, Surgery	Cardiovascular, Hemic, an	Ligation; external carotid artery
37605	CPT, Surgery	Cardiovascular, Hemic, an	Ligation; internal or common carotid artery
37606	CPT, Surgery	Cardiovascular, Hemic, an	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield
37607	CPT, Surgery	Cardiovascular, Hemic, an	Ligation or banding of angioaccess arteriovenous fistula
37609	CPT, Surgery	Cardiovascular, Hemic, an	Ligation or biopsy, temporal artery
37615	CPT, Surgery	Cardiovascular, Hemic, an	Ligation, major artery (eg, post-traumatic, rupture); neck
37616	CPT, Surgery	Cardiovascular, Hemic, an	Ligation, major artery (eg, post-traumatic, rupture); chest
37617	CPT, Surgery	Cardiovascular, Hemic, an	Ligation, major artery (eg, post-traumatic, rupture); abdomen
37618	CPT, Surgery	Cardiovascular, Hemic, an	Ligation, major artery (eg, post-traumatic, rupture); extremity
37619	CPT, Surgery	Cardiovascular, Hemic, an	Ligation of inferior vena cava
37650	CPT, Surgery	Cardiovascular, Hemic, an	Ligation of femoral vein
37660	CPT, Surgery	Cardiovascular, Hemic, an	Ligation of common iliac vein
37700	CPT, Surgery	Cardiovascular, Hemic, an	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718	CPT, Surgery	Cardiovascular, Hemic, an	Ligation, division, and stripping, short saphenous vein
37722	CPT, Surgery	Cardiovascular, Hemic, an	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee
37735	CPT, Surgery	Cardiovascular, Hemic, an	Ligation and division and complete stripping of long or short saphenous veins with radical excision of i
37760	CPT, Surgery	Cardiovascular, Hemic, an	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, op
37761	CPT, Surgery	Cardiovascular, Hemic, an	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
37765	CPT, Surgery	Cardiovascular, Hemic, an	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	CPT, Surgery	Cardiovascular, Hemic, an	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
37780	CPT, Surgery	Cardiovascular, Hemic, an	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	CPT, Surgery	Cardiovascular, Hemic, an	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
37788	CPT, Surgery	Cardiovascular, Hemic, an	Penile revascularization, artery, with or without vein graft
37790	CPT, Surgery	Cardiovascular, Hemic, an	Penile venous occlusive procedure
37799	CPT, Surgery	Cardiovascular, Hemic, an	Unlisted procedure, vascular surgery
38100	CPT, Surgery	Hemic/Lymphatic	Splenectomy; total (separate procedure)
38101	CPT, Surgery	Hemic/Lymphatic	Splenectomy; partial (separate procedure)
38102	CPT, Surgery	Hemic/Lymphatic	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in additior
38115	CPT, Surgery	Hemic/Lymphatic	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy
38120	CPT, Surgery	Hemic/Lymphatic	Laparoscopy, surgical, splenectomy
38129	CPT, Surgery	Hemic/Lymphatic	Unlisted laparoscopy procedure, spleen
38200	CPT, Surgery	Hemic/Lymphatic	Injection procedure for splenoportography
38204	CPT, Surgery	Hemic/Lymphatic	Management of recipient hematopoietic progenitor cell donor search and cell acquisition

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
38205	CPT, Surgery	Hemic/Lymphatic	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic
38206	CPT, Surgery	Hemic/Lymphatic	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous
38208	CPT, Surgery	Hemic/Lymphatic	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, witho
38209	CPT, Surgery	Hemic/Lymphatic	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with v
38210	CPT, Surgery	Hemic/Lymphatic	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell
38211	CPT, Surgery	Hemic/Lymphatic	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion
38212	CPT, Surgery	Hemic/Lymphatic	Transplant preparation of hematopoietic progenitor cells; red blood cell removal
38213	CPT, Surgery	Hemic/Lymphatic	Transplant preparation of hematopoietic progenitor cells; platelet depletion
38214	CPT, Surgery	Hemic/Lymphatic	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion
38215	CPT, Surgery	Hemic/Lymphatic	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear,
38220	CPT, Surgery	Hemic/Lymphatic	Diagnostic bone marrow; aspiration(s)
38221	CPT, Surgery	Hemic/Lymphatic	Diagnostic bone marrow; biopsy(ies)
38222	CPT, Surgery	Hemic/Lymphatic	Diagnostic bone marrow; biopsy(ies) and aspiration(s)
38230	CPT, Surgery	Hemic/Lymphatic	Bone marrow harvesting for transplantation; allogeneic
38232	CPT, Surgery	Hemic/Lymphatic	Bone marrow harvesting for transplantation; autologous
38240	CPT, Surgery	Hemic/Lymphatic	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
38241	CPT, Surgery	Hemic/Lymphatic	Hematopoietic progenitor cell (HPC); autologous transplantation
38242	CPT, Surgery	Hemic/Lymphatic	Allogeneic lymphocyte infusions
38243	CPT, Surgery	Hemic/Lymphatic	Hematopoietic progenitor cell (HPC); HPC boost
38300	CPT, Surgery	Hemic/Lymphatic	Drainage of lymph node abscess or lymphadenitis; simple
38305	CPT, Surgery	Hemic/Lymphatic	Drainage of lymph node abscess or lymphadenitis; extensive
38308	CPT, Surgery	Hemic/Lymphatic	Lymphangiomy or other operations on lymphatic channels
38380	CPT, Surgery	Hemic/Lymphatic	Suture and/or ligation of thoracic duct; cervical approach
38381	CPT, Surgery	Hemic/Lymphatic	Suture and/or ligation of thoracic duct; thoracic approach
38382	CPT, Surgery	Hemic/Lymphatic	Suture and/or ligation of thoracic duct; abdominal approach
38510	CPT, Surgery	Hemic/Lymphatic	Biopsy/Excision Lymphatic Vessels - Biopsy or excision of lymph node(s); open, deep cervical node(s)
38520	CPT, Surgery	Hemic/Lymphatic	Biopsy/Excision Lymphatic Vessels - Biopsy or excision of lymph node(s); open, deep cervical node(s) v
38525	CPT, Surgery	Hemic/Lymphatic	Biopsy/Excision Lymphatic Vessels - Biopsy or excision of lymph node(s); open, deep axillary node(s)
38530	CPT, Surgery	Hemic/Lymphatic	Biopsy/Excision Lymphatic Vessels - Biopsy or excision of lymph node(s); open, internal mammary noc
38531	CPT, Surgery	Hemic/Lymphatic	Biopsy/Excision Lymphatic Vessels - Biopsy or excision of lymph node(s); open, inguofemoral node(s)
38542	CPT, Surgery	Hemic/Lymphatic	Biopsy/Excision Lymphatic Vessels - Dissection, deep jugular node(s)
38550	CPT, Surgery	Hemic/Lymphatic	Biopsy/Excision Lymphatic Vessels - Excision of cystic hygroma, axillary or cervical; without deep neur
38555	CPT, Surgery	Hemic/Lymphatic	Biopsy/Excision Lymphatic Vessels - Excision of cystic hygroma, axillary or cervical; with deep neurova:
38562	CPT, Surgery	Hemic/Lymphatic	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic
38564	CPT, Surgery	Hemic/Lymphatic	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)
38570	CPT, Surgery	Hemic/Lymphatic	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
38571	CPT, Surgery	Hemic/Lymphatic	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
38572	CPT, Surgery	Hemic/Lymphatic	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampli

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
38573	CPT, Surgery	Hemic/Lymphatic	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampli
38589	CPT, Surgery	Hemic/Lymphatic	Unlisted laparoscopy procedure, lymphatic system
38700	CPT, Surgery	Hemic/Lymphatic	Suprahyoid lymphadenectomy
38720	CPT, Surgery	Hemic/Lymphatic	Cervical lymphadenectomy (complete)
38724	CPT, Surgery	Hemic/Lymphatic	Cervical lymphadenectomy (modified radical neck dissection)
38740	CPT, Surgery	Hemic/Lymphatic	Axillary lymphadenectomy; superficial
38745	CPT, Surgery	Hemic/Lymphatic	Axillary lymphadenectomy; complete
38746	CPT, Surgery	Hemic/Lymphatic	Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separat
38747	CPT, Surgery	Hemic/Lymphatic	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or withou
38760	CPT, Surgery	Hemic/Lymphatic	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)
38765	CPT, Surgery	Hemic/Lymphatic	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including e
38770	CPT, Surgery	Hemic/Lymphatic	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedu
38780	CPT, Surgery	Hemic/Lymphatic	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal node
38792	CPT, Surgery	Hemic/Lymphatic	Injection procedure; radioactive tracer for identification of sentinel node
38794	CPT, Surgery	Hemic/Lymphatic	Cannulation, thoracic duct
38900	CPT, Surgery	Hemic/Lymphatic	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioac
38999	CPT, Surgery	Hemic/Lymphatic	Unlisted procedure, hemic or lymphatic system
39000	CPT, Surgery	Mediastinum	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach
39010	CPT, Surgery	Mediastinum	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approa
39200	CPT, Surgery	Mediastinum	Resection of mediastinal cyst
39220	CPT, Surgery	Mediastinum	Resection of mediastinal tumor
39401	CPT, Surgery	Mediastinum	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed
39402	CPT, Surgery	Mediastinum	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)
39499	CPT, Surgery	Mediastinum	Unlisted procedure, mediastinum
39501	CPT, Surgery	Mediastinum	Repair, laceration of diaphragm, any approach
39503	CPT, Surgery	Mediastinum	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creat
39540	CPT, Surgery	Mediastinum	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute
39541	CPT, Surgery	Mediastinum	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic
39545	CPT, Surgery	Mediastinum	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic
39560	CPT, Surgery	Mediastinum	Resection, diaphragm; with simple repair (eg, primary suture)
39561	CPT, Surgery	Mediastinum	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)
39599	CPT, Surgery	Mediastinum	Unlisted procedure, diaphragm
40500	CPT, Surgery	Digestive System	Vermilionectomy (lip shave), with mucosal advancement
40510	CPT, Surgery	Digestive System	Excision of lip; transverse wedge excision with primary closure
40520	CPT, Surgery	Digestive System	Excision of lip; V-excision with primary direct linear closure
40525	CPT, Surgery	Digestive System	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)
40527	CPT, Surgery	Digestive System	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
40530	CPT, Surgery	Digestive System	Resection of lip, more than one-fourth, without reconstruction

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
40650	CPT, Surgery	Digestive System	Repair lip, full thickness; vermilion only
40652	CPT, Surgery	Digestive System	Repair lip, full thickness; up to half vertical height
40654	CPT, Surgery	Digestive System	Repair lip, full thickness; over one-half vertical height, or complex
40700	CPT, Surgery	Digestive System	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701	CPT, Surgery	Digestive System	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure
40702	CPT, Surgery	Digestive System	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages
40720	CPT, Surgery	Digestive System	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure
40761	CPT, Surgery	Digestive System	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including se
40799	CPT, Surgery	Digestive System	Unlisted procedure, lips
40806	CPT, Surgery	Digestive System	Incision of labial frenum (frenotomy)
40814	CPT, Surgery	Digestive System	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
40819	CPT, Surgery	Digestive System	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)
40820	CPT, Surgery	Digestive System	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chem
40830	CPT, Surgery	Digestive System	Closure of laceration, vestibule of mouth; 2.5 cm or less
40831	CPT, Surgery	Digestive System	Closure of laceration, vestibule of mouth; over 2.5 cm or complex
40840	CPT, Surgery	Digestive System	Vestibuloplasty; anterior
40842	CPT, Surgery	Digestive System	Vestibuloplasty; posterior, unilateral
40843	CPT, Surgery	Digestive System	Vestibuloplasty; posterior, bilateral
40844	CPT, Surgery	Digestive System	Vestibuloplasty; entire arch
40845	CPT, Surgery	Digestive System	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
40899	CPT, Surgery	Digestive System	Unlisted procedure, vestibule of mouth
41006	CPT, Surgery	Digestive System	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual,
41007	CPT, Surgery	Digestive System	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental
41008	CPT, Surgery	Digestive System	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandib
41009	CPT, Surgery	Digestive System	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator
41010	CPT, Surgery	Digestive System	Incision of lingual frenum (frenotomy)
41018	CPT, Surgery	Digestive System	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space
41019	CPT, Surgery	Digestive System	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, t
41110	CPT, Surgery	Digestive System	Excision of lesion of tongue without closure
41112	CPT, Surgery	Digestive System	Excision of lesion of tongue with closure; anterior two-thirds
41113	CPT, Surgery	Digestive System	Excision of lesion of tongue with closure; posterior one-third
41114	CPT, Surgery	Digestive System	Excision of lesion of tongue with closure; with local tongue flap
41115	CPT, Surgery	Digestive System	Excision of lingual frenum (frenectomy)
41116	CPT, Surgery	Digestive System	Excision, lesion of floor of mouth
41120	CPT, Surgery	Digestive System	Glossectomy; less than one-half tongue
41130	CPT, Surgery	Digestive System	Glossectomy; hemiglossectomy
41135	CPT, Surgery	Digestive System	Glossectomy; partial, with unilateral radical neck dissection
41140	CPT, Surgery	Digestive System	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
41145	CPT, Surgery	Digestive System	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection
41150	CPT, Surgery	Digestive System	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without r
41153	CPT, Surgery	Digestive System	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection
41155	CPT, Surgery	Digestive System	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical n
41250	CPT, Surgery	Digestive System	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41251	CPT, Surgery	Digestive System	Repair of laceration 2.5 cm or less; posterior one-third of tongue
41252	CPT, Surgery	Digestive System	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex
41510	CPT, Surgery	Digestive System	Suture of tongue to lip for micrognathia (Douglas type procedure)
41512	CPT, Surgery	Digestive System	Tongue base suspension, permanent suture technique
41520	CPT, Surgery	Digestive System	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
41530	CPT, Surgery	Digestive System	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
41599	CPT, Surgery	Digestive System	Unlisted procedure, tongue, floor of mouth
41820	CPT, Surgery	Digestive System	Gingivectomy, excision gingiva, each quadrant
41821	CPT, Surgery	Digestive System	Operculectomy, excision pericoronal tissues
41822	CPT, Surgery	Digestive System	Excision of fibrous tuberosities, dentoalveolar structures
41823	CPT, Surgery	Digestive System	Excision of osseous tuberosities, dentoalveolar structures
41825	CPT, Surgery	Digestive System	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
41826	CPT, Surgery	Digestive System	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair
41827	CPT, Surgery	Digestive System	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair
41828	CPT, Surgery	Digestive System	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41830	CPT, Surgery	Digestive System	Alveolectomy, including curettage of osteitis or sequestrectomy
41850	CPT, Surgery	Digestive System	Destruction of lesion (except excision), dentoalveolar structures
41870	CPT, Surgery	Digestive System	Periodontal mucosal grafting
41872	CPT, Surgery	Digestive System	Gingivoplasty, each quadrant (specify)
41874	CPT, Surgery	Digestive System	Alveoloplasty, each quadrant (specify)
41899	CPT, Surgery	Digestive System	Unlisted procedure, dentoalveolar structures
42104	CPT, Surgery	Digestive System	Excision, lesion of palate, uvula; without closure
42106	CPT, Surgery	Digestive System	Excision, lesion of palate, uvula; with simple primary closure
42107	CPT, Surgery	Digestive System	Excision, lesion of palate, uvula; with local flap closure
42120	CPT, Surgery	Digestive System	Resection of palate or extensive resection of lesion
42140	CPT, Surgery	Digestive System	Uvulectomy, excision of uvula
42145	CPT, Surgery	Digestive System	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42180	CPT, Surgery	Digestive System	Repair, laceration of palate; up to 2 cm
42182	CPT, Surgery	Digestive System	Repair, laceration of palate; over 2 cm or complex
42200	CPT, Surgery	Digestive System	Palatoplasty for cleft palate, soft and/or hard palate only
42205	CPT, Surgery	Digestive System	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210	CPT, Surgery	Digestive System	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes r
42215	CPT, Surgery	Digestive System	Palatoplasty for cleft palate; major revision

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
42220	CPT, Surgery	Digestive System	Palatoplasty for cleft palate; secondary lengthening procedure
42225	CPT, Surgery	Digestive System	Palatoplasty for cleft palate; attachment pharyngeal flap
42226	CPT, Surgery	Digestive System	Lengthening of palate, and pharyngeal flap
42227	CPT, Surgery	Digestive System	Lengthening of palate, with island flap
42235	CPT, Surgery	Digestive System	Repair of anterior palate, including vomer flap
42260	CPT, Surgery	Digestive System	Repair of nasolabial fistula
42280	CPT, Surgery	Digestive System	Maxillary impression for palatal prosthesis
42281	CPT, Surgery	Digestive System	Insertion of pin-retained palatal prosthesis
42299	CPT, Surgery	Digestive System	Unlisted procedure, palate, uvula
42305	CPT, Surgery	Digestive System	Drainage of abscess; parotid, complicated
42310	CPT, Surgery	Digestive System	Drainage of abscess; submaxillary or sublingual, intraoral
42320	CPT, Surgery	Digestive System	Drainage of abscess; submaxillary, external
42330	CPT, Surgery	Digestive System	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
42335	CPT, Surgery	Digestive System	Sialolithotomy; submandibular (submaxillary), complicated, intraoral
42340	CPT, Surgery	Digestive System	Sialolithotomy; parotid, extraoral or complicated intraoral
42400	CPT, Surgery	Digestive System	Biopsy of salivary gland; needle
42405	CPT, Surgery	Digestive System	Biopsy of salivary gland; incisional
42408	CPT, Surgery	Digestive System	Excision of sublingual salivary cyst (ranula)
42409	CPT, Surgery	Digestive System	Marsupialization of sublingual salivary cyst (ranula)
42410	CPT, Surgery	Digestive System	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
42415	CPT, Surgery	Digestive System	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
42420	CPT, Surgery	Digestive System	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
42425	CPT, Surgery	Digestive System	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
42426	CPT, Surgery	Digestive System	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection
42440	CPT, Surgery	Digestive System	Excision of submandibular (submaxillary) gland
42450	CPT, Surgery	Digestive System	Excision of sublingual gland
42500	CPT, Surgery	Digestive System	Plastic repair of salivary duct, sialodochoplasty; primary or simple
42505	CPT, Surgery	Digestive System	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated
42507	CPT, Surgery	Digestive System	Parotid duct diversion, bilateral (Wilke type procedure);
42509	CPT, Surgery	Digestive System	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands
42510	CPT, Surgery	Digestive System	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton)
42550	CPT, Surgery	Digestive System	Injection procedure for sialography
42600	CPT, Surgery	Digestive System	Closure salivary fistula
42650	CPT, Surgery	Digestive System	Dilation salivary duct
42660	CPT, Surgery	Digestive System	Dilation and catheterization of salivary duct, with or without injection
42665	CPT, Surgery	Digestive System	Ligation salivary duct, intraoral
42699	CPT, Surgery	Digestive System	Unlisted procedure, salivary glands or ducts
42720	CPT, Surgery	Digestive System	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
42725	CPT, Surgery	Digestive System	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach
42800	CPT, Surgery	Digestive System	Biopsy; oropharynx
42804	CPT, Surgery	Digestive System	Biopsy; nasopharynx, visible lesion, simple
42806	CPT, Surgery	Digestive System	Biopsy; nasopharynx, survey for unknown primary lesion
42808	CPT, Surgery	Digestive System	Excision or destruction of lesion of pharynx, any method
42809	CPT, Surgery	Digestive System	Removal of foreign body from pharynx
42810	CPT, Surgery	Digestive System	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42815	CPT, Surgery	Digestive System	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pl
42820	CPT, Surgery	Digestive System	Tonsillectomy and adenoidectomy; younger than age 12
42821	CPT, Surgery	Digestive System	Tonsillectomy and adenoidectomy; age 12 or over
42825	CPT, Surgery	Digestive System	Tonsillectomy, primary or secondary; younger than age 12
42826	CPT, Surgery	Digestive System	Tonsillectomy, primary or secondary; age 12 or over
42830	CPT, Surgery	Digestive System	Adenoidectomy, primary; younger than age 12
42831	CPT, Surgery	Digestive System	Adenoidectomy, primary; age 12 or over
42835	CPT, Surgery	Digestive System	Adenoidectomy, secondary; younger than age 12
42836	CPT, Surgery	Digestive System	Adenoidectomy, secondary; age 12 or over
42842	CPT, Surgery	Digestive System	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure
42844	CPT, Surgery	Digestive System	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tong
42845	CPT, Surgery	Digestive System	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap
42860	CPT, Surgery	Digestive System	Excision of tonsil tags
42870	CPT, Surgery	Digestive System	Excision or destruction lingual tonsil, any method (separate procedure)
42890	CPT, Surgery	Digestive System	Limited pharyngectomy
42892	CPT, Surgery	Digestive System	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and pc
42894	CPT, Surgery	Digestive System	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free mu
42900	CPT, Surgery	Digestive System	Suture pharynx for wound or injury
42950	CPT, Surgery	Digestive System	Pharyngoplasty (plastic or reconstructive operation on pharynx)
42953	CPT, Surgery	Digestive System	Pharyngoesophageal repair
42955	CPT, Surgery	Digestive System	Pharyngostomy (fistulization of pharynx, external for feeding)
42960	CPT, Surgery	Digestive System	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
42961	CPT, Surgery	Digestive System	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requ
42962	CPT, Surgery	Digestive System	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary su
42970	CPT, Surgery	Digestive System	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with
42971	CPT, Surgery	Digestive System	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated,
42972	CPT, Surgery	Digestive System	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with seconda
42999	CPT, Surgery	Digestive System	Unlisted procedure, pharynx, adenoids, or tonsils
43020	CPT, Surgery	Digestive System	Esophagotomy, cervical approach, with removal of foreign body
43030	CPT, Surgery	Digestive System	Cricopharyngeal myotomy
43045	CPT, Surgery	Digestive System	Esophagotomy, thoracic approach, with removal of foreign body

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
43100	CPT, Surgery	Digestive System	Excision of lesion, esophagus, with primary repair; cervical approach
43101	CPT, Surgery	Digestive System	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach
43107	CPT, Surgery	Digestive System	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esop
43108	CPT, Surgery	Digestive System	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine r
43112	CPT, Surgery	Digestive System	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophag
43113	CPT, Surgery	Digestive System	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reco
43116	CPT, Surgery	Digestive System	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtain
43117	CPT, Surgery	Digestive System	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or
43118	CPT, Surgery	Digestive System	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or
43121	CPT, Surgery	Digestive System	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrecto
43122	CPT, Surgery	Digestive System	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrect
43123	CPT, Surgery	Digestive System	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrect
43124	CPT, Surgery	Digestive System	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy
43130	CPT, Surgery	Digestive System	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach
43135	CPT, Surgery	Digestive System	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach
43180	CPT, Surgery	Digestive System	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenk
43191	CPT, Surgery	Digestive System	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing
43192	CPT, Surgery	Digestive System	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance
43193	CPT, Surgery	Digestive System	Esophagoscopy, rigid, transoral; with biopsy, single or multiple
43194	CPT, Surgery	Digestive System	Esophagoscopy, rigid, transoral; with removal of foreign body(s)
43195	CPT, Surgery	Digestive System	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)
43196	CPT, Surgery	Digestive System	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire
43197	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or was
43198	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple
43200	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or wash
43201	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43202	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with biopsy, single or multiple
43204	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices
43205	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices
43206	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with optical endomicroscopy
43210	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or compl
43211	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection
43212	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilatio
43213	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includ
43214	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger
43215	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with removal of foreign body(s)
43216	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy
43217	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare tech

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
43220	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)
43226	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over ;
43227	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with control of bleeding, any method
43229	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-
43231	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination
43232	CPT, Surgery	Digestive System	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural
43233	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm dia
43235	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by bi
43236	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substanc
43237	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to
43238	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramura
43239	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple
43240	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes p
43241	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter
43242	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramura
43243	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varice
43244	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices
43245	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, ba
43246	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrosto
43247	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)
43248	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of
43249	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus
43250	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(:
43251	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(:
43252	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy
43253	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmura
43254	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection
43255	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method
43257	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lo
43259	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including
43260	CPT, Surgery	Digestive System	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen
43261	CPT, Surgery	Digestive System	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple
43262	CPT, Surgery	Digestive System	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy
43263	CPT, Surgery	Digestive System	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of
43264	CPT, Surgery	Digestive System	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/;
43265	CPT, Surgery	Digestive System	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg,
43266	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- z
43270	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(:

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
43273	CPT, Surgery	Digestive System	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List sep
43274	CPT, Surgery	Digestive System	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into bil
43275	CPT, Surgery	Digestive System	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) 1
43276	CPT, Surgery	Digestive System	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), bilia
43277	CPT, Surgery	Digestive System	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of bi
43278	CPT, Surgery	Digestive System	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other
43279	CPT, Surgery	Digestive System	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed
43280	CPT, Surgery	Digestive System	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
43281	CPT, Surgery	Digestive System	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; witho
43282	CPT, Surgery	Digestive System	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with ii
43283	CPT, Surgery	Digestive System	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplast
43284	CPT, Surgery	Digestive System	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmer
43285	CPT, Surgery	Digestive System	Removal of esophageal sphincter augmentation device
43286	CPT, Surgery	Digestive System	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal 4
43287	CPT, Surgery	Digestive System	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediast
43288	CPT, Surgery	Digestive System	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower r
43289	CPT, Surgery	Digestive System	Unlisted laparoscopy procedure, esophagus
43290	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon
43291	CPT, Surgery	Digestive System	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)
43300	CPT, Surgery	Digestive System	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophag
43305	CPT, Surgery	Digestive System	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal
43310	CPT, Surgery	Digestive System	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesopha
43312	CPT, Surgery	Digestive System	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophagea
43313	CPT, Surgery	Digestive System	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without rep
43314	CPT, Surgery	Digestive System	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair
43320	CPT, Surgery	Digestive System	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or t
43325	CPT, Surgery	Digestive System	Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)
43327	CPT, Surgery	Digestive System	Esophagogastric fundoplasty partial or complete; laparotomy
43328	CPT, Surgery	Digestive System	Esophagogastric fundoplasty partial or complete; thoracotomy
43330	CPT, Surgery	Digestive System	Esophagomyotomy (Heller type); abdominal approach
43331	CPT, Surgery	Digestive System	Esophagomyotomy (Heller type); thoracic approach
43332	CPT, Surgery	Digestive System	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with
43333	CPT, Surgery	Digestive System	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with
43334	CPT, Surgery	Digestive System	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; wii
43335	CPT, Surgery	Digestive System	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; wii
43336	CPT, Surgery	Digestive System	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, excep
43337	CPT, Surgery	Digestive System	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, excep
43338	CPT, Surgery	Digestive System	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in ac

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
43340	CPT, Surgery	Digestive System	Esophagojejunostomy (without total gastrectomy); abdominal approach
43341	CPT, Surgery	Digestive System	Esophagojejunostomy (without total gastrectomy); thoracic approach
43351	CPT, Surgery	Digestive System	Esophagostomy, fistulization of esophagus, external; thoracic approach
43352	CPT, Surgery	Digestive System	Esophagostomy, fistulization of esophagus, external; cervical approach
43360	CPT, Surgery	Digestive System	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula
43361	CPT, Surgery	Digestive System	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula
43400	CPT, Surgery	Digestive System	Ligation, direct, esophageal varices
43405	CPT, Surgery	Digestive System	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation
43410	CPT, Surgery	Digestive System	Suture of esophageal wound or injury; cervical approach
43415	CPT, Surgery	Digestive System	Suture of esophageal wound or injury; transthoracic or transabdominal approach
43420	CPT, Surgery	Digestive System	Closure of esophagostomy or fistula; cervical approach
43425	CPT, Surgery	Digestive System	Closure of esophagostomy or fistula; transthoracic or transabdominal approach
43450	CPT, Surgery	Digestive System	Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43453	CPT, Surgery	Digestive System	Dilation of esophagus, over guide wire
43460	CPT, Surgery	Digestive System	Esophagogastric tamponade, with balloon (Sengstaken type)
43496	CPT, Surgery	Digestive System	Free jejunum transfer with microvascular anastomosis
43499	CPT, Surgery	Digestive System	Unlisted procedure, esophagus
43500	CPT, Surgery	Digestive System	Gastrotomy; with exploration or foreign body removal
43501	CPT, Surgery	Digestive System	Gastrotomy; with suture repair of bleeding ulcer
43502	CPT, Surgery	Digestive System	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)
43510	CPT, Surgery	Digestive System	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or M
43520	CPT, Surgery	Digestive System	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)
43605	CPT, Surgery	Digestive System	Biopsy of stomach, by laparotomy
43610	CPT, Surgery	Digestive System	Excision, local; ulcer or benign tumor of stomach
43611	CPT, Surgery	Digestive System	Excision, local; malignant tumor of stomach
43620	CPT, Surgery	Digestive System	Gastrectomy, total; with esophagoenterostomy
43621	CPT, Surgery	Digestive System	Gastrectomy, total; with Roux-en-Y reconstruction
43622	CPT, Surgery	Digestive System	Gastrectomy, total; with formation of intestinal pouch, any type
43631	CPT, Surgery	Digestive System	Gastrectomy, partial, distal; with gastroduodenostomy
43632	CPT, Surgery	Digestive System	Gastrectomy, partial, distal; with gastrojejunostomy
43633	CPT, Surgery	Digestive System	Gastrectomy, partial, distal; with Roux-en-Y reconstruction
43634	CPT, Surgery	Digestive System	Gastrectomy, partial, distal; with formation of intestinal pouch
43635	CPT, Surgery	Digestive System	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for p
43640	CPT, Surgery	Digestive System	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective
43641	CPT, Surgery	Digestive System	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)
43644	CPT, Surgery	Digestive System	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterost
43645	CPT, Surgery	Digestive System	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruc
43647	CPT, Surgery	Digestive System	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
43648	CPT, Surgery	Digestive System	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
43651	CPT, Surgery	Digestive System	Laparoscopy, surgical; transection of vagus nerves, truncal
43652	CPT, Surgery	Digestive System	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective
43653	CPT, Surgery	Digestive System	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (sepa
43659	CPT, Surgery	Digestive System	Unlisted laparoscopy procedure, stomach
43753	CPT, Surgery	Digestive System	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal
43754	CPT, Surgery	Digestive System	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)
43755	CPT, Surgery	Digestive System	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric s
43756	CPT, Surgery	Digestive System	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile stu
43757	CPT, Surgery	Digestive System	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractic
43770	CPT, Surgery	Digestive System	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device l
43771	CPT, Surgery	Digestive System	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device cor
43772	CPT, Surgery	Digestive System	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device coi
43773	CPT, Surgery	Digestive System	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric res
43774	CPT, Surgery	Digestive System	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device an
43775	CPT, Surgery	Digestive System	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)
43800	CPT, Surgery	Digestive System	Pyloroplasty
43810	CPT, Surgery	Digestive System	Gastroduodenostomy
43820	CPT, Surgery	Digestive System	Gastrojejunostomy; without vagotomy
43825	CPT, Surgery	Digestive System	Gastrojejunostomy; with vagotomy, any type
43830	CPT, Surgery	Digestive System	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43831	CPT, Surgery	Digestive System	Gastrostomy, open; neonatal, for feeding
43832	CPT, Surgery	Digestive System	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)
43840	CPT, Surgery	Digestive System	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury
43842	CPT, Surgery	Digestive System	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843	CPT, Surgery	Digestive System	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded g
43845	CPT, Surgery	Digestive System	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoi
43846	CPT, Surgery	Digestive System	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) f
43847	CPT, Surgery	Digestive System	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstructi
43848	CPT, Surgery	Digestive System	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restri
43860	CPT, Surgery	Digestive System	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partia
43865	CPT, Surgery	Digestive System	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partia
43870	CPT, Surgery	Digestive System	Closure of gastrostomy, surgical
43880	CPT, Surgery	Digestive System	Closure of gastrocolic fistula
43881	CPT, Surgery	Digestive System	Implantation or replacement of gastric neurostimulator electrodes, antrum, open
43882	CPT, Surgery	Digestive System	Revision or removal of gastric neurostimulator electrodes, antrum, open
43886	CPT, Surgery	Digestive System	Gastric restrictive procedure, open; revision of subcutaneous port component only
43887	CPT, Surgery	Digestive System	Gastric restrictive procedure, open; removal of subcutaneous port component only

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
43888	CPT, Surgery	Digestive System	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
43999	CPT, Surgery	Digestive System	Unlisted procedure, stomach
44005	CPT, Surgery	Digestive System	Enterolysis (freeing of intestinal adhesion) (separate procedure)
44010	CPT, Surgery	Digestive System	Duodenotomy, for exploration, biopsy(s), or foreign body removal
44015	CPT, Surgery	Digestive System	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately)
44020	CPT, Surgery	Digestive System	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal
44021	CPT, Surgery	Digestive System	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)
44025	CPT, Surgery	Digestive System	Colotomy, for exploration, biopsy(s), or foreign body removal
44050	CPT, Surgery	Digestive System	Reduction of volvulus, intussusception, internal hernia, by laparotomy
44055	CPT, Surgery	Digestive System	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)
44100	CPT, Surgery	Digestive System	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)
44110	CPT, Surgery	Digestive System	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fixation
44111	CPT, Surgery	Digestive System	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fixation
44120	CPT, Surgery	Digestive System	Enterectomy, resection of small intestine; single resection and anastomosis
44121	CPT, Surgery	Digestive System	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately)
44125	CPT, Surgery	Digestive System	Enterectomy, resection of small intestine; with enterostomy
44126	CPT, Surgery	Digestive System	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal small intestine
44127	CPT, Surgery	Digestive System	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal small intestine
44128	CPT, Surgery	Digestive System	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal small intestine
44130	CPT, Surgery	Digestive System	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)
44132	CPT, Surgery	Digestive System	Donor enterectomy (including cold preservation), open; from cadaver donor
44133	CPT, Surgery	Digestive System	Donor enterectomy (including cold preservation), open; partial, from living donor
44135	CPT, Surgery	Digestive System	Intestinal allotransplantation; from cadaver donor
44136	CPT, Surgery	Digestive System	Intestinal allotransplantation; from living donor
44137	CPT, Surgery	Digestive System	Removal of transplanted intestinal allograft, complete
44139	CPT, Surgery	Digestive System	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately)
44140	CPT, Surgery	Digestive System	Colectomy, partial; with anastomosis
44141	CPT, Surgery	Digestive System	Colectomy, partial; with skin level cecostomy or colostomy
44143	CPT, Surgery	Digestive System	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)
44144	CPT, Surgery	Digestive System	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula
44145	CPT, Surgery	Digestive System	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
44146	CPT, Surgery	Digestive System	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy
44147	CPT, Surgery	Digestive System	Colectomy, partial; abdominal and transanal approach
44150	CPT, Surgery	Digestive System	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
44151	CPT, Surgery	Digestive System	Colectomy, total, abdominal, without proctectomy; with continent ileostomy
44155	CPT, Surgery	Digestive System	Colectomy, total, abdominal, with proctectomy; with ileostomy
44156	CPT, Surgery	Digestive System	Colectomy, total, abdominal, with proctectomy; with continent ileostomy
44157	CPT, Surgery	Digestive System	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, a

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
44158	CPT, Surgery	Digestive System	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (
44160	CPT, Surgery	Digestive System	Colectomy, partial, with removal of terminal ileum with ileocolostomy
44180	CPT, Surgery	Digestive System	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
44186	CPT, Surgery	Digestive System	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
44187	CPT, Surgery	Digestive System	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube
44188	CPT, Surgery	Digestive System	Laparoscopy, surgical, colostomy or skin level cecostomy
44202	CPT, Surgery	Digestive System	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis
44203	CPT, Surgery	Digestive System	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in ad
44204	CPT, Surgery	Digestive System	Laparoscopy, surgical; colectomy, partial, with anastomosis
44205	CPT, Surgery	Digestive System	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy
44206	CPT, Surgery	Digestive System	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartman
44207	CPT, Surgery	Digestive System	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastor
44208	CPT, Surgery	Digestive System	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastor
44210	CPT, Surgery	Digestive System	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproct
44211	CPT, Surgery	Digestive System	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, crea
44212	CPT, Surgery	Digestive System	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy
44213	CPT, Surgery	Digestive System	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with parti
44227	CPT, Surgery	Digestive System	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosi
44238	CPT, Surgery	Digestive System	Unlisted laparoscopy procedure, intestine (except rectum)
44300	CPT, Surgery	Digestive System	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate proce
44310	CPT, Surgery	Digestive System	Ileostomy or jejunostomy, non-tube
44312	CPT, Surgery	Digestive System	Revision of ileostomy; simple (release of superficial scar) (separate procedure)
44314	CPT, Surgery	Digestive System	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)
44316	CPT, Surgery	Digestive System	Continent ileostomy (Kock procedure) (separate procedure)
44320	CPT, Surgery	Digestive System	Colostomy or skin level cecostomy;
44322	CPT, Surgery	Digestive System	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate pr
44340	CPT, Surgery	Digestive System	Revision of colostomy; simple (release of superficial scar) (separate procedure)
44345	CPT, Surgery	Digestive System	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)
44346	CPT, Surgery	Digestive System	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)
44360	CPT, Surgery	Digestive System	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; di
44361	CPT, Surgery	Digestive System	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; wi
44363	CPT, Surgery	Digestive System	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; wi
44364	CPT, Surgery	Digestive System	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; wi
44365	CPT, Surgery	Digestive System	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; wi
44366	CPT, Surgery	Digestive System	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; wi
44369	CPT, Surgery	Digestive System	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; wi
44370	CPT, Surgery	Digestive System	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; wi
44372	CPT, Surgery	Digestive System	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; wi

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
44373	CPT, Surgery	Digestive System	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; w
44376	CPT, Surgery	Digestive System	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagn
44377	CPT, Surgery	Digestive System	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with b
44378	CPT, Surgery	Digestive System	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with c
44379	CPT, Surgery	Digestive System	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with t
44380	CPT, Surgery	Digestive System	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, whe
44381	CPT, Surgery	Digestive System	Ileoscopy, through stoma; with transendoscopic balloon dilation
44382	CPT, Surgery	Digestive System	Ileoscopy, through stoma; with biopsy, single or multiple
44384	CPT, Surgery	Digestive System	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and gu
44385	CPT, Surgery	Digestive System	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, inc
44386	CPT, Surgery	Digestive System	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, s
44388	CPT, Surgery	Digestive System	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, w
44389	CPT, Surgery	Digestive System	Colonoscopy through stoma; with biopsy, single or multiple
44390	CPT, Surgery	Digestive System	Colonoscopy through stoma; with removal of foreign body(s)
44391	CPT, Surgery	Digestive System	Colonoscopy through stoma; with control of bleeding, any method
44392	CPT, Surgery	Digestive System	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy force
44394	CPT, Surgery	Digestive System	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44401	CPT, Surgery	Digestive System	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and p
44402	CPT, Surgery	Digestive System	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and gi
44403	CPT, Surgery	Digestive System	Colonoscopy through stoma; with endoscopic mucosal resection
44404	CPT, Surgery	Digestive System	Colonoscopy through stoma; with directed submucosal injection(s), any substance
44405	CPT, Surgery	Digestive System	Colonoscopy through stoma; with transendoscopic balloon dilation
44406	CPT, Surgery	Digestive System	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descen
44407	CPT, Surgery	Digestive System	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine n
44408	CPT, Surgery	Digestive System	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon
44500	CPT, Surgery	Digestive System	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)
44602	CPT, Surgery	Digestive System	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture;
44603	CPT, Surgery	Digestive System	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture;
44604	CPT, Surgery	Digestive System	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (sii
44605	CPT, Surgery	Digestive System	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (sii
44615	CPT, Surgery	Digestive System	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstr
44620	CPT, Surgery	Digestive System	Closure of enterostomy, large or small intestine;
44625	CPT, Surgery	Digestive System	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorecta
44626	CPT, Surgery	Digestive System	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, clousr
44640	CPT, Surgery	Digestive System	Closure of intestinal cutaneous fistula
44650	CPT, Surgery	Digestive System	Closure of enteroenteric or enterocolic fistula
44660	CPT, Surgery	Digestive System	Closure of enterovesical fistula; without intestinal or bladder resection
44661	CPT, Surgery	Digestive System	Closure of enterovesical fistula; with intestine and/or bladder resection

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
44680	CPT, Surgery	Digestive System	Intestinal plication (separate procedure)
44700	CPT, Surgery	Digestive System	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or or
44701	CPT, Surgery	Digestive System	Intraoperative colonic lavage (List separately in addition to code for primary procedure)
44705	CPT, Surgery	Digestive System	Preparation of fecal microbiota for instillation, including assessment of donor specimen
44715	CPT, Surgery	Digestive System	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation,
44720	CPT, Surgery	Digestive System	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venou
44721	CPT, Surgery	Digestive System	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arteri
44799	CPT, Surgery	Digestive System	Unlisted procedure, small intestine
44800	CPT, Surgery	Digestive System	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct
44820	CPT, Surgery	Digestive System	Excision of lesion of mesentery (separate procedure)
44850	CPT, Surgery	Digestive System	Suture of mesentery (separate procedure)
44899	CPT, Surgery	Digestive System	Unlisted procedure, Meckel's diverticulum and the mesentery
44900	CPT, Surgery	Digestive System	Incision and drainage of appendiceal abscess, open
44950	CPT, Surgery	Digestive System	Appendectomy;
44955	CPT, Surgery	Digestive System	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate p
44960	CPT, Surgery	Digestive System	Appendectomy; for ruptured appendix with abscess or generalized peritonitis
44970	CPT, Surgery	Digestive System	Laparoscopy, surgical, appendectomy
44979	CPT, Surgery	Digestive System	Unlisted laparoscopy procedure, appendix
45000	CPT, Surgery	Digestive System	Transrectal drainage of pelvic abscess
45005	CPT, Surgery	Digestive System	Incision and drainage of submucosal abscess, rectum
45020	CPT, Surgery	Digestive System	Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess
45100	CPT, Surgery	Digestive System	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45108	CPT, Surgery	Digestive System	Anorectal myomectomy
45110	CPT, Surgery	Digestive System	Proctectomy; complete, combined abdominoperineal, with colostomy
45111	CPT, Surgery	Digestive System	Proctectomy; partial resection of rectum, transabdominal approach
45112	CPT, Surgery	Digestive System	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)
45113	CPT, Surgery	Digestive System	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J
45114	CPT, Surgery	Digestive System	Proctectomy, partial, with anastomosis; abdominal and transsacral approach
45116	CPT, Surgery	Digestive System	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)
45119	CPT, Surgery	Digestive System	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with c
45120	CPT, Surgery	Digestive System	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-throu
45121	CPT, Surgery	Digestive System	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal c
45123	CPT, Surgery	Digestive System	Proctectomy, partial, without anastomosis, perineal approach
45126	CPT, Surgery	Digestive System	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with ren
45130	CPT, Surgery	Digestive System	Excision of rectal procidentia, with anastomosis; perineal approach
45135	CPT, Surgery	Digestive System	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach
45136	CPT, Surgery	Digestive System	Excision of ileoanal reservoir with ileostomy
45150	CPT, Surgery	Digestive System	Division of stricture of rectum

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
45160	CPT, Surgery	Digestive System	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach
45171	CPT, Surgery	Digestive System	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)
45172	CPT, Surgery	Digestive System	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)
45190	CPT, Surgery	Digestive System	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryo)
45300	CPT, Surgery	Digestive System	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or wash
45303	CPT, Surgery	Digestive System	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)
45305	CPT, Surgery	Digestive System	Proctosigmoidoscopy, rigid; with biopsy, single or multiple
45307	CPT, Surgery	Digestive System	Proctosigmoidoscopy, rigid; with removal of foreign body
45308	CPT, Surgery	Digestive System	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps
45309	CPT, Surgery	Digestive System	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique
45315	CPT, Surgery	Digestive System	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy fo
45317	CPT, Surgery	Digestive System	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, l
45320	CPT, Surgery	Digestive System	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to ren
45321	CPT, Surgery	Digestive System	Proctosigmoidoscopy, rigid; with decompression of volvulus
45327	CPT, Surgery	Digestive System	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)
45330	CPT, Surgery	Digestive System	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when
45331	CPT, Surgery	Digestive System	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	CPT, Surgery	Digestive System	Sigmoidoscopy, flexible; with removal of foreign body(s)
45333	CPT, Surgery	Digestive System	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45334	CPT, Surgery	Digestive System	Sigmoidoscopy, flexible; with control of bleeding, any method
45335	CPT, Surgery	Digestive System	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45337	CPT, Surgery	Digestive System	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), inc
45338	CPT, Surgery	Digestive System	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45340	CPT, Surgery	Digestive System	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
45341	CPT, Surgery	Digestive System	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	CPT, Surgery	Digestive System	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle
45346	CPT, Surgery	Digestive System	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-
45347	CPT, Surgery	Digestive System	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guid
45349	CPT, Surgery	Digestive System	Sigmoidoscopy, flexible; with endoscopic mucosal resection
45350	CPT, Surgery	Digestive System	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
45378	CPT, Surgery	Digestive System	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when pe
45379	CPT, Surgery	Digestive System	Colonoscopy, flexible; with removal of foreign body(s)
45380	CPT, Surgery	Digestive System	Colonoscopy, flexible; with biopsy, single or multiple
45381	CPT, Surgery	Digestive System	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45382	CPT, Surgery	Digestive System	Colonoscopy, flexible; with control of bleeding, any method
45384	CPT, Surgery	Digestive System	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385	CPT, Surgery	Digestive System	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	CPT, Surgery	Digestive System	Colonoscopy, flexible; with transendoscopic balloon dilation

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
45388	CPT, Surgery	Digestive System	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dil
45389	CPT, Surgery	Digestive System	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wir
45390	CPT, Surgery	Digestive System	Colonoscopy, flexible; with endoscopic mucosal resection
45391	CPT, Surgery	Digestive System	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descer
45392	CPT, Surgery	Digestive System	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle a
45393	CPT, Surgery	Digestive System	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), inclu
45395	CPT, Surgery	Digestive System	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy
45397	CPT, Surgery	Digestive System	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-an
45398	CPT, Surgery	Digestive System	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
45399	CPT, Surgery	Digestive System	Unlisted procedure, colon
45400	CPT, Surgery	Digestive System	Laparoscopy, surgical; proctopexy (for prolapse)
45402	CPT, Surgery	Digestive System	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection
45499	CPT, Surgery	Digestive System	Unlisted laparoscopy procedure, rectum
45500	CPT, Surgery	Digestive System	Proctoplasty; for stenosis
45505	CPT, Surgery	Digestive System	Proctoplasty; for prolapse of mucous membrane
45520	CPT, Surgery	Digestive System	Perirectal injection of sclerosing solution for prolapse
45540	CPT, Surgery	Digestive System	Proctopexy (eg, for prolapse); abdominal approach
45541	CPT, Surgery	Digestive System	Proctopexy (eg, for prolapse); perineal approach
45550	CPT, Surgery	Digestive System	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach
45560	CPT, Surgery	Digestive System	Repair of rectocele (separate procedure)
45562	CPT, Surgery	Digestive System	Exploration, repair, and presacral drainage for rectal injury;
45563	CPT, Surgery	Digestive System	Exploration, repair, and presacral drainage for rectal injury; with colostomy
45800	CPT, Surgery	Digestive System	Closure of rectovesical fistula;
45805	CPT, Surgery	Digestive System	Closure of rectovesical fistula; with colostomy
45820	CPT, Surgery	Digestive System	Closure of rectourethral fistula;
45825	CPT, Surgery	Digestive System	Closure of rectourethral fistula; with colostomy
45900	CPT, Surgery	Digestive System	Reduction of procidentia (separate procedure) under anesthesia
45905	CPT, Surgery	Digestive System	Dilation of anal sphincter (separate procedure) under anesthesia other than local
45910	CPT, Surgery	Digestive System	Dilation of rectal stricture (separate procedure) under anesthesia other than local
45915	CPT, Surgery	Digestive System	Removal of fecal impaction or foreign body (separate procedure) under anesthesia
45990	CPT, Surgery	Digestive System	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
45999	CPT, Surgery	Digestive System	Unlisted procedure, rectum
46020	CPT, Surgery	Digestive System	Placement of seton
46030	CPT, Surgery	Digestive System	Removal of anal seton, other marker
46040	CPT, Surgery	Digestive System	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
46045	CPT, Surgery	Digestive System	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesi
46060	CPT, Surgery	Digestive System	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submusci
46070	CPT, Surgery	Digestive System	Incision, anal septum (infant)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
46080	CPT, Surgery	Digestive System	Sphincterotomy, anal, division of sphincter (separate procedure)
46200	CPT, Surgery	Digestive System	Fissurectomy, including sphincterotomy, when performed
46220	CPT, Surgery	Digestive System	Excision of single external papilla or tag, anus
46221	CPT, Surgery	Digestive System	Hemorrhoidectomy, internal, by rubber band ligation(s)
46230	CPT, Surgery	Digestive System	Excision of multiple external papillae or tags, anus
46250	CPT, Surgery	Digestive System	Hemorrhoidectomy, external, 2 or more columns/groups
46255	CPT, Surgery	Digestive System	Hemorrhoidectomy, internal and external, single column/group;
46257	CPT, Surgery	Digestive System	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy
46258	CPT, Surgery	Digestive System	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurect
46260	CPT, Surgery	Digestive System	Hemorrhoidectomy, internal and external, 2 or more columns/groups;
46261	CPT, Surgery	Digestive System	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy
46262	CPT, Surgery	Digestive System	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fis
46270	CPT, Surgery	Digestive System	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
46275	CPT, Surgery	Digestive System	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric
46280	CPT, Surgery	Digestive System	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extras
46285	CPT, Surgery	Digestive System	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage
46288	CPT, Surgery	Digestive System	Closure of anal fistula with rectal advancement flap
46505	CPT, Surgery	Digestive System	Chemodenervation of internal anal sphincter
46600	CPT, Surgery	Digestive System	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (se
46601	CPT, Surgery	Digestive System	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope
46604	CPT, Surgery	Digestive System	Anoscopy; with dilation (eg, balloon, guide wire, bougie)
46606	CPT, Surgery	Digestive System	Anoscopy; with biopsy, single or multiple
46607	CPT, Surgery	Digestive System	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chem
46608	CPT, Surgery	Digestive System	Anoscopy; with removal of foreign body
46610	CPT, Surgery	Digestive System	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cauter
46611	CPT, Surgery	Digestive System	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique
46612	CPT, Surgery	Digestive System	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cau
46614	CPT, Surgery	Digestive System	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater prob
46615	CPT, Surgery	Digestive System	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biop
46700	CPT, Surgery	Digestive System	Anoplasty, plastic operation for stricture; adult
46705	CPT, Surgery	Digestive System	Anoplasty, plastic operation for stricture; infant
46706	CPT, Surgery	Digestive System	Repair of anal fistula with fibrin glue
46707	CPT, Surgery	Digestive System	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])
46710	CPT, Surgery	Digestive System	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal app
46712	CPT, Surgery	Digestive System	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transpe
46715	CPT, Surgery	Digestive System	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)
46716	CPT, Surgery	Digestive System	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula
46730	CPT, Surgery	Digestive System	Repair of high imperforate anus without fistula; perineal or sacroperineal approach

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
46735	CPT, Surgery	Digestive System	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approach
46740	CPT, Surgery	Digestive System	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach
46742	CPT, Surgery	Digestive System	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approach
46744	CPT, Surgery	Digestive System	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach
46746	CPT, Surgery	Digestive System	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach
46748	CPT, Surgery	Digestive System	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach
46750	CPT, Surgery	Digestive System	Sphincteroplasty, anal, for incontinence or prolapse; adult
46751	CPT, Surgery	Digestive System	Sphincteroplasty, anal, for incontinence or prolapse; child
46753	CPT, Surgery	Digestive System	Graft (Thiersch operation) for rectal incontinence and/or prolapse
46754	CPT, Surgery	Digestive System	Removal of Thiersch wire or suture, anal canal
46760	CPT, Surgery	Digestive System	Sphincteroplasty, anal, for incontinence, adult; muscle transplant
46761	CPT, Surgery	Digestive System	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)
46999	CPT, Surgery	Digestive System	Unlisted procedure, anus
47000	CPT, Surgery	Digestive System	Biopsy of liver, needle; percutaneous
47001	CPT, Surgery	Digestive System	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately)
47010	CPT, Surgery	Digestive System	Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages
47015	CPT, Surgery	Digestive System	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s)
47100	CPT, Surgery	Digestive System	Biopsy of liver, wedge
47120	CPT, Surgery	Digestive System	Hepatectomy, resection of liver; partial lobectomy
47122	CPT, Surgery	Digestive System	Hepatectomy, resection of liver; trisegmentectomy
47125	CPT, Surgery	Digestive System	Hepatectomy, resection of liver; total left lobectomy
47130	CPT, Surgery	Digestive System	Hepatectomy, resection of liver; total right lobectomy
47133	CPT, Surgery	Digestive System	Donor hepatectomy (including cold preservation), from cadaver donor
47135	CPT, Surgery	Digestive System	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age
47140	CPT, Surgery	Digestive System	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segment II)
47141	CPT, Surgery	Digestive System	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III, and IV)
47142	CPT, Surgery	Digestive System	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, and VII)
47143	CPT, Surgery	Digestive System	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including preservation
47144	CPT, Surgery	Digestive System	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including preservation and reconstruction
47145	CPT, Surgery	Digestive System	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including preservation and reconstruction
47146	CPT, Surgery	Digestive System	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis
47147	CPT, Surgery	Digestive System	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis
47300	CPT, Surgery	Digestive System	Marsupialization of cyst or abscess of liver
47350	CPT, Surgery	Digestive System	Management of liver hemorrhage; simple suture of liver wound or injury
47360	CPT, Surgery	Digestive System	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation
47361	CPT, Surgery	Digestive System	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation
47362	CPT, Surgery	Digestive System	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing
47370	CPT, Surgery	Digestive System	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
47371	CPT, Surgery	Digestive System	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical
47379	CPT, Surgery	Digestive System	Unlisted laparoscopic procedure, liver
47380	CPT, Surgery	Digestive System	Ablation, open, of 1 or more liver tumor(s); radiofrequency
47381	CPT, Surgery	Digestive System	Ablation, open, of 1 or more liver tumor(s); cryosurgical
47382	CPT, Surgery	Digestive System	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency
47383	CPT, Surgery	Digestive System	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation
47399	CPT, Surgery	Digestive System	Unlisted procedure, liver
47400	CPT, Surgery	Digestive System	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus
47420	CPT, Surgery	Digestive System	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or with
47425	CPT, Surgery	Digestive System	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or with
47460	CPT, Surgery	Digestive System	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculi
47480	CPT, Surgery	Digestive System	Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate
47490	CPT, Surgery	Digestive System	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement
47531	CPT, Surgery	Digestive System	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging
47532	CPT, Surgery	Digestive System	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging
47533	CPT, Surgery	Digestive System	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when percutane
47534	CPT, Surgery	Digestive System	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when percutane
47535	CPT, Surgery	Digestive System	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutane
47536	CPT, Surgery	Digestive System	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external)
47537	CPT, Surgery	Digestive System	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurr
47538	CPT, Surgery	Digestive System	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guid
47539	CPT, Surgery	Digestive System	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guid
47540	CPT, Surgery	Digestive System	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guid
47541	CPT, Surgery	Digestive System	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary i
47542	CPT, Surgery	Digestive System	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guid
47543	CPT, Surgery	Digestive System	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needl
47544	CPT, Surgery	Digestive System	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction
47550	CPT, Surgery	Digestive System	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary pr
47552	CPT, Surgery	Digestive System	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with collection of specimen(s) b
47553	CPT, Surgery	Digestive System	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple
47554	CPT, Surgery	Digestive System	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi
47555	CPT, Surgery	Digestive System	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with
47556	CPT, Surgery	Digestive System	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with
47562	CPT, Surgery	Digestive System	Laparoscopy, surgical; cholecystectomy
47563	CPT, Surgery	Digestive System	Laparoscopy, surgical; cholecystectomy with cholangiography
47564	CPT, Surgery	Digestive System	Laparoscopy, surgical; cholecystectomy with exploration of common duct
47570	CPT, Surgery	Digestive System	Laparoscopy, surgical; cholecystoenterostomy
47579	CPT, Surgery	Digestive System	Unlisted laparoscopy procedure, biliary tract

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
47600	CPT, Surgery	Digestive System	Cholecystectomy;
47605	CPT, Surgery	Digestive System	Cholecystectomy; with cholangiography
47610	CPT, Surgery	Digestive System	Cholecystectomy with exploration of common duct;
47612	CPT, Surgery	Digestive System	Cholecystectomy with exploration of common duct; with choledochenterostomy
47620	CPT, Surgery	Digestive System	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincter
47700	CPT, Surgery	Digestive System	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or wi
47701	CPT, Surgery	Digestive System	Portoenterostomy (eg, Kasai procedure)
47711	CPT, Surgery	Digestive System	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic
47712	CPT, Surgery	Digestive System	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic
47715	CPT, Surgery	Digestive System	Excision of choledochal cyst
47720	CPT, Surgery	Digestive System	Cholecystoenterostomy; direct
47721	CPT, Surgery	Digestive System	Cholecystoenterostomy; with gastroenterostomy
47740	CPT, Surgery	Digestive System	Cholecystoenterostomy; Roux-en-Y
47741	CPT, Surgery	Digestive System	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy
47760	CPT, Surgery	Digestive System	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract
47765	CPT, Surgery	Digestive System	Anastomosis, of intrahepatic ducts and gastrointestinal tract
47780	CPT, Surgery	Digestive System	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract
47785	CPT, Surgery	Digestive System	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract
47800	CPT, Surgery	Digestive System	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis
47801	CPT, Surgery	Digestive System	Placement of choledochal stent
47802	CPT, Surgery	Digestive System	U-tube hepaticoenterostomy
47900	CPT, Surgery	Digestive System	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)
47999	CPT, Surgery	Digestive System	Unlisted procedure, biliary tract
48000	CPT, Surgery	Digestive System	Placement of drains, peripancreatic, for acute pancreatitis;
48001	CPT, Surgery	Digestive System	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and je
48020	CPT, Surgery	Digestive System	Removal of pancreatic calculus
48100	CPT, Surgery	Digestive System	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)
48102	CPT, Surgery	Digestive System	Biopsy of pancreas, percutaneous needle
48105	CPT, Surgery	Digestive System	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis
48120	CPT, Surgery	Digestive System	Excision of lesion of pancreas (eg, cyst, adenoma)
48140	CPT, Surgery	Digestive System	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy
48145	CPT, Surgery	Digestive System	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy
48146	CPT, Surgery	Digestive System	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)
48148	CPT, Surgery	Digestive System	Excision of ampulla of Vater
48150	CPT, Surgery	Digestive System	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochenteros
48152	CPT, Surgery	Digestive System	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochenteros
48153	CPT, Surgery	Digestive System	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochenterostomy and duod
48154	CPT, Surgery	Digestive System	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochenterostomy and duod

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
48155	CPT, Surgery	Digestive System	Pancreatectomy, total
48160	CPT, Surgery	Digestive System	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cell
48400	CPT, Surgery	Digestive System	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary
48500	CPT, Surgery	Digestive System	Marsupialization of pancreatic cyst
48510	CPT, Surgery	Digestive System	External drainage, pseudocyst of pancreas, open
48520	CPT, Surgery	Digestive System	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct
48540	CPT, Surgery	Digestive System	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y
48545	CPT, Surgery	Digestive System	Pancreatorrhaphy for injury
48547	CPT, Surgery	Digestive System	Duodenal exclusion with gastrojejunostomy for pancreatic injury
48548	CPT, Surgery	Digestive System	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)
48550	CPT, Surgery	Digestive System	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplan
48551	CPT, Surgery	Digestive System	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, includir
48552	CPT, Surgery	Digestive System	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anast
48554	CPT, Surgery	Digestive System	Transplantation of pancreatic allograft
48556	CPT, Surgery	Digestive System	Removal of transplanted pancreatic allograft
48999	CPT, Surgery	Digestive System	Unlisted procedure, pancreas
49000	CPT, Surgery	Digestive System	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)
49002	CPT, Surgery	Digestive System	Reopening of recent laparotomy
49010	CPT, Surgery	Digestive System	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)
49013	CPT, Surgery	Digestive System	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local explorator
49014	CPT, Surgery	Digestive System	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, wh
49020	CPT, Surgery	Digestive System	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open
49040	CPT, Surgery	Digestive System	Drainage of subdiaphragmatic or subphrenic abscess, open
49060	CPT, Surgery	Digestive System	Drainage of retroperitoneal abscess, open
49062	CPT, Surgery	Digestive System	Drainage of extraperitoneal lymphocele to peritoneal cavity, open
49082	CPT, Surgery	Digestive System	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance
49083	CPT, Surgery	Digestive System	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance
49084	CPT, Surgery	Digestive System	Peritoneal lavage, including imaging guidance, when performed
49203	CPT, Surgery	Digestive System	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal,
49204	CPT, Surgery	Digestive System	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal,
49205	CPT, Surgery	Digestive System	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal,
49215	CPT, Surgery	Digestive System	Excision of presacral or sacrococcygeal tumor
49255	CPT, Surgery	Digestive System	Omentectomy, epiploectomy, resection of omentum (separate procedure)
49320	CPT, Surgery	Digestive System	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specime
49321	CPT, Surgery	Digestive System	Laparoscopy, surgical; with biopsy (single or multiple)
49322	CPT, Surgery	Digestive System	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
49323	CPT, Surgery	Digestive System	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity
49324	CPT, Surgery	Digestive System	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
49325	CPT, Surgery	Digestive System	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with rem
49326	CPT, Surgery	Digestive System	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to co
49327	CPT, Surgery	Digestive System	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiduc
49329	CPT, Surgery	Digestive System	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
49400	CPT, Surgery	Digestive System	Injection of air or contrast into peritoneal cavity (separate procedure)
49402	CPT, Surgery	Digestive System	Removal of peritoneal foreign body from peritoneal cavity
49405	CPT, Surgery	Digestive System	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst
49406	CPT, Surgery	Digestive System	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst
49407	CPT, Surgery	Digestive System	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst
49411	CPT, Surgery	Digestive System	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), pe
49412	CPT, Surgery	Digestive System	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), op
49418	CPT, Surgery	Digestive System	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, i
49419	CPT, Surgery	Digestive System	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)
49421	CPT, Surgery	Digestive System	Insertion of tunneled intraperitoneal catheter for dialysis, open
49422	CPT, Surgery	Digestive System	Removal of tunneled intraperitoneal catheter
49423	CPT, Surgery	Digestive System	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate
49424	CPT, Surgery	Digestive System	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (s
49425	CPT, Surgery	Digestive System	Insertion of peritoneal-venous shunt
49426	CPT, Surgery	Digestive System	Revision of peritoneal-venous shunt
49427	CPT, Surgery	Digestive System	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt
49428	CPT, Surgery	Digestive System	Ligation of peritoneal-venous shunt
49429	CPT, Surgery	Digestive System	Removal of peritoneal-venous shunt
49435	CPT, Surgery	Digestive System	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site
49436	CPT, Surgery	Digestive System	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catl
49440	CPT, Surgery	Digestive System	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection
49441	CPT, Surgery	Digestive System	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including
49442	CPT, Surgery	Digestive System	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including co
49451	CPT, Surgery	Digestive System	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance inclu
49452	CPT, Surgery	Digestive System	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contr
49460	CPT, Surgery	Digestive System	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-je
49465	CPT, Surgery	Digestive System	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy,
49492	CPT, Surgery	Digestive System	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed fr
49495	CPT, Surgery	Digestive System	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older tha
49496	CPT, Surgery	Digestive System	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older tha
49500	CPT, Surgery	Digestive System	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy;
49501	CPT, Surgery	Digestive System	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy;
49505	CPT, Surgery	Digestive System	Repair initial inguinal hernia, age 5 years or older; reducible
49507	CPT, Surgery	Digestive System	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
49520	CPT, Surgery	Digestive System	Repair recurrent inguinal hernia, any age; reducible
49521	CPT, Surgery	Digestive System	Repair recurrent inguinal hernia, any age; incarcerated or strangulated
49525	CPT, Surgery	Digestive System	Repair inguinal hernia, sliding, any age
49540	CPT, Surgery	Digestive System	Repair lumbar hernia
49550	CPT, Surgery	Digestive System	Repair initial femoral hernia, any age; reducible
49553	CPT, Surgery	Digestive System	Repair initial femoral hernia, any age; incarcerated or strangulated
49555	CPT, Surgery	Digestive System	Repair recurrent femoral hernia; reducible
49557	CPT, Surgery	Digestive System	Repair recurrent femoral hernia; incarcerated or strangulated
49591	CPT, Surgery	Digestive System	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any app
49592	CPT, Surgery	Digestive System	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any app
49593	CPT, Surgery	Digestive System	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any app
49594	CPT, Surgery	Digestive System	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any app
49595	CPT, Surgery	Digestive System	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any app
49596	CPT, Surgery	Digestive System	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any app
49600	CPT, Surgery	Digestive System	Repair of small omphalocele, with primary closure
49605	CPT, Surgery	Digestive System	Repair of large omphalocele or gastroschisis; with or without prosthesis
49606	CPT, Surgery	Digestive System	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, i
49610	CPT, Surgery	Digestive System	Repair of omphalocele (Gross type operation); first stage
49611	CPT, Surgery	Digestive System	Repair of omphalocele (Gross type operation); second stage
49613	CPT, Surgery	Digestive System	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any app
49614	CPT, Surgery	Digestive System	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any app
49615	CPT, Surgery	Digestive System	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any app
49616	CPT, Surgery	Digestive System	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any app
49617	CPT, Surgery	Digestive System	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any app
49618	CPT, Surgery	Digestive System	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any app
49621	CPT, Surgery	Digestive System	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, includ
49622	CPT, Surgery	Digestive System	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, includ
49623	CPT, Surgery	Digestive System	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent
49650	CPT, Surgery	Digestive System	Laparoscopy, surgical; repair initial inguinal hernia
49651	CPT, Surgery	Digestive System	Laparoscopy, surgical; repair recurrent inguinal hernia
49659	CPT, Surgery	Digestive System	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
49900	CPT, Surgery	Digestive System	Suture, secondary, of abdominal wall for evisceration or dehiscence
49904	CPT, Surgery	Digestive System	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)
49905	CPT, Surgery	Digestive System	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)
49906	CPT, Surgery	Digestive System	Free omental flap with microvascular anastomosis
49999	CPT, Surgery	Digestive System	Unlisted procedure, abdomen, peritoneum and omentum
50010	CPT, Surgery	Urinary system	Renal exploration, not necessitating other specific procedures
50020	CPT, Surgery	Urinary system	Drainage of perirenal or renal abscess, open

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
50040	CPT, Surgery	Urinary system	Nephrostomy, nephrotomy with drainage
50045	CPT, Surgery	Urinary system	Nephrotomy, with exploration
50060	CPT, Surgery	Urinary system	Nephrolithotomy; removal of calculus
50065	CPT, Surgery	Urinary system	Nephrolithotomy; secondary surgical operation for calculus
50070	CPT, Surgery	Urinary system	Nephrolithotomy; complicated by congenital kidney abnormality
50075	CPT, Surgery	Urinary system	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatrop
50080	CPT, Surgery	Urinary system	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureterosco
50081	CPT, Surgery	Urinary system	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureterosco
50100	CPT, Surgery	Urinary system	Transection or repositioning of aberrant renal vessels (separate procedure)
50120	CPT, Surgery	Urinary system	Pyelotomy; with exploration
50125	CPT, Surgery	Urinary system	Pyelotomy; with drainage, pyelostomy
50130	CPT, Surgery	Urinary system	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithot
50135	CPT, Surgery	Urinary system	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)
50200	CPT, Surgery	Urinary system	Renal biopsy; percutaneous, by trocar or needle
50205	CPT, Surgery	Urinary system	Renal biopsy; by surgical exposure of kidney
50220	CPT, Surgery	Urinary system	Nephrectomy, including partial ureterectomy, any open approach including rib resection;
50225	CPT, Surgery	Urinary system	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated
50230	CPT, Surgery	Urinary system	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with
50234	CPT, Surgery	Urinary system	Nephrectomy with total ureterectomy and bladder cuff; through same incision
50236	CPT, Surgery	Urinary system	Nephrectomy with total ureterectomy and bladder cuff; through separate incision
50240	CPT, Surgery	Urinary system	Nephrectomy, partial
50280	CPT, Surgery	Urinary system	Excision or unroofing of cyst(s) of kidney
50290	CPT, Surgery	Urinary system	Excision of perinephric cyst
50300	CPT, Surgery	Urinary system	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral
50320	CPT, Surgery	Urinary system	Donor nephrectomy (including cold preservation); open, from living donor
50323	CPT, Surgery	Urinary system	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including di
50325	CPT, Surgery	Urinary system	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transpl
50327	CPT, Surgery	Urinary system	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous ar
50328	CPT, Surgery	Urinary system	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial ar
50329	CPT, Surgery	Urinary system	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral a
50340	CPT, Surgery	Urinary system	Recipient nephrectomy (separate procedure)
50360	CPT, Surgery	Urinary system	Renal allotransplantation, implantation of graft; without recipient nephrectomy
50365	CPT, Surgery	Urinary system	Renal allotransplantation, implantation of graft; with recipient nephrectomy
50370	CPT, Surgery	Urinary system	Removal of transplanted renal allograft
50380	CPT, Surgery	Urinary system	Renal autotransplantation, reimplantation of kidney
50382	CPT, Surgery	Urinary system	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous a
50384	CPT, Surgery	Urinary system	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including
50385	CPT, Surgery	Urinary system	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral a

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
50386	CPT, Surgery	Urinary system	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without u
50389	CPT, Surgery	Urinary system	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureter
50390	CPT, Surgery	Urinary system	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous
50391	CPT, Surgery	Urinary system	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, p
50396	CPT, Surgery	Urinary system	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
50400	CPT, Surgery	Urinary system	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation o
50405	CPT, Surgery	Urinary system	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation o
50430	CPT, Surgery	Urinary system	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedur
50431	CPT, Surgery	Urinary system	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedur
50432	CPT, Surgery	Urinary system	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or urete
50433	CPT, Surgery	Urinary system	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ure
50434	CPT, Surgery	Urinary system	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrc
50435	CPT, Surgery	Urinary system	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogr
50436	CPT, Surgery	Urinary system	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg
50437	CPT, Surgery	Urinary system	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg
50500	CPT, Surgery	Urinary system	Nephrorrhaphy, suture of kidney wound or injury
50520	CPT, Surgery	Urinary system	Closure of nephrocutaneous or pyelocutaneous fistula
50525	CPT, Surgery	Urinary system	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach
50526	CPT, Surgery	Urinary system	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach
50540	CPT, Surgery	Urinary system	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unil
50541	CPT, Surgery	Urinary system	Laparoscopy, surgical; ablation of renal cysts
50542	CPT, Surgery	Urinary system	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance a
50543	CPT, Surgery	Urinary system	Laparoscopy, surgical; partial nephrectomy
50544	CPT, Surgery	Urinary system	Laparoscopy, surgical; pyeloplasty
50545	CPT, Surgery	Urinary system	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty
50546	CPT, Surgery	Urinary system	Laparoscopy, surgical; nephrectomy, including partial ureterectomy
50547	CPT, Surgery	Urinary system	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor
50548	CPT, Surgery	Urinary system	Laparoscopy, surgical; nephrectomy with total ureterectomy
50549	CPT, Surgery	Urinary system	Unlisted laparoscopy procedure, renal
50551	CPT, Surgery	Urinary system	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillati
50553	CPT, Surgery	Urinary system	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillati
50555	CPT, Surgery	Urinary system	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillati
50557	CPT, Surgery	Urinary system	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillati
50561	CPT, Surgery	Urinary system	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillati
50562	CPT, Surgery	Urinary system	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillati
50570	CPT, Surgery	Urinary system	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureterc
50572	CPT, Surgery	Urinary system	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureterc
50574	CPT, Surgery	Urinary system	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureterc

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
50575	CPT, Surgery	Urinary system	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureterc
50576	CPT, Surgery	Urinary system	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureterc
50580	CPT, Surgery	Urinary system	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureterc
50590	CPT, Surgery	Urinary system	Lithotripsy, extracorporeal shock wave
50592	CPT, Surgery	Urinary system	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency
50593	CPT, Surgery	Urinary system	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy
50600	CPT, Surgery	Urinary system	Ureterotomy with exploration or drainage (separate procedure)
50605	CPT, Surgery	Urinary system	Ureterotomy for insertion of indwelling stent, all types
50606	CPT, Surgery	Urinary system	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ult
50610	CPT, Surgery	Urinary system	Ureterolithotomy; upper one-third of ureter
50620	CPT, Surgery	Urinary system	Ureterolithotomy; middle one-third of ureter
50630	CPT, Surgery	Urinary system	Ureterolithotomy; lower one-third of ureter
50650	CPT, Surgery	Urinary system	Ureterectomy, with bladder cuff (separate procedure)
50660	CPT, Surgery	Urinary system	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach
50684	CPT, Surgery	Urinary system	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ure
50686	CPT, Surgery	Urinary system	Manometric studies through ureterostomy or indwelling ureteral catheter
50688	CPT, Surgery	Urinary system	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit
50690	CPT, Surgery	Urinary system	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologi
50693	CPT, Surgery	Urinary system	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram v
50694	CPT, Surgery	Urinary system	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram v
50695	CPT, Surgery	Urinary system	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram v
50700	CPT, Surgery	Urinary system	Ureteroplasty, plastic operation on ureter (eg, stricture)
50705	CPT, Surgery	Urinary system	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) ar
50706	CPT, Surgery	Urinary system	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) an
50715	CPT, Surgery	Urinary system	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis
50722	CPT, Surgery	Urinary system	Ureterolysis for ovarian vein syndrome
50725	CPT, Surgery	Urinary system	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava
50727	CPT, Surgery	Urinary system	Revision of urinary-cutaneous anastomosis (any type urostomy);
50728	CPT, Surgery	Urinary system	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hern
50740	CPT, Surgery	Urinary system	Ureteropyelostomy, anastomosis of ureter and renal pelvis
50750	CPT, Surgery	Urinary system	Ureterocalycostomy, anastomosis of ureter to renal calyx
50760	CPT, Surgery	Urinary system	Ureteroureterostomy
50770	CPT, Surgery	Urinary system	Transureteroureterostomy, anastomosis of ureter to contralateral ureter
50780	CPT, Surgery	Urinary system	Ureteroneocystostomy; anastomosis of single ureter to bladder
50782	CPT, Surgery	Urinary system	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder
50783	CPT, Surgery	Urinary system	Ureteroneocystostomy; with extensive ureteral tailoring
50785	CPT, Surgery	Urinary system	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap
50800	CPT, Surgery	Urinary system	Ureteroenterostomy, direct anastomosis of ureter to intestine

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
50810	CPT, Surgery	Urinary system	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal
50815	CPT, Surgery	Urinary system	Ureterocolon conduit, including intestine anastomosis
50820	CPT, Surgery	Urinary system	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)
50825	CPT, Surgery	Urinary system	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine
50830	CPT, Surgery	Urinary system	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroentero
50840	CPT, Surgery	Urinary system	Replacement of all or part of ureter by intestine segment, including intestine anastomosis
50845	CPT, Surgery	Urinary system	Cutaneous appendico-vesicostomy
50860	CPT, Surgery	Urinary system	Ureterostomy, transplantation of ureter to skin
50900	CPT, Surgery	Urinary system	Ureterorrhaphy, suture of ureter (separate procedure)
50920	CPT, Surgery	Urinary system	Closure of ureterocutaneous fistula
50930	CPT, Surgery	Urinary system	Closure of ureterovisceral fistula (including visceral repair)
50940	CPT, Surgery	Urinary system	Deligation of ureter
50945	CPT, Surgery	Urinary system	Laparoscopy, surgical; ureterolithotomy
50947	CPT, Surgery	Urinary system	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement
50948	CPT, Surgery	Urinary system	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement
50949	CPT, Surgery	Urinary system	Unlisted laparoscopy procedure, ureter
50951	CPT, Surgery	Urinary system	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or urete
50953	CPT, Surgery	Urinary system	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or urete
50955	CPT, Surgery	Urinary system	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or urete
50957	CPT, Surgery	Urinary system	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or urete
50961	CPT, Surgery	Urinary system	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or urete
50970	CPT, Surgery	Urinary system	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelograph
50972	CPT, Surgery	Urinary system	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelograph
50974	CPT, Surgery	Urinary system	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelograph
50976	CPT, Surgery	Urinary system	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelograph
50980	CPT, Surgery	Urinary system	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelograph
51020	CPT, Surgery	Urinary system	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material
51030	CPT, Surgery	Urinary system	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion
51040	CPT, Surgery	Urinary system	Cystostomy, cystotomy with drainage
51045	CPT, Surgery	Urinary system	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)
51050	CPT, Surgery	Urinary system	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection
51060	CPT, Surgery	Urinary system	Transvesical ureterolithotomy
51065	CPT, Surgery	Urinary system	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ure
51080	CPT, Surgery	Urinary system	Drainage of perivesical or prevesical space abscess
51100	CPT, Surgery	Urinary system	Aspiration of bladder; by needle
51101	CPT, Surgery	Urinary system	Aspiration of bladder; by trocar or intracatheter
51102	CPT, Surgery	Urinary system	Aspiration of bladder; with insertion of suprapubic catheter
51500	CPT, Surgery	Urinary system	Excision of urachal cyst or sinus, with or without umbilical hernia repair

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
51520	CPT, Surgery	Urinary system	Cystotomy; for simple excision of vesical neck (separate procedure)
51525	CPT, Surgery	Urinary system	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)
51530	CPT, Surgery	Urinary system	Cystotomy; for excision of bladder tumor
51535	CPT, Surgery	Urinary system	Cystotomy for excision, incision, or repair of ureterocele
51550	CPT, Surgery	Urinary system	Cystectomy, partial; simple
51555	CPT, Surgery	Urinary system	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)
51565	CPT, Surgery	Urinary system	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)
51570	CPT, Surgery	Urinary system	Cystectomy, complete; (separate procedure)
51575	CPT, Surgery	Urinary system	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, ar
51580	CPT, Surgery	Urinary system	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;
51585	CPT, Surgery	Urinary system	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilater
51590	CPT, Surgery	Urinary system	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;
51595	CPT, Surgery	Urinary system	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;
51596	CPT, Surgery	Urinary system	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and,
51597	CPT, Surgery	Urinary system	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder a
51600	CPT, Surgery	Urinary system	Injection procedure for cystography or voiding urethrocytography
51605	CPT, Surgery	Urinary system	Injection procedure and placement of chain for contrast and/or chain urethrocytography
51610	CPT, Surgery	Urinary system	Injection procedure for retrograde urethrocytography
51703	CPT, Surgery	Urinary system	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured cath
51705	CPT, Surgery	Urinary system	Change of cystostomy tube; simple
51710	CPT, Surgery	Urinary system	Change of cystostomy tube; complicated
51715	CPT, Surgery	Urinary system	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder ne
51720	CPT, Surgery	Urinary system	Bladder instillation of anticarcinogenic agent (including retention time)
51725	CPT, Surgery	Urinary system	Simple cystometrogram (CMG) (eg, spinal manometer)
51726	CPT, Surgery	Urinary system	Complex cystometrogram (ie, calibrated electronic equipment);
51727	CPT, Surgery	Urinary system	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies
51728	CPT, Surgery	Urinary system	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, blad
51729	CPT, Surgery	Urinary system	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, blad
51736	CPT, Surgery	Urinary system	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)
51741	CPT, Surgery	Urinary system	Complex uroflowmetry (eg, calibrated electronic equipment)
51784	CPT, Surgery	Urinary system	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique
51785	CPT, Surgery	Urinary system	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique
51792	CPT, Surgery	Urinary system	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)
51797	CPT, Surgery	Urinary system	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in additio
51800	CPT, Surgery	Urinary system	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty,
51820	CPT, Surgery	Urinary system	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy
51840	CPT, Surgery	Urinary system	Anterior vesicourethropey, or urethropey (eg, Marshall-Marchetti-Krantz, Burch); simple
51841	CPT, Surgery	Urinary system	Anterior vesicourethropey, or urethropey (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, s

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
51845	CPT, Surgery	Urinary system	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, mod)
51860	CPT, Surgery	Urinary system	Cystorrhaphy, suture of bladder wound, injury or rupture; simple
51865	CPT, Surgery	Urinary system	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated
51880	CPT, Surgery	Urinary system	Closure of cystostomy (separate procedure)
51900	CPT, Surgery	Urinary system	Closure of vesicovaginal fistula, abdominal approach
51920	CPT, Surgery	Urinary system	Closure of vesicouterine fistula;
51925	CPT, Surgery	Urinary system	Closure of vesicouterine fistula; with hysterectomy
51940	CPT, Surgery	Urinary system	Closure, exstrophy of bladder
51960	CPT, Surgery	Urinary system	Enterocystoplasty, including intestinal anastomosis
51980	CPT, Surgery	Urinary system	Cutaneous vesicostomy
51990	CPT, Surgery	Urinary system	Laparoscopy, surgical; urethral suspension for stress incontinence
51992	CPT, Surgery	Urinary system	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)
51999	CPT, Surgery	Urinary system	Unlisted laparoscopy procedure, bladder
52000	CPT, Surgery	Urinary system	Cystourethroscopy (separate procedure)
52001	CPT, Surgery	Urinary system	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
52005	CPT, Surgery	Urinary system	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropye
52007	CPT, Surgery	Urinary system	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropye
52010	CPT, Surgery	Urinary system	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or du
52204	CPT, Surgery	Urinary system	Cystourethroscopy, with biopsy(s)
52214	CPT, Surgery	Urinary system	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck,
52224	CPT, Surgery	Urinary system	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (I
52234	CPT, Surgery	Urinary system	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMA
52235	CPT, Surgery	Urinary system	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MED
52240	CPT, Surgery	Urinary system	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARG
52250	CPT, Surgery	Urinary system	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration
52260	CPT, Surgery	Urinary system	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anes
52265	CPT, Surgery	Urinary system	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia
52270	CPT, Surgery	Urinary system	Cystourethroscopy, with internal urethrotomy; female
52275	CPT, Surgery	Urinary system	Cystourethroscopy, with internal urethrotomy; male
52276	CPT, Surgery	Urinary system	Cystourethroscopy with direct vision internal urethrotomy
52277	CPT, Surgery	Urinary system	Cystourethroscopy, with resection of external sphincter (sphincterotomy)
52281	CPT, Surgery	Urinary system	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without n
52282	CPT, Surgery	Urinary system	Cystourethroscopy, with insertion of permanent urethral stent
52283	CPT, Surgery	Urinary system	Cystourethroscopy, with steroid injection into stricture
52284	CPT, Surgery	Urinary system	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-c
52285	CPT, Surgery	Urinary system	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: ure
52287	CPT, Surgery	Urinary system	Cystourethroscopy, with injection(s) for chemodenervation of the bladder
52290	CPT, Surgery	Urinary system	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
52300	CPT, Surgery	Urinary system	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral
52301	CPT, Surgery	Urinary system	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral
52305	CPT, Surgery	Urinary system	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple
52310	CPT, Surgery	Urinary system	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (
52315	CPT, Surgery	Urinary system	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (
52317	CPT, Surgery	Urinary system	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of
52318	CPT, Surgery	Urinary system	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments.
52320	CPT, Surgery	Urinary system	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
52325	CPT, Surgery	Urinary system	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ult
52327	CPT, Surgery	Urinary system	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material
52330	CPT, Surgery	Urinary system	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of uretera
52332	CPT, Surgery	Urinary system	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52334	CPT, Surgery	Urinary system	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous n
52341	CPT, Surgery	Urinary system	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, an
52342	CPT, Surgery	Urinary system	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, elect
52343	CPT, Surgery	Urinary system	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, ;
52344	CPT, Surgery	Urinary system	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser,
52345	CPT, Surgery	Urinary system	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon c
52346	CPT, Surgery	Urinary system	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, las
52351	CPT, Surgery	Urinary system	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
52352	CPT, Surgery	Urinary system	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (u
52353	CPT, Surgery	Urinary system	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is
52354	CPT, Surgery	Urinary system	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral c
52355	CPT, Surgery	Urinary system	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tu
52356	CPT, Surgery	Urinary system	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwe
52400	CPT, Surgery	Urinary system	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or c
52402	CPT, Surgery	Urinary system	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
52441	CPT, Surgery	Urinary system	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
52442	CPT, Surgery	Urinary system	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional pe
52450	CPT, Surgery	Urinary system	Transurethral incision of prostate
52500	CPT, Surgery	Urinary system	Transurethral resection of bladder neck (separate procedure)
52601	CPT, Surgery	Urinary system	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, compl
52630	CPT, Surgery	Urinary system	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postop
52640	CPT, Surgery	Urinary system	Transurethral resection; of postoperative bladder neck contracture
52647	CPT, Surgery	Urinary system	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, mea
52648	CPT, Surgery	Urinary system	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, me
52649	CPT, Surgery	Urinary system	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, com
52700	CPT, Surgery	Urinary system	Transurethral drainage of prostatic abscess

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
53000	CPT, Surgery	Urinary system	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra
53010	CPT, Surgery	Urinary system	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external
53020	CPT, Surgery	Urinary system	Meatotomy, cutting of meatus (separate procedure); except infant
53025	CPT, Surgery	Urinary system	Meatotomy, cutting of meatus (separate procedure); infant
53040	CPT, Surgery	Urinary system	Drainage of deep periurethral abscess
53060	CPT, Surgery	Urinary system	Drainage of Skene's gland abscess or cyst
53080	CPT, Surgery	Urinary system	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)
53085	CPT, Surgery	Urinary system	Drainage of perineal urinary extravasation; complicated
53200	CPT, Surgery	Urinary system	Biopsy of urethra
53210	CPT, Surgery	Urinary system	Urethrectomy, total, including cystostomy; female
53215	CPT, Surgery	Urinary system	Urethrectomy, total, including cystostomy; male
53220	CPT, Surgery	Urinary system	Excision or fulguration of carcinoma of urethra
53230	CPT, Surgery	Urinary system	Excision of urethral diverticulum (separate procedure); female
53235	CPT, Surgery	Urinary system	Excision of urethral diverticulum (separate procedure); male
53240	CPT, Surgery	Urinary system	Marsupialization of urethral diverticulum, male or female
53250	CPT, Surgery	Urinary system	Excision of bulbourethral gland (Cowper's gland)
53260	CPT, Surgery	Urinary system	Excision or fulguration; urethral polyp(s), distal urethra
53265	CPT, Surgery	Urinary system	Excision or fulguration; urethral caruncle
53270	CPT, Surgery	Urinary system	Excision or fulguration; Skene's glands
53275	CPT, Surgery	Urinary system	Excision or fulguration; urethral prolapse
53400	CPT, Surgery	Urinary system	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)
53405	CPT, Surgery	Urinary system	Urethroplasty; second stage (formation of urethra), including urinary diversion
53410	CPT, Surgery	Urinary system	Urethroplasty, 1-stage reconstruction of male anterior urethra
53415	CPT, Surgery	Urinary system	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
53420	CPT, Surgery	Urinary system	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	CPT, Surgery	Urinary system	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	CPT, Surgery	Urinary system	Urethroplasty, reconstruction of female urethra
53431	CPT, Surgery	Urinary system	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Ten-
53440	CPT, Surgery	Urinary system	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)
53442	CPT, Surgery	Urinary system	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)
53444	CPT, Surgery	Urinary system	Insertion of tandem cuff (dual cuff)
53445	CPT, Surgery	Urinary system	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53446	CPT, Surgery	Urinary system	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53447	CPT, Surgery	Urinary system	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff
53448	CPT, Surgery	Urinary system	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff
53449	CPT, Surgery	Urinary system	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53450	CPT, Surgery	Urinary system	Urethromeatoplasty, with mucosal advancement
53460	CPT, Surgery	Urinary system	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
53500	CPT, Surgery	Urinary system	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction
53502	CPT, Surgery	Urinary system	Urethrorrhaphy, suture of urethral wound or injury, female
53505	CPT, Surgery	Urinary system	Urethrorrhaphy, suture of urethral wound or injury; penile
53510	CPT, Surgery	Urinary system	Urethrorrhaphy, suture of urethral wound or injury; perineal
53515	CPT, Surgery	Urinary system	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous
53520	CPT, Surgery	Urinary system	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)
53601	CPT, Surgery	Urinary system	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent
53605	CPT, Surgery	Urinary system	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or c
53620	CPT, Surgery	Urinary system	Dilation of urethral stricture by passage of filiform and follower, male; initial
53621	CPT, Surgery	Urinary system	Dilation of urethral stricture by passage of filiform and follower, male; subsequent
53660	CPT, Surgery	Urinary system	Dilation of female urethra including suppository and/or instillation; initial
53661	CPT, Surgery	Urinary system	Dilation of female urethra including suppository and/or instillation; subsequent
53665	CPT, Surgery	Urinary system	Dilation of female urethra, general or conduction (spinal) anesthesia
53850	CPT, Surgery	Urinary system	Transurethral destruction of prostate tissue; by microwave thermotherapy
53852	CPT, Surgery	Urinary system	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
53854	CPT, Surgery	Urinary system	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherap
53855	CPT, Surgery	Urinary system	Insertion of a temporary prostatic urethral stent, including urethral measurement
53860	CPT, Surgery	Urinary system	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for :
53899	CPT, Surgery	Urinary system	Unlisted procedure, urinary system
54105	CPT, Surgery	Male Genital System	biopsy of penis; deep structures
54110	CPT, Surgery	Male Genital System	excision of penile plaque (Peyronie)
54111	CPT, Surgery	Male Genital System	excision of penile plaque (Peyronie); with graft to 5cm
54112	CPT, Surgery	Male Genital System	excision of penile plaque (Peyronie); with graft > 5cm
54115	CPT, Surgery	Male Genital System	removal of foreign body; deep (eg. Implant)
54120	CPT, Surgery	Male Genital System	amputation of penis; partial
54125	CPT, Surgery	Male Genital System	amputation of penis; complete
54130	CPT, Surgery	Male Genital System	amputation of penis, radical
54135	CPT, Surgery	Male Genital System	amputation of penis, radical
54161	CPT, Surgery	Male Genital System	circumcision, surgical excision; > 28 days old
54200	CPT, Surgery	Male Genital System	injection procedure for Peyronie disease
54205	CPT, Surgery	Male Genital System	injection procedure for Peyronie disease
54220	CPT, Surgery	Male Genital System	irrigation of corpora cavernosa for priapism
54230	CPT, Surgery	Male Genital System	injection procedure for corpora cavernosography
54231	CPT, Surgery	Male Genital System	dynamic cavernosometry, , including intracavernosal injection of vasoactive drugs (eg, papaverine, ph
54235	CPT, Surgery	Male Genital System	injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)
54240	CPT, Surgery	Male Genital System	penile plethysmography
54250	CPT, Surgery	Male Genital System	nocturnal penile tumescence and/or rigidity test
54300	CPT, Surgery	Male Genital System	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
54304	CPT, Surgery	Male Genital System	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without
54308	CPT, Surgery	Male Genital System	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm
54312	CPT, Surgery	Male Genital System	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm
54316	CPT, Surgery	Male Genital System	urethroplasty - Urethroplasty for second stage hypospadias repair (including urinary diversion) with fr
54318	CPT, Surgery	Male Genital System	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil re
54322	CPT, Surgery	Male Genital System	hypospadias repair - 1-stage distal hypospadias repair (with or without chordee or circumcision); with
54324	CPT, Surgery	Male Genital System	hypospadias repair - 1-stage distal hypospadias repair (with or without chordee or circumcision); with
54326	CPT, Surgery	Male Genital System	hypospadias repair - 1-stage distal hypospadias repair (with or without chordee or circumcision); with
54328	CPT, Surgery	Male Genital System	hypospadias repair - 1-stage distal hypospadias repair (with or without chordee or circumcision); with
54332	CPT, Surgery	Male Genital System	hypospadias repair - 1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dis
54336	CPT, Surgery	Male Genital System	hypospadias repair - 1-stage perineal hypospadias repair requiring extensive dissection to correct cho
54340	CPT, Surgery	Male Genital System	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or
54344	CPT, Surgery	Male Genital System	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring mobilization of skin
54348	CPT, Surgery	Male Genital System	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring extensive
54352	CPT, Surgery	Male Genital System	Revision of prior hypospadias repair requiring extensive dissection and excision of previously
54360	CPT, Surgery	Male Genital System	plastic operation on penis; correct angulation
54380	CPT, Surgery	Male Genital System	plastic operation on penis; epispadius
54385	CPT, Surgery	Male Genital System	plastic operation on penis; epispadius
54390	CPT, Surgery	Male Genital System	plastic operation on penis; epispadius
54400	CPT, Surgery	Male Genital System	insertion of penile prosthetic; non inflatable
54401	CPT, Surgery	Male Genital System	insertion of penile prosthetic; inflatable
54405	CPT, Surgery	Male Genital System	insertion of multi-component penile prosthetic
54406	CPT, Surgery	Male Genital System	removal of multi-component, inflatable penile prosthetic
54408	CPT, Surgery	Male Genital System	repair of components of penile prosthetic
54410	CPT, Surgery	Male Genital System	removal and replacement of all components; penile prosthetic
54411	CPT, Surgery	Male Genital System	removal and replacement of all components; penile prosthetic, infected
54415	CPT, Surgery	Male Genital System	removal of penile prosthetic without replacement
54416	CPT, Surgery	Male Genital System	removal & replacement of penile prosthetic; same operative session
54417	CPT, Surgery	Male Genital System	removal & replacement of penile prosthetic; infected, same operative session
54420	CPT, Surgery	Male Genital System	corpora cavernosa-saphenous vein shunt; uni or bilateral
54430	CPT, Surgery	Male Genital System	corpora cavernosa-corpora spongiosum shunt; uni or bilateral
54435	CPT, Surgery	Male Genital System	corpora cavernosa-glans penis fistulization for priapism
54440	CPT, Surgery	Male Genital System	plastic operation of penis for injury
54512	CPT, Surgery	Male Genital System	Excision of extraparenchymal lesion of testis
54520	CPT, Surgery	Male Genital System	orchiectomy; simple
54522	CPT, Surgery	Male Genital System	orchiectomy; partial
54530	CPT, Surgery	Male Genital System	orchiectomy; radical for tumor, inguinal approach
54535	CPT, Surgery	Male Genital System	orchiectomy; radical for tumor, abdominal exploration

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
54550	CPT, Surgery	Male Genital System	exploration for undescended testis, inguinal/scrotal area
54560	CPT, Surgery	Male Genital System	exploration for undescended testis, abdominal area
54600	CPT, Surgery	Male Genital System	reduction of torsion testis, surgery
54620	CPT, Surgery	Male Genital System	fixation of contralateral testis
54640	CPT, Surgery	Male Genital System	orchipexy, inguinal/scrotal approach
54650	CPT, Surgery	Male Genital System	orchipexy, abdominal approach
54660	CPT, Surgery	Male Genital System	insertion of testicular prosthesis
54670	CPT, Surgery	Male Genital System	suture/repair of testicular injury
54680	CPT, Surgery	Male Genital System	transplantation of testis
54690	CPT, Surgery	Male Genital System	laparoscopy, surgical orchiectomy
54692	CPT, Surgery	Male Genital System	laparoscopy, surgical orchipexy
54699	CPT, Surgery	Male Genital System	laparoscopy, unlisted procedure; testis
54700	CPT, Surgery	Male Genital System	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)
54800	CPT, Surgery	Male Genital System	biopsy of epididymis; needle
54830	CPT, Surgery	Male Genital System	excision of local lesion of epididymis
54840	CPT, Surgery	Male Genital System	Excision of spermatocele, with or without epididymectomy
54860	CPT, Surgery	Male Genital System	epididymectomy; unilateral
54861	CPT, Surgery	Male Genital System	epididymectomy; bilateral
54865	CPT, Surgery	Male Genital System	exploration of epididymis, w/wo biopsy
54900	CPT, Surgery	Male Genital System	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral
54901	CPT, Surgery	Male Genital System	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
55000	CPT, Surgery	Male Genital System	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication
55040	CPT, Surgery	Male Genital System	excision of hydrocele; unilateral
55041	CPT, Surgery	Male Genital System	excision of hydrocele; bilateral
55060	CPT, Surgery	Male Genital System	Repair of tunica vaginalis hydrocele (Bottle type)
55110	CPT, Surgery	Male Genital System	scrotal exploration
55150	CPT, Surgery	Male Genital System	resection of scrotum
55175	CPT, Surgery	Male Genital System	scrotoplasty; simple
55180	CPT, Surgery	Male Genital System	scrotoplasty; complicated
55200	CPT, Surgery	Male Genital System	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
55300	CPT, Surgery	Male Genital System	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral
55400	CPT, Surgery	Male Genital System	vasovasotomy, vasovasorrhaphy
55500	CPT, Surgery	Male Genital System	Excision of hydrocele of spermatic cord, unilateral (separate procedure)
55520	CPT, Surgery	Male Genital System	excision of lesion of spermatic cord
55530	CPT, Surgery	Male Genital System	excision of varicocele or ligation of spermatic veins for varicocele
55535	CPT, Surgery	Male Genital System	excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach
55540	CPT, Surgery	Male Genital System	excision of varicocele or ligation of spermatic veins for varicocele; w hernia repair
55550	CPT, Surgery	Male Genital System	laparoscopy w/ ligation of spermatic veins for varicocele

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
55559	CPT, Surgery	Male Genital System	unlisted laparoscopy, spermatic cord
55600	CPT, Surgery	Male Genital System	Vesiculotomy
55605	CPT, Surgery	Male Genital System	vesiculotomy; complicated
55650	CPT, Surgery	Male Genital System	vesiculotomy; any approach
55680	CPT, Surgery	Male Genital System	excision of mullerian duct cyst
55700	CPT, Surgery	Male Genital System	Biopsy, prostate; needle or punch, single or multiple, any approach
55705	CPT, Surgery	Male Genital System	Biopsy, prostate; incisional, any approach
55706	CPT, Surgery	Male Genital System	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including
55720	CPT, Surgery	Male Genital System	prostatotomy, drainage of abscess; simple
55725	CPT, Surgery	Male Genital System	prostatotomy, drainage of abscess; complicated
55801	CPT, Surgery	Male Genital System	prostatectomy, perineal, subtotal.....
55810	CPT, Surgery	Male Genital System	prostatectomy, perineal, radical;
55812	CPT, Surgery	Male Genital System	prostatectomy, perineal, radical; w/ lymph node biopsy
55815	CPT, Surgery	Male Genital System	prostatectomy, perineal, radical; w/ bilateral pelvic lymphadenectomy
55821	CPT, Surgery	Male Genital System	prostatectomy; suprapubic, subtotal, 1 or 2 stages
55831	CPT, Surgery	Male Genital System	prostatectomy; retropubic, subtotal
55840	CPT, Surgery	Male Genital System	prostatectomy; retropubic radical, w/wo nerve sparing
55842	CPT, Surgery	Male Genital System	prostatectomy; retropubic radical, w/wo nerve sparing
55845	CPT, Surgery	Male Genital System	prostatectomy; retropubic radical
55860	CPT, Surgery	Male Genital System	exposure of prostate for insertion of radioactive substance, any approach
55862	CPT, Surgery	Male Genital System	exposure of prostate for insertion of radioactive substance, any approach w/ lymph node bx
55865	CPT, Surgery	Male Genital System	exposure of prostate for insertion of radioactive substance
55866	CPT, Surgery	Male Genital System	laparoscopy, surgical prostatectomy, retropubic w/ robot assist
55867	CPT, Surgery	Male Genital System	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vas
55870	CPT, Surgery	Male Genital System	electroejaculation
55873	CPT, Surgery	Male Genital System	cryosurgical ablation of prostate
55874	CPT, Surgery	Male Genital System	transperineal placement of biodegradable material, peri-prostatic
55875	CPT, Surgery	Male Genital System	transperineal placement of needles or catheters into prostate
55876	CPT, Surgery	Male Genital System	placement of interstitial device for radiation therapy guidance
55899	CPT, Surgery	Male Genital System	unlisted procedure; male genital system
55920	CPT, Surgery	Male Genital System	placement of needles or catheters into pelvic organs and/or genitalia
55970	CPT, Surgery	Intersex Surgery	Intersex surgery; male to female
55980	CPT, Surgery	Intersex Surgery	Intersex surgery; female to male
56442	CPT, Surgery	Female Genital System	hymenotomy, simple incision
56515	CPT, Surgery	Female Genital System	destruction of lesions, vulva; extensive
56620	CPT, Surgery	Female Genital System	vulvectomy, simple, partial;
56625	CPT, Surgery	Female Genital System	vulvectomy simple, complete
56630	CPT, Surgery	Female Genital System	vulvectomy, radical, partial;

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
56631	CPT, Surgery	Female Genital System	vulvectomy, radical, partial; w/ unilateral lymphadenectomy
56632	CPT, Surgery	Female Genital System	vulvectomy, radical, partial; w/ bilateral lymphadenectomy
56633	CPT, Surgery	Female Genital System	vulvectomy, radical, complete;
56634	CPT, Surgery	Female Genital System	vulvectomy, radical, complete; w/ unilateral lymphadenectomy
56637	CPT, Surgery	Female Genital System	vulvectomy, radical, complete; w/ bilateral lymphadenectomy
56640	CPT, Surgery	Female Genital System	vulvectomy, radical, complete; w/ multiple lymphadenectomy
56700	CPT, Surgery	Female Genital System	partial hymenectomy or revision of hymenal ring
56800	CPT, Surgery	Female Genital System	plastic repair of introitus
56805	CPT, Surgery	Female Genital System	clitoroplasty for intersex state
56810	CPT, Surgery	Female Genital System	perineoplasty, nonobstetrical
56820	CPT, Surgery	Female Genital System	colposcopy of vulva
57000	CPT, Surgery	Female Genital System	colpotomy; w/ exploration
57010	CPT, Surgery	Female Genital System	colpotomy; w/ drainage of pelvic abscess
57020	CPT, Surgery	Female Genital System	colpocentesis
57061	CPT, Surgery	Female Genital System	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57065	CPT, Surgery	Female Genital System	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57106	CPT, Surgery	Female Genital System	vaginectomy, partial removal of wall
57107	CPT, Surgery	Female Genital System	vaginectomy, partial removal of wall w/ removal of paravaginal tissue
57109	CPT, Surgery	Female Genital System	vaginectomy, partial ..... w/ bilateral lymphadenectomy
57110	CPT, Surgery	Female Genital System	vaginectomy, complete removal of wall
57111	CPT, Surgery	Female Genital System	vaginectomy, complete removal of wall w/ removal of paravaginal tissue
57120	CPT, Surgery	Female Genital System	Colpocleisis (Le Fort type)
57130	CPT, Surgery	Female Genital System	excision of vaginal septum
57155	CPT, Surgery	Female Genital System	insertion of uterine tandem and/or vaginal ovoids for brachytherapy
57156	CPT, Surgery	Female Genital System	insertion of vaginal radiation apparatus for brachytherapy
57200	CPT, Surgery	Female Genital System	colporrhaphy, nonobstetrical - suture of vaginal injury
57210	CPT, Surgery	Female Genital System	colpoperineorrhaphy, nonobstetrical - suture of vaginal or perineal injury
57220	CPT, Surgery	Female Genital System	plastic operation on urethral sphincter
57230	CPT, Surgery	Female Genital System	plastic repair of urethrocele
57240	CPT, Surgery	Female Genital System	anterior colporrhaphy, repair cystocele w/wo repair of urethrocele
57250	CPT, Surgery	Female Genital System	posterior colporrhaphy, repair of rectocele w/wo repair of perineorrhaphy
57260	CPT, Surgery	Female Genital System	combined anterior/posterior colporrhaphy
57265	CPT, Surgery	Female Genital System	combined anterior/posterior colporrhaphy, w/ enterocele repair
57267	CPT, Surgery	Female Genital System	insertion of mesh/prosthesis for pelvic floor defect, each site
57268	CPT, Surgery	Female Genital System	repair of enterocele; vaginal approach
57270	CPT, Surgery	Female Genital System	repair of enterocele; abdominal approach
57280	CPT, Surgery	Female Genital System	colpopexy; abdominal approach
57282	CPT, Surgery	Female Genital System	colpopexy; vaginal, extra-peritoneal approach

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
57283	CPT, Surgery	Female Genital System	colpopexy; vaginal, intra-peritoneal approach
57284	CPT, Surgery	Female Genital System	paravaginal defect repair; open abdominal approach
57285	CPT, Surgery	Female Genital System	paravaginal defect repair; vaginal approach
57287	CPT, Surgery	Female Genital System	removal or revision of sling for stress incontinence
57288	CPT, Surgery	Female Genital System	sling operation for stress incontinence
57289	CPT, Surgery	Female Genital System	pereyra procedure
57291	CPT, Surgery	Female Genital System	construction of artificial vagina; w/o graft
57292	CPT, Surgery	Female Genital System	construction of artificial vagina; w graft
57295	CPT, Surgery	Female Genital System	revision of prosthetic vaginal graft; vaginal approach
57296	CPT, Surgery	Female Genital System	revision of prosthetic vaginal graft; open abdominal approach
57300	CPT, Surgery	Female Genital System	closure of rectovaginal fistula; vaginal or transanal approach
57305	CPT, Surgery	Female Genital System	closure of rectovaginal fistula; abdominal approach
57307	CPT, Surgery	Female Genital System	closure of rectovaginal fistula; abdominal approach w/ colostomy
57308	CPT, Surgery	Female Genital System	closure of rectovaginal fistula; transperineal approach w/ perineal reconstruction ....
57310	CPT, Surgery	Female Genital System	closure of urethrovaginal fistula;
57311	CPT, Surgery	Female Genital System	closure of urethrovaginal fistula; w/ bulbocavernosus transplant
57320	CPT, Surgery	Female Genital System	closure of vesicovaginal fistula; vaginal approach
57330	CPT, Surgery	Female Genital System	closure of vesicovaginal fistula; transvesical & vaginal approach
57335	CPT, Surgery	Female Genital System	vaginoplasty for intersex state
57400	CPT, Surgery	Female Genital System	dilation of vagina under anesthesia (not local)
57410	CPT, Surgery	Female Genital System	pelvic exam under anesthesis (not local)
57415	CPT, Surgery	Female Genital System	removal of impacted vaginal foreign body under anesthesia (not local)
57420	CPT, Surgery	Female Genital System	colposcopy of vagins, cervix present
57421	CPT, Surgery	Female Genital System	colposcopy of vagins, cervix present w/ biopsy
57423	CPT, Surgery	Female Genital System	laparoscopic paravaginal defect repair
57425	CPT, Surgery	Female Genital System	laparoscopy, colpopexy (suspension of vaginal apex)
57426	CPT, Surgery	Female Genital System	laparoscopic revision/removal of prosthetic graft
57452	CPT, Surgery	Female Genital System	colposcopy of cervix
57454	CPT, Surgery	Female Genital System	colposcopy of cervix; w/ cervical biopsy & endocervical curettage
57455	CPT, Surgery	Female Genital System	colposcopy of cervix; w/ cervical biopsy
57456	CPT, Surgery	Female Genital System	colposcopy of cervix; w/ endocervical curettage
57460	CPT, Surgery	Female Genital System	colposcopy of cervix; loop electrode biopsy of cervix
57461	CPT, Surgery	Female Genital System	colposcopy of cervix; loop electrode conization of cervix
57500	CPT, Surgery	Female Genital System	biopsy of cervix; single or multiple, excision of lesion, w/wo fulguration
57505	CPT, Surgery	Female Genital System	endocervical curettage (not part of D&C procedure)
57510	CPT, Surgery	Female Genital System	cautery of cervix; electro/thermal
57511	CPT, Surgery	Female Genital System	cautery of cervix; cryocautery, initial or repeat
57513	CPT, Surgery	Female Genital System	cautery of cervix; laser ablation

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
57520	CPT, Surgery	Female Genital System	conization of cervix; w/wo fulguration, w/wo D&C, w/wo repair; cold knife or laser
57522	CPT, Surgery	Female Genital System	conization of cervix; w/wo fulguration, w/wo D&C, w/wo repair; loop electrode excision
57530	CPT, Surgery	Female Genital System	trachelectomy, amputation of cervix
57531	CPT, Surgery	Female Genital System	radical trachelectomy w/ bilateral pelvic lymphadenectomy
57540	CPT, Surgery	Female Genital System	excision of cervical stump; abdominal approach
57545	CPT, Surgery	Female Genital System	excision of cervical stump; abdominal approach w/ pelvic floor repair
57550	CPT, Surgery	Female Genital System	excision of cervical stump; vaginal approach
57555	CPT, Surgery	Female Genital System	excision of cervical stump; vaginal approach w/ anterior/posterior repair
57556	CPT, Surgery	Female Genital System	excision of cervical stump; vaginal approach w/ repair of enterocele
57558	CPT, Surgery	Female Genital System	D&C of cervical stump
57700	CPT, Surgery	Female Genital System	cerclage of uterine cervix; non-obstetrical
57720	CPT, Surgery	Female Genital System	trachelorrhaphy, plastic repair; vaginal approach
57800	CPT, Surgery	Female Genital System	dilation of cervical canal, instrumental
58140	CPT, Surgery	Female Genital System	myomectomy, excision of fibroid tumor(s) - 1-4, 250 g or less; abdominal approach
58145	CPT, Surgery	Female Genital System	myomectomy, excision of fibroid tumor(s) - 1-4, 250 g or less; vaginal approach
58146	CPT, Surgery	Female Genital System	myomectomy, excision of fibroid tumor(s) - 5+, 250 g or more; abdominal approach
58150	CPT, Surgery	Female Genital System	total abdominal hysterectomy w/wo removal of tubes/ovaries
58152	CPT, Surgery	Female Genital System	total abdominal hysterectomy w/wo removal of tubes/ovaries, w/colpo-urethrocytopexy
58180	CPT, Surgery	Female Genital System	supracervical abdominal hysterectomy w/wo removal of tubes/ovaries
58200	CPT, Surgery	Female Genital System	total abd hysterectomy with partial vaginectomy, w/wo removal tubes/ovaries
58210	CPT, Surgery	Female Genital System	radical abd hysterectomy, w/ bilateral pelvic lymphadenectomy, w/wo removal tubes/ovaries
58240	CPT, Surgery	Female Genital System	pelvic exenteration for gyn malignancy
58260	CPT, Surgery	Female Genital System	vaginal hysterectomy, 250g or less
58262	CPT, Surgery	Female Genital System	vaginal hysterectomy, 250g or less w/ removal tubes/ovaries
58263	CPT, Surgery	Female Genital System	vaginal hysterectomy, 250g or less w/ removal tubes/ovaries, w/ repair enterocele
58267	CPT, Surgery	Female Genital System	vaginal hysterectomy, 250g or less w/ colpo-urethrocytopexy
58270	CPT, Surgery	Female Genital System	vaginal hysterectomy, 250g or less w/ repair of enterocele
58275	CPT, Surgery	Female Genital System	vaginal hysterectomy, w/ total or partial vaginectomy;
58280	CPT, Surgery	Female Genital System	vaginal hysterectomy, w/ total or partial vaginectomy; w/ repair enterocele
58285	CPT, Surgery	Female Genital System	vaginal hysterectomy; radical
58290	CPT, Surgery	Female Genital System	vaginal hysterectomy, 250g or more
58291	CPT, Surgery	Female Genital System	vaginal hysterectomy, 250g or more w/ removal tubes/ovaries
58292	CPT, Surgery	Female Genital System	vaginal hysterectomy, 250g or more w/ removal tubes/ovaries, w/ repair enterocele
58294	CPT, Surgery	Female Genital System	vaginal hysterectomy, 250g or more w/ repair of enterocele
58321	CPT, Surgery	Female Genital System	artificial insemination; intra-cervical
58322	CPT, Surgery	Female Genital System	artificial insemination; intra-uterine
58323	CPT, Surgery	Female Genital System	sperm washing for artificial insemination
58340	CPT, Surgery	Female Genital System	cath & introduction of saline/contrast for sonohysterography or hysterosalpingography

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
58345	CPT, Surgery	Female Genital System	transcervical fallopian tube cath for diagnosis or re-establish patency, w/wo hysterosalpingography
58346	CPT, Surgery	Female Genital System	insertion of Heyman capsules for brachytherapy
58350	CPT, Surgery	Female Genital System	chromotubation of oviduct, including materials
58353	CPT, Surgery	Female Genital System	endometrial ablation; thermal
58356	CPT, Surgery	Female Genital System	endometrial cryoablation with U/S and curettage
58400	CPT, Surgery	Female Genital System	uterine suspension
58410	CPT, Surgery	Female Genital System	uterine suspension w/ presacral sympathectomy
58520	CPT, Surgery	Female Genital System	hysterorrhaphy, repair of ruptured uterus; non-obstetrical
58540	CPT, Surgery	Female Genital System	hysteroplasty, repair uterine anomaly
58541	CPT, Surgery	Female Genital System	laparoscopy, supracervical hysterectomy, uterus < 250g
58542	CPT, Surgery	Female Genital System	laparoscopy, supracervical hysterectomy, uterus < 250g w/ removal of tubes/ovaries
58543	CPT, Surgery	Female Genital System	laparoscopy, supracervical hysterectomy, uterus < 250g
58544	CPT, Surgery	Female Genital System	laparoscopy, supracervical hysterectomy, uterus > 250g w/ removal tubes/ovaries
58545	CPT, Surgery	Female Genital System	laparoscopy, myomectomy, 1-4 myomas
58546	CPT, Surgery	Female Genital System	laparoscopy, myomectomy, 5+ myomas
58548	CPT, Surgery	Female Genital System	laparoscopy, radical hysterectomy w/ bilateral pelvic lymphadenectomy & removal tubes/ovaries
58550	CPT, Surgery	Female Genital System	laparoscopy, vaginal hysterectomy for uterus < 250g
58552	CPT, Surgery	Female Genital System	laparoscopy, vaginal hysterectomy, uterus < 250g w/ removal tubes/ovaries
58553	CPT, Surgery	Female Genital System	laparoscopy, vaginal hysterectomy for uterus > 250g
58554	CPT, Surgery	Female Genital System	laparoscopy, vaginal hysterectomy, uterus > 250g w/ removal tubes/ovaries
58555	CPT, Surgery	Female Genital System	hysteroscopy, diagnostic
58558	CPT, Surgery	Female Genital System	hysteroscopy, surgical w/ biopsy
58559	CPT, Surgery	Female Genital System	hysteroscopy, surgical w/ lysis of adhesions
58560	CPT, Surgery	Female Genital System	hysteroscopy, surgical w/ division/resection septum
58561	CPT, Surgery	Female Genital System	hysteroscopy, surgical w/ removal of leiomyomata
58562	CPT, Surgery	Female Genital System	hysteroscopy, surgical w/ removal of impacted foreign body
58563	CPT, Surgery	Female Genital System	hysteroscopy, surgical w/ endometrial ablation
58565	CPT, Surgery	Female Genital System	hysteroscopy, surgical w/ bilateral fallopian tube cannulation for permanent implant placement
58570	CPT, Surgery	Female Genital System	laparoscopy, total hysterectomy uterus 250g or less
58571	CPT, Surgery	Female Genital System	laparoscopy, total hysterectomy uterus 250g or less, w/ removal tubes/ovaries
58572	CPT, Surgery	Female Genital System	laparoscopy, total hysterectomy uterus 250g or more
58573	CPT, Surgery	Female Genital System	laparoscopy, total hysterectomy uterus 250g or more, w/ removal tubes/ovaries
58575	CPT, Surgery	Female Genital System	laparoscopy, total hysterectomy for resection of malignancy
58578	CPT, Surgery	Female Genital System	unlisted laparoscopy, uterus
58579	CPT, Surgery	Female Genital System	unlisted hysteroscopy, uterus
58580	CPT, Surgery	Female Genital System	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring
58660	CPT, Surgery	Female Genital System	laparoscopy, lysis of adhesions
58661	CPT, Surgery	Female Genital System	laparoscopy, removal of adnexal structures

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
58662	CPT, Surgery	Female Genital System	laparoscopy, fulguration or excision of lesions of ovary/pelvic viscera/peritoneal surface
58670	CPT, Surgery	Female Genital System	laparoscopy, fulguration of oviducts
58671	CPT, Surgery	Female Genital System	laparoscopy, occlusion of oviducts by device
58672	CPT, Surgery	Female Genital System	laparoscopy, w/ fimbrioplasty
58673	CPT, Surgery	Female Genital System	laparoscopy, w/ salpingostomy
58674	CPT, Surgery	Female Genital System	laparoscopy, ablation of uterine fibroid; radiofrequency
58679	CPT, Surgery	Female Genital System	unlisted laparoscopy, oviduct/ovary
58700	CPT, Surgery	Female Genital System	salpingectomy, complete or partial, uni or bilateral
58720	CPT, Surgery	Female Genital System	salpingo-oophorectomy, complete or partial, uni or bilateral
58740	CPT, Surgery	Female Genital System	lysis of adhesions
58750	CPT, Surgery	Female Genital System	tubotubal anastomosis
58752	CPT, Surgery	Female Genital System	tubouterine implantation
58760	CPT, Surgery	Female Genital System	fimbrioplasty
58770	CPT, Surgery	Female Genital System	salpingostomy
58800	CPT, Surgery	Female Genital System	drainage of ovarian cyst, uni or bilateral; vaginal approach
58805	CPT, Surgery	Female Genital System	drainage of ovarian cyst, uni or bilateral; abdominal approach
58820	CPT, Surgery	Female Genital System	drainage of ovarian abscess; vaginal approach, open
58822	CPT, Surgery	Female Genital System	drainage of ovarian abscess; abdominal approach
58825	CPT, Surgery	Female Genital System	transposition, ovary
58900	CPT, Surgery	Female Genital System	biopsy of ovary; uni or bilateral
58920	CPT, Surgery	Female Genital System	wedge resection or bisection of ovary; uni or bilateral
58925	CPT, Surgery	Female Genital System	ovarian cystectomy; uni or bilateral
58940	CPT, Surgery	Female Genital System	oophorectomy; partial or total, uni or bilateral
58943	CPT, Surgery	Female Genital System	oophorectomy; partial or total, uni or bilateral for peritoneal malignancy .....
58950	CPT, Surgery	Female Genital System	resection of ovarian/tubal/peritoneal malignancy w/ bilateral removal tube/ovary & omentum
58951	CPT, Surgery	Female Genital System	resection of ovarian/tubal/peritoneal malignancy w/ bilateral removal tube/ovary & omentum
58952	CPT, Surgery	Female Genital System	resection of ovarian/tubal/peritoneal malignancy w/ bilateral removal tube/ovary & omentum
58953	CPT, Surgery	Female Genital System	bilateral salpingo-oophorectomy with omentectomy, total abd hysterectomy, radical dissection
58954	CPT, Surgery	Female Genital System	bilateral salpingo-oophorectomy with omentectomy, total abd hysterectomy, radical dissection/debul
58956	CPT, Surgery	Female Genital System	bilateral salpingo-oophorectomy with omentectomy, total abd hysterectomy for malignancy
58957	CPT, Surgery	Female Genital System	resection, tumor debulking of RECURRENT ovarian/tubal/peritoneal malignancy
58958	CPT, Surgery	Female Genital System	resection, tumor debulking of RECURRENT ovarian/tubal/peritoneal malignancy.... Lymphadenectomy
58960	CPT, Surgery	Female Genital System	laparotomy for staging/restaging ovarian/tubal/peritoneal malignancy
58970	CPT, Surgery	Female Genital System	follicle puncture for oocyte retrieval
58974	CPT, Surgery	Female Genital System	embryo transfer, intrauterine
58976	CPT, Surgery	Female Genital System	gamete, zygote, or embryo intrafallopian transfer
58999	CPT, Surgery	Female Genital System	unlisted procedure for female genital system; NON-obstetrical
59866	CPT, Surgery	Maternity Care & Delivery	multifetal pregnancy reduction(s)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
59897	CPT, Surgery	Maternity Care & Delivery	unlisted fetal invasive procedure, including ultrasound
59898	CPT, Surgery	Maternity Care & Delivery	unlisted laparoscopic procedure; maternity care/delivery
59899	CPT, Surgery	Maternity Care & Delivery	unlisted procedure; maternity care/delivery
60200	CPT, Surgery	Endocrine System	Surgical Removal Thyroid Cyst or Mass; Division of Isthmus
60210	CPT, Surgery	Endocrine System	Partial thyroid lobectomy, unilateral; with or without isthmusectomy
60212	CPT, Surgery	Endocrine System	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60220	CPT, Surgery	Endocrine System	Total thyroid lobectomy, unilateral; with or without isthmusectomy
60225	CPT, Surgery	Endocrine System	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60240	CPT, Surgery	Endocrine System	Thyroidectomy, total or complete
60252	CPT, Surgery	Endocrine System	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
60254	CPT, Surgery	Endocrine System	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection
60260	CPT, Surgery	Endocrine System	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thy
60270	CPT, Surgery	Endocrine System	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach
60271	CPT, Surgery	Endocrine System	Thyroidectomy, including substernal thyroid; cervical approach
60280	CPT, Surgery	Endocrine System	Excision of thyroglossal duct cyst or sinus;
60281	CPT, Surgery	Endocrine System	Excision of thyroglossal duct cyst or sinus; recurrent
60300	CPT, Surgery	Endocrine System	Aspiration and/or injection, thyroid cyst
60500	CPT, Surgery	Endocrine System	Parathyroidectomy or exploration of parathyroid(s);
60502	CPT, Surgery	Endocrine System	Parathyroidectomy or exploration of parathyroid(s); re-exploration
60505	CPT, Surgery	Endocrine System	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or tran
60512	CPT, Surgery	Endocrine System	Parathyroid autotransplantation (List separately in addition to code for primary procedure)
60520	CPT, Surgery	Endocrine System	Thymectomy, partial or total; transcervical approach (separate procedure)
60521	CPT, Surgery	Endocrine System	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal disse
60522	CPT, Surgery	Endocrine System	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissectic
60540	CPT, Surgery	Endocrine System	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabd
60545	CPT, Surgery	Endocrine System	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabd
60600	CPT, Surgery	Endocrine System	Excision of carotid body tumor; without excision of carotid artery
60605	CPT, Surgery	Endocrine System	Excision of carotid body tumor; with excision of carotid artery
60650	CPT, Surgery	Endocrine System	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with c
60659	CPT, Surgery	Endocrine System	Unlisted laparoscopy procedure, endocrine system
60699	CPT, Surgery	Endocrine System	Unlisted procedure, endocrine system
61000	CPT, Surgery	Nervous System	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial
61001	CPT, Surgery	Nervous System	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps
61020	CPT, Surgery	Nervous System	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter
61026	CPT, Surgery	Nervous System	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter
61050	CPT, Surgery	Nervous System	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)
61055	CPT, Surgery	Nervous System	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagn
61070	CPT, Surgery	Nervous System	Puncture of shunt tubing or reservoir for aspiration or injection procedure

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
61105	CPT, Surgery	Nervous System	Twist drill hole for subdural or ventricular puncture
61107	CPT, Surgery	Nervous System	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter
61108	CPT, Surgery	Nervous System	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage
61120	CPT, Surgery	Nervous System	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive marker)
61140	CPT, Surgery	Nervous System	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion
61150	CPT, Surgery	Nervous System	Burr hole(s) or trephine; with drainage of brain abscess or cyst
61151	CPT, Surgery	Nervous System	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst
61154	CPT, Surgery	Nervous System	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural
61156	CPT, Surgery	Nervous System	Burr hole(s); with aspiration of hematoma or cyst, intracerebral
61210	CPT, Surgery	Nervous System	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device
61215	CPT, Surgery	Nervous System	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter
61250	CPT, Surgery	Nervous System	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery
61253	CPT, Surgery	Nervous System	Burr hole(s) or trephine, infratentorial, unilateral or bilateral
61304	CPT, Surgery	Nervous System	Craniectomy or craniotomy, exploratory; supratentorial
61305	CPT, Surgery	Nervous System	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)
61312	CPT, Surgery	Nervous System	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural
61313	CPT, Surgery	Nervous System	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral
61314	CPT, Surgery	Nervous System	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural
61315	CPT, Surgery	Nervous System	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar
61316	CPT, Surgery	Nervous System	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)
61320	CPT, Surgery	Nervous System	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial
61321	CPT, Surgery	Nervous System	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial
61322	CPT, Surgery	Nervous System	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial abscess
61323	CPT, Surgery	Nervous System	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial abscess
61330	CPT, Surgery	Nervous System	Decompression of orbit only, transcranial approach
61333	CPT, Surgery	Nervous System	Exploration of orbit (transcranial approach); with removal of lesion
61340	CPT, Surgery	Nervous System	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)
61343	CPT, Surgery	Nervous System	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without duraplasty
61345	CPT, Surgery	Nervous System	Other cranial decompression, posterior fossa
61450	CPT, Surgery	Nervous System	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion
61458	CPT, Surgery	Nervous System	Craniectomy, suboccipital; for exploration or decompression of cranial nerves
61460	CPT, Surgery	Nervous System	Craniectomy, suboccipital; for section of 1 or more cranial nerves
61500	CPT, Surgery	Nervous System	Craniectomy; with excision of tumor or other bone lesion of skull
61501	CPT, Surgery	Nervous System	Craniectomy; for osteomyelitis
61510	CPT, Surgery	Nervous System	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except for glioma
61512	CPT, Surgery	Nervous System	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial
61514	CPT, Surgery	Nervous System	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial
61516	CPT, Surgery	Nervous System	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
61517	CPT, Surgery	Nervous System	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary craniectomy)
61518	CPT, Surgery	Nervous System	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellar
61519	CPT, Surgery	Nervous System	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma
61520	CPT, Surgery	Nervous System	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor
61521	CPT, Surgery	Nervous System	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull
61522	CPT, Surgery	Nervous System	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess
61524	CPT, Surgery	Nervous System	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst
61526	CPT, Surgery	Nervous System	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor
61530	CPT, Surgery	Nervous System	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor
61531	CPT, Surgery	Nervous System	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring
61533	CPT, Surgery	Nervous System	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring
61534	CPT, Surgery	Nervous System	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography
61535	CPT, Surgery	Nervous System	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without electrocorticography
61536	CPT, Surgery	Nervous System	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography
61537	CPT, Surgery	Nervous System	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography
61538	CPT, Surgery	Nervous System	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography
61539	CPT, Surgery	Nervous System	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography
61540	CPT, Surgery	Nervous System	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography
61541	CPT, Surgery	Nervous System	Craniotomy with elevation of bone flap; for transection of corpus callosum
61543	CPT, Surgery	Nervous System	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy
61544	CPT, Surgery	Nervous System	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus
61545	CPT, Surgery	Nervous System	Craniotomy with elevation of bone flap; for excision of craniopharyngioma
61546	CPT, Surgery	Nervous System	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach
61548	CPT, Surgery	Nervous System	Hypophysectomy or excision of pituitary tumor, transnasal or transeptal approach, nonstereotactic
61550	CPT, Surgery	Nervous System	Craniectomy for craniosynostosis; single cranial suture
61552	CPT, Surgery	Nervous System	Craniectomy for craniosynostosis; multiple cranial sutures
61556	CPT, Surgery	Nervous System	Craniotomy for craniosynostosis; frontal or parietal bone flap
61557	CPT, Surgery	Nervous System	Craniotomy for craniosynostosis; bifrontal bone flap
61558	CPT, Surgery	Nervous System	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring reconstruction
61559	CPT, Surgery	Nervous System	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); reconstruction
61563	CPT, Surgery	Nervous System	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve resection
61564	CPT, Surgery	Nervous System	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve resection
61566	CPT, Surgery	Nervous System	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy
61567	CPT, Surgery	Nervous System	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography
61570	CPT, Surgery	Nervous System	Craniectomy or craniotomy; with excision of foreign body from brain
61571	CPT, Surgery	Nervous System	Craniectomy or craniotomy; with treatment of penetrating wound of brain
61575	CPT, Surgery	Nervous System	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision
61576	CPT, Surgery	Nervous System	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
61580	CPT, Surgery	Nervous System	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy
61581	CPT, Surgery	Nervous System	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenter
61582	CPT, Surgery	Nervous System	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy
61583	CPT, Surgery	Nervous System	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy
61584	CPT, Surgery	Nervous System	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy ar
61585	CPT, Surgery	Nervous System	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy ar
61586	CPT, Surgery	Nervous System	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or withou
61590	CPT, Surgery	Nervous System	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal ar
61591	CPT, Surgery	Nervous System	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex
61592	CPT, Surgery	Nervous System	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, b
61595	CPT, Surgery	Nervous System	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including m;
61596	CPT, Surgery	Nervous System	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including lab
61597	CPT, Surgery	Nervous System	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, i
61598	CPT, Surgery	Nervous System	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of sup
61600	CPT, Surgery	Nervous System	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extra
61601	CPT, Surgery	Nervous System	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intra
61605	CPT, Surgery	Nervous System	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharynge;
61606	CPT, Surgery	Nervous System	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharynge;
61607	CPT, Surgery	Nervous System	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, cli
61608	CPT, Surgery	Nervous System	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, cli
61611	CPT, Surgery	Nervous System	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to cc
61613	CPT, Surgery	Nervous System	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissecti
61615	CPT, Surgery	Nervous System	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugu
61616	CPT, Surgery	Nervous System	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugu
61618	CPT, Surgery	Nervous System	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa follow
61619	CPT, Surgery	Nervous System	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa follow
61623	CPT, Surgery	Nervous System	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including s
61624	CPT, Surgery	Nervous System	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis
61626	CPT, Surgery	Nervous System	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis
61630	CPT, Surgery	Nervous System	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous
61635	CPT, Surgery	Nervous System	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including
61640	CPT, Surgery	Nervous System	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel
61641	CPT, Surgery	Nervous System	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular te
61642	CPT, Surgery	Nervous System	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascula
61645	CPT, Surgery	Nervous System	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intrac
61650	CPT, Surgery	Nervous System	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombc
61651	CPT, Surgery	Nervous System	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombc
61680	CPT, Surgery	Nervous System	Surgical Treatment of Arteriovenous Malformation of the Brain

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
61682	CPT, Surgery	Nervous System	Surgical Treatment of Arteriovenous Malformation of the Brain
61684	CPT, Surgery	Nervous System	Surgical Treatment of Arteriovenous Malformation of the Brain
61686	CPT, Surgery	Nervous System	Surgical Treatment of Arteriovenous Malformation of the Brain
61690	CPT, Surgery	Nervous System	Surgical Treatment of Arteriovenous Malformation of the Brain
61692	CPT, Surgery	Nervous System	Surgical Treatment of Arteriovenous Malformation of the Brain
61697	CPT, Surgery	Nervous System	Surgical Treatment Brain Aneurysm
61698	CPT, Surgery	Nervous System	Surgical Treatment Brain Aneurysm
61700	CPT, Surgery	Nervous System	Surgical Treatment Brain Aneurysm
61702	CPT, Surgery	Nervous System	Surgical Treatment Brain Aneurysm
61703	CPT, Surgery	Nervous System	Surgical Treatment Brain Aneurysm
61705	CPT, Surgery	Nervous System	Other Procedures for Aneurysm, Arteriovenous Malformation, and Carotid-Cavernous Fistula
61708	CPT, Surgery	Nervous System	Other Procedures for Aneurysm, Arteriovenous Malformation, and Carotid-Cavernous Fistula
61710	CPT, Surgery	Nervous System	Other Procedures for Aneurysm, Arteriovenous Malformation, and Carotid-Cavernous Fistula
61711	CPT, Surgery	Nervous System	Extracranial-Intracranial Bypass
61720	CPT, Surgery	Nervous System	Stereotactic Procedures of the Brain
61735	CPT, Surgery	Nervous System	Stereotactic Procedures of the Brain
61750	CPT, Surgery	Nervous System	Stereotactic Procedures of the Brain
61751	CPT, Surgery	Nervous System	Stereotactic Procedures of the Brain
61760	CPT, Surgery	Nervous System	Stereotactic Procedures of the Brain
61770	CPT, Surgery	Nervous System	Stereotactic Procedures of the Brain
61781	CPT, Surgery	Nervous System	Stereotactic Procedures of the Brain
61782	CPT, Surgery	Nervous System	Stereotactic Procedures of the Brain
61783	CPT, Surgery	Nervous System	Stereotactic Procedures of the Brain
61790	CPT, Surgery	Nervous System	Stereotactic Procedures of the Brain
61791	CPT, Surgery	Nervous System	Stereotactic Procedures of the Brain
61796	CPT, Surgery	Nervous System	Stereotactic Radiosurgery (SRS): Brain
61797	CPT, Surgery	Nervous System	Stereotactic Radiosurgery (SRS): Brain
61798	CPT, Surgery	Nervous System	Stereotactic Radiosurgery (SRS): Brain
61799	CPT, Surgery	Nervous System	Stereotactic Radiosurgery (SRS): Brain
61800	CPT, Surgery	Nervous System	Stereotactic Radiosurgery (SRS): Brain
61850	CPT, Surgery	Nervous System	Intracranial Neurostimulation
61860	CPT, Surgery	Nervous System	Intracranial Neurostimulation
61863	CPT, Surgery	Nervous System	Intracranial Neurostimulation
61864	CPT, Surgery	Nervous System	Intracranial Neurostimulation
61867	CPT, Surgery	Nervous System	Intracranial Neurostimulation
61868	CPT, Surgery	Nervous System	Intracranial Neurostimulation
61880	CPT, Surgery	Nervous System	Intracranial Neurostimulation
61885	CPT, Surgery	Nervous System	Intracranial Neurostimulation

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
61886	CPT, Surgery	Nervous System	Intracranial Neurostimulation
61888	CPT, Surgery	Nervous System	Intracranial Neurostimulation
61889	CPT, Surgery	Nervous System	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy
61891	CPT, Surgery	Nervous System	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with co
61892	CPT, Surgery	Nervous System	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, whe
62000	CPT, Surgery	Nervous System	Repair of Skull and/or Cerebrospinal Fluid Leaks
62005	CPT, Surgery	Nervous System	Repair of Skull and/or Cerebrospinal Fluid Leaks
62010	CPT, Surgery	Nervous System	Repair of Skull and/or Cerebrospinal Fluid Leaks
62100	CPT, Surgery	Nervous System	Repair of Skull and/or Cerebrospinal Fluid Leaks
62115	CPT, Surgery	Nervous System	Repair of Skull and/or Cerebrospinal Fluid Leaks
62117	CPT, Surgery	Nervous System	Repair of Skull and/or Cerebrospinal Fluid Leaks
62120	CPT, Surgery	Nervous System	Repair of Skull and/or Cerebrospinal Fluid Leaks
62121	CPT, Surgery	Nervous System	Repair of Skull and/or Cerebrospinal Fluid Leaks
62140	CPT, Surgery	Nervous System	Repair of Skull and/or Cerebrospinal Fluid Leaks
62141	CPT, Surgery	Nervous System	Repair of Skull and/or Cerebrospinal Fluid Leaks
62142	CPT, Surgery	Nervous System	Repair of Skull and/or Cerebrospinal Fluid Leaks
62143	CPT, Surgery	Nervous System	Repair of Skull and/or Cerebrospinal Fluid Leaks
62145	CPT, Surgery	Nervous System	Repair of Skull and/or Cerebrospinal Fluid Leaks
62146	CPT, Surgery	Nervous System	Repair of Skull and/or Cerebrospinal Fluid Leaks
62147	CPT, Surgery	Nervous System	Repair of Skull and/or Cerebrospinal Fluid Leaks
62148	CPT, Surgery	Nervous System	Repair of Skull and/or Cerebrospinal Fluid Leaks
62160	CPT, Surgery	Nervous System	Neuroendoscopic Brain Procedures
62161	CPT, Surgery	Nervous System	Neuroendoscopic Brain Procedures
62162	CPT, Surgery	Nervous System	Neuroendoscopic Brain Procedures
62164	CPT, Surgery	Nervous System	Neuroendoscopic Brain Procedures
62165	CPT, Surgery	Nervous System	Neuroendoscopic Brain Procedures
62180	CPT, Surgery	Nervous System	Cerebrospinal Fluid Diversion Procedures
62190	CPT, Surgery	Nervous System	Cerebrospinal Fluid Diversion Procedures
62192	CPT, Surgery	Nervous System	Cerebrospinal Fluid Diversion Procedures
62194	CPT, Surgery	Nervous System	Cerebrospinal Fluid Diversion Procedures
62200	CPT, Surgery	Nervous System	Cerebrospinal Fluid Diversion Procedures
62201	CPT, Surgery	Nervous System	Cerebrospinal Fluid Diversion Procedures
62220	CPT, Surgery	Nervous System	Cerebrospinal Fluid Diversion Procedures
62223	CPT, Surgery	Nervous System	Cerebrospinal Fluid Diversion Procedures
62225	CPT, Surgery	Nervous System	Cerebrospinal Fluid Diversion Procedures
62230	CPT, Surgery	Nervous System	Cerebrospinal Fluid Diversion Procedures
62252	CPT, Surgery	Nervous System	Cerebrospinal Fluid Diversion Procedures
62256	CPT, Surgery	Nervous System	Cerebrospinal Fluid Diversion Procedures

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
62258	CPT, Surgery	Nervous System	Cerebrospinal Fluid Diversion Procedures
62263	CPT, Surgery	Nervous System	Lysis of Epidural Lesions with Injection of Solution/Mechanical Methods
62264	CPT, Surgery	Nervous System	Lysis of Epidural Lesions with Injection of Solution/Mechanical Methods
62267	CPT, Surgery	Nervous System	Percutaneous Procedures of Spinal Cord
62268	CPT, Surgery	Nervous System	Percutaneous Procedures of Spinal Cord
62269	CPT, Surgery	Nervous System	Percutaneous Procedures of Spinal Cord
62270	CPT, Surgery	Nervous System	Spinal Puncture, Subarachnoid Space, Diagnostic/Therapeutic
62272	CPT, Surgery	Nervous System	Spinal Puncture, Subarachnoid Space, Diagnostic/Therapeutic
62273	CPT, Surgery	Nervous System	Epidural Blood Patch
62280	CPT, Surgery	Nervous System	Neurolysis
62281	CPT, Surgery	Nervous System	Neurolysis
62282	CPT, Surgery	Nervous System	Neurolysis
62284	CPT, Surgery	Nervous System	Injection/Aspiration of Spine, Diagnostic/Therapeutic
62287	CPT, Surgery	Nervous System	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method
62290	CPT, Surgery	Nervous System	Injection/Aspiration of Spine, Diagnostic/Therapeutic
62291	CPT, Surgery	Nervous System	Injection/Aspiration of Spine, Diagnostic/Therapeutic
62292	CPT, Surgery	Nervous System	Injection/Aspiration of Spine, Diagnostic/Therapeutic
62294	CPT, Surgery	Nervous System	Injection/Aspiration of Spine, Diagnostic/Therapeutic
62302	CPT, Surgery	Nervous System	Myelography
62303	CPT, Surgery	Nervous System	Myelography
62304	CPT, Surgery	Nervous System	Myelography
62305	CPT, Surgery	Nervous System	Myelography
62320	CPT, Surgery	Nervous System	Injection/Infusion Diagnostic/Therapeutic Material
62321	CPT, Surgery	Nervous System	Injection/Infusion Diagnostic/Therapeutic Material
62322	CPT, Surgery	Nervous System	Injection/Infusion Diagnostic/Therapeutic Material
62323	CPT, Surgery	Nervous System	Injection/Infusion Diagnostic/Therapeutic Material
62324	CPT, Surgery	Nervous System	Injection/Infusion Diagnostic/Therapeutic Material
62325	CPT, Surgery	Nervous System	Injection/Infusion Diagnostic/Therapeutic Material
62326	CPT, Surgery	Nervous System	Injection/Infusion Diagnostic/Therapeutic Material
62327	CPT, Surgery	Nervous System	Injection/Infusion Diagnostic/Therapeutic Material
62328	CPT, Surgery	Nervous System	Spinal Puncture, Subarachnoid Space, Diagnostic/Therapeutic
62329	CPT, Surgery	Nervous System	Spinal Puncture, Subarachnoid Space, Diagnostic/Therapeutic
62350	CPT, Surgery	Nervous System	Procedures Related to Epidural and Intrathecal Catheters
62351	CPT, Surgery	Nervous System	Procedures Related to Epidural and Intrathecal Catheters
62355	CPT, Surgery	Nervous System	Procedures Related to Epidural and Intrathecal Catheters
62360	CPT, Surgery	Nervous System	Procedures Related to Epidural and Intrathecal Catheters
62361	CPT, Surgery	Nervous System	Procedures Related to Epidural and Intrathecal Catheters
62362	CPT, Surgery	Nervous System	Procedures Related to Epidural and Intrathecal Catheters

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
62365	CPT, Surgery	Nervous System	Procedures Related to Epidural and Intrathecal Catheters
62367	CPT, Surgery	Nervous System	Procedures Related to Epidural and Intrathecal Catheters
62368	CPT, Surgery	Nervous System	Procedures Related to Epidural and Intrathecal Catheters - Electronic analysis of programmable, impla
62369	CPT, Surgery	Nervous System	Procedures Related to Epidural and Intrathecal Catheters - Electronic analysis of programmable, impla
62370	CPT, Surgery	Nervous System	Procedures Related to Epidural and Intrathecal Catheters - Electronic analysis of programmable, impla
62380	CPT, Surgery	Nervous System	Endoscopic Decompression/Laminectomy/Laminotomy
63001	CPT, Surgery	Nervous System	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without
63003	CPT, Surgery	Nervous System	Posterior Midline Approach: Laminectomy/Laminotomy/Decompression
63005	CPT, Surgery	Nervous System	Posterior Midline Approach: Laminectomy/Laminotomy/Decompression
63011	CPT, Surgery	Nervous System	Posterior Midline Approach: Laminectomy/Laminotomy/Decompression
63012	CPT, Surgery	Nervous System	Posterior Midline Approach: Laminectomy/Laminotomy/Decompression
63015	CPT, Surgery	Nervous System	Posterior Midline Approach: Laminectomy/Laminotomy/Decompression
63016	CPT, Surgery	Nervous System	Posterior Midline Approach: Laminectomy/Laminotomy/Decompression
63017	CPT, Surgery	Nervous System	Posterior Midline Approach: Laminectomy/Laminotomy/Decompression
63020	CPT, Surgery	Nervous System	Posterior Midline Approach: Laminectomy/Laminotomy/Decompression
63030	CPT, Surgery	Nervous System	Posterior Midline Approach: Laminectomy/Laminotomy/Decompression
63035	CPT, Surgery	Nervous System	Posterior Midline Approach: Laminectomy/Laminotomy/Decompression
63040	CPT, Surgery	Nervous System	Posterior Midline Approach: Laminectomy/Laminotomy/Decompression
63042	CPT, Surgery	Nervous System	Posterior Midline Approach: Laminectomy/Laminotomy/Decompression
63043	CPT, Surgery	Nervous System	Posterior Midline Approach: Laminectomy/Laminotomy/Decompression
63044	CPT, Surgery	Nervous System	Posterior Midline Approach: Laminectomy/Laminotomy/Decompression
63045	CPT, Surgery	Nervous System	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal
63046	CPT, Surgery	Nervous System	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal
63047	CPT, Surgery	Nervous System	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal
63048	CPT, Surgery	Nervous System	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal
63050	CPT, Surgery	Nervous System	Cervical Laminoplasty: Posterior Midline Approach
63051	CPT, Surgery	Nervous System	Cervical Laminoplasty: Posterior Midline Approach
63055	CPT, Surgery	Nervous System	Spinal Cord/Nerve Root Decompression: Costovertebral or Transpedicular Approach
63056	CPT, Surgery	Nervous System	Spinal Cord/Nerve Root Decompression: Costovertebral or Transpedicular Approach
63057	CPT, Surgery	Nervous System	Spinal Cord/Nerve Root Decompression: Costovertebral or Transpedicular Approach
63064	CPT, Surgery	Nervous System	Spinal Cord/Nerve Root Decompression: Costovertebral or Transpedicular Approach
63066	CPT, Surgery	Nervous System	Spinal Cord/Nerve Root Decompression: Costovertebral or Transpedicular Approach
63075	CPT, Surgery	Nervous System	Discectomy: Anterior or Anterolateral Approach
63076	CPT, Surgery	Nervous System	Discectomy: Anterior or Anterolateral Approach
63077	CPT, Surgery	Nervous System	Discectomy: Anterior or Anterolateral Approach
63078	CPT, Surgery	Nervous System	Discectomy: Anterior or Anterolateral Approach
63081	CPT, Surgery	Nervous System	Vertebral Corpectomy, All Levels, Anterior Approach
63082	CPT, Surgery	Nervous System	Vertebral Corpectomy, All Levels, Anterior Approach

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
63085	CPT, Surgery	Nervous System	Vertebral Corpectomy, All Levels, Anterior Approach
63086	CPT, Surgery	Nervous System	Vertebral Corpectomy, All Levels, Anterior Approach
63087	CPT, Surgery	Nervous System	Vertebral Corpectomy, All Levels, Anterior Approach
63088	CPT, Surgery	Nervous System	Vertebral Corpectomy, All Levels, Anterior Approach
63090	CPT, Surgery	Nervous System	Vertebral Corpectomy, All Levels, Anterior Approach
63091	CPT, Surgery	Nervous System	Vertebral Corpectomy, All Levels, Anterior Approach
63101	CPT, Surgery	Nervous System	Corpectomy: Lateral Extracavitary Approach
63102	CPT, Surgery	Nervous System	Corpectomy: Lateral Extracavitary Approach
63103	CPT, Surgery	Nervous System	Corpectomy: Lateral Extracavitary Approach
63170	CPT, Surgery	Nervous System	Laminectomies
63172	CPT, Surgery	Nervous System	Laminectomies
63173	CPT, Surgery	Nervous System	Laminectomies
63185	CPT, Surgery	Nervous System	Laminectomies
63190	CPT, Surgery	Nervous System	Laminectomies
63191	CPT, Surgery	Nervous System	Laminectomies
63197	CPT, Surgery	Nervous System	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic
63200	CPT, Surgery	Nervous System	Laminectomies
63250	CPT, Surgery	Nervous System	Laminectomies
63251	CPT, Surgery	Nervous System	Laminectomies
63252	CPT, Surgery	Nervous System	Laminectomies
63265	CPT, Surgery	Nervous System	Laminectomies
63266	CPT, Surgery	Nervous System	Laminectomies
63267	CPT, Surgery	Nervous System	Laminectomies
63268	CPT, Surgery	Nervous System	Laminectomies
63270	CPT, Surgery	Nervous System	Laminectomies
63271	CPT, Surgery	Nervous System	Laminectomies
63272	CPT, Surgery	Nervous System	Laminectomies
63273	CPT, Surgery	Nervous System	Laminectomies
63275	CPT, Surgery	Nervous System	Laminectomies
63276	CPT, Surgery	Nervous System	Laminectomies
63277	CPT, Surgery	Nervous System	Laminectomies
63278	CPT, Surgery	Nervous System	Laminectomies
63280	CPT, Surgery	Nervous System	Laminectomies
63281	CPT, Surgery	Nervous System	Laminectomies
63282	CPT, Surgery	Nervous System	Laminectomies
63283	CPT, Surgery	Nervous System	Laminectomies
63285	CPT, Surgery	Nervous System	Laminectomies
63286	CPT, Surgery	Nervous System	Laminectomies

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
63287	CPT, Surgery	Nervous System	Laminectomies
63290	CPT, Surgery	Nervous System	Laminectomies
63295	CPT, Surgery	Nervous System	Laminectomies
63300	CPT, Surgery	Nervous System	Vertebral Corpectomy for Intraspinal Lesion: Anterior/Anterolateral Approach
63301	CPT, Surgery	Nervous System	Vertebral Corpectomy for Intraspinal Lesion: Anterior/Anterolateral Approach
63302	CPT, Surgery	Nervous System	Vertebral Corpectomy for Intraspinal Lesion: Anterior/Anterolateral Approach
63303	CPT, Surgery	Nervous System	Vertebral Corpectomy for Intraspinal Lesion: Anterior/Anterolateral Approach
63304	CPT, Surgery	Nervous System	Vertebral Corpectomy for Intraspinal Lesion: Anterior/Anterolateral Approach
63305	CPT, Surgery	Nervous System	Vertebral Corpectomy for Intraspinal Lesion: Anterior/Anterolateral Approach
63306	CPT, Surgery	Nervous System	Vertebral Corpectomy for Intraspinal Lesion: Anterior/Anterolateral Approach
63307	CPT, Surgery	Nervous System	Vertebral Corpectomy for Intraspinal Lesion: Anterior/Anterolateral Approach
63308	CPT, Surgery	Nervous System	Vertebral Corpectomy for Intraspinal Lesion: Anterior/Anterolateral Approach
63600	CPT, Surgery	Nervous System	Stereotactic Procedures of the Spinal Cord
63610	CPT, Surgery	Nervous System	Stereotactic Procedures of the Spinal Cord
63620	CPT, Surgery	Nervous System	Stereotactic Radiosurgery (SRS): Spine
63621	CPT, Surgery	Nervous System	Stereotactic Radiosurgery (SRS): Spine
63650	CPT, Surgery	Nervous System	Spinal Neurostimulation
63655	CPT, Surgery	Nervous System	Spinal Neurostimulation
63661	CPT, Surgery	Nervous System	Spinal Neurostimulation
63662	CPT, Surgery	Nervous System	Spinal Neurostimulation
63663	CPT, Surgery	Nervous System	Spinal Neurostimulation
63664	CPT, Surgery	Nervous System	Spinal Neurostimulation
63685	CPT, Surgery	Nervous System	Spinal Neurostimulation
63688	CPT, Surgery	Nervous System	Spinal Neurostimulation
63700	CPT, Surgery	Nervous System	Repair Congenital Neural Tube Defects
63702	CPT, Surgery	Nervous System	Repair Congenital Neural Tube Defects
63704	CPT, Surgery	Nervous System	Repair Congenital Neural Tube Defects
63706	CPT, Surgery	Nervous System	Repair Congenital Neural Tube Defects
63707	CPT, Surgery	Nervous System	Repair Dural Cerebrospinal Fluid Leak - Repair of dural/cerebrospinal fluid leak, not requiring laminect
63709	CPT, Surgery	Nervous System	Repair Dural Cerebrospinal Fluid Leak - Repair of dural/cerebrospinal fluid leak or pseudomeningocele
63710	CPT, Surgery	Nervous System	Repair Dural Cerebrospinal Fluid Leak - Dural graft, spinal
63740	CPT, Surgery	Nervous System	Cerebrospinal Fluid (CSF) Shunt: Lumbar - Creation of shunt, lumbar, subarachnoid-peritoneal, -pleura
63741	CPT, Surgery	Nervous System	Cerebrospinal Fluid (CSF) Shunt: Lumbar - Creation of shunt, lumbar, subarachnoid-peritoneal, -pleura
63744	CPT, Surgery	Nervous System	Cerebrospinal Fluid (CSF) Shunt: Lumbar - Replacement, irrigation or revision of lumbosubarachnoid s
63746	CPT, Surgery	Nervous System	Cerebrospinal Fluid (CSF) Shunt: Lumbar - Removal of entire lumbosubarachnoid shunt system withou
64400	CPT, Surgery	Nervous System	Nerve Blocks
64405	CPT, Surgery	Nervous System	Nerve Blocks
64408	CPT, Surgery	Nervous System	Nerve Blocks

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
64415	CPT, Surgery	Nervous System	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when per
64416	CPT, Surgery	Nervous System	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (inclu
64417	CPT, Surgery	Nervous System	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when perf
64418	CPT, Surgery	Nervous System	Nerve Blocks
64420	CPT, Surgery	Nervous System	Nerve Blocks
64421	CPT, Surgery	Nervous System	Nerve Blocks
64425	CPT, Surgery	Nervous System	Nerve Blocks
64430	CPT, Surgery	Nervous System	Nerve Blocks
64435	CPT, Surgery	Nervous System	Nerve Blocks
64445	CPT, Surgery	Nervous System	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when perfor
64446	CPT, Surgery	Nervous System	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (includir
64447	CPT, Surgery	Nervous System	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when perf
64448	CPT, Surgery	Nervous System	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (includ
64449	CPT, Surgery	Nervous System	Nerve Blocks
64450	CPT, Surgery	Nervous System	Nerve Blocks
64451	CPT, Surgery	Nervous System	Nerve Blocks
64454	CPT, Surgery	Nervous System	Nerve Blocks
64455	CPT, Surgery	Nervous System	Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuron
64461	CPT, Surgery	Nervous System	Paravertebral Blocks
64462	CPT, Surgery	Nervous System	Paravertebral Blocks
64463	CPT, Surgery	Nervous System	Paravertebral Blocks
64479	CPT, Surgery	Nervous System	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluor
64480	CPT, Surgery	Nervous System	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluor
64483	CPT, Surgery	Nervous System	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluor
64484	CPT, Surgery	Nervous System	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluor
64486	CPT, Surgery	Nervous System	Transversus Abdominis Plane (TAP) Block
64487	CPT, Surgery	Nervous System	Transversus Abdominis Plane (TAP) Block
64488	CPT, Surgery	Nervous System	Transversus Abdominis Plane (TAP) Block
64489	CPT, Surgery	Nervous System	Transversus Abdominis Plane (TAP) Block
64490	CPT, Surgery	Nervous System	Paraspinal Nerve Injections
64491	CPT, Surgery	Nervous System	Paraspinal Nerve Injections
64492	CPT, Surgery	Nervous System	Paraspinal Nerve Injections
64493	CPT, Surgery	Nervous System	Paraspinal Nerve Injections
64494	CPT, Surgery	Nervous System	Paraspinal Nerve Injections
64495	CPT, Surgery	Nervous System	Paraspinal Nerve Injections
64505	CPT, Surgery	Nervous System	Sympathetic Nerve Blocks
64510	CPT, Surgery	Nervous System	Sympathetic Nerve Blocks
64517	CPT, Surgery	Nervous System	Sympathetic Nerve Blocks

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
64520	CPT, Surgery	Nervous System	Sympathetic Nerve Blocks
64530	CPT, Surgery	Nervous System	Sympathetic Nerve Blocks
64553	CPT, Surgery	Nervous System	Electrical Nerve Stimulation: Insertion/Replacement/Removal/Revision
64555	CPT, Surgery	Nervous System	Electrical Nerve Stimulation: Insertion/Replacement/Removal/Revision
64561	CPT, Surgery	Nervous System	Electrical Nerve Stimulation: Insertion/Replacement/Removal/Revision
64566	CPT, Surgery	Nervous System	Electrical Nerve Stimulation: Insertion/Replacement/Removal/Revision
64568	CPT, Surgery	Nervous System	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse
64569	CPT, Surgery	Nervous System	Electrical Nerve Stimulation: Insertion/Replacement/Removal/Revision
64570	CPT, Surgery	Nervous System	Electrical Nerve Stimulation: Insertion/Replacement/Removal/Revision
64575	CPT, Surgery	Nervous System	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
64580	CPT, Surgery	Nervous System	Open implantation of neurostimulator electrode array; neuromuscular
64581	CPT, Surgery	Nervous System	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
64585	CPT, Surgery	Nervous System	Implantation/Revision/Removal Neurostimulators: Incisional
64590	CPT, Surgery	Nervous System	Implantation/Revision/Removal Neurostimulators: Incisional
64595	CPT, Surgery	Nervous System	Implantation/Revision/Removal Neurostimulators: Incisional
64596	CPT, Surgery	Nervous System	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostim
64600	CPT, Surgery	Nervous System	Chemical Denervation Trigeminal Nerve
64605	CPT, Surgery	Nervous System	Chemical Denervation Trigeminal Nerve
64610	CPT, Surgery	Nervous System	Chemical Denervation Trigeminal Nerve
64611	CPT, Surgery	Nervous System	Chemical Denervation Procedures Head and Neck
64612	CPT, Surgery	Nervous System	Chemical Denervation Procedures Head and Neck
64615	CPT, Surgery	Nervous System	Chemical Denervation Procedures Head and Neck
64616	CPT, Surgery	Nervous System	Chemical Denervation Procedures Head and Neck
64617	CPT, Surgery	Nervous System	Chemical Denervation Procedures Head and Neck
64620	CPT, Surgery	Nervous System	Chemical Denervation Intercostal, Facet Joint, Plantar, and Pudendal Nerve(s)
64624	CPT, Surgery	Nervous System	Chemical Denervation Genicular Nerve Branches
64625	CPT, Surgery	Nervous System	Radiofrequency Ablation Sacroiliac Joint Nerves
64630	CPT, Surgery	Nervous System	Chemical Denervation Intercostal, Facet Joint, Plantar, and Pudendal Nerve(s)
64632	CPT, Surgery	Nervous System	Chemical Denervation Intercostal, Facet Joint, Plantar, and Pudendal Nerve(s)
64633	CPT, Surgery	Nervous System	Chemical Denervation Intercostal, Facet Joint, Plantar, and Pudendal Nerve(s)
64634	CPT, Surgery	Nervous System	Chemical Denervation Intercostal, Facet Joint, Plantar, and Pudendal Nerve(s)
64635	CPT, Surgery	Nervous System	Chemical Denervation Intercostal, Facet Joint, Plantar, and Pudendal Nerve(s)
64636	CPT, Surgery	Nervous System	Chemical Denervation Intercostal, Facet Joint, Plantar, and Pudendal Nerve(s)
64640	CPT, Surgery	Nervous System	Chemical Denervation Intercostal, Facet Joint, Plantar, and Pudendal Nerve(s)
64642	CPT, Surgery	Nervous System	Chemical Denervation Extremity Muscles
64643	CPT, Surgery	Nervous System	Chemical Denervation Extremity Muscles
64644	CPT, Surgery	Nervous System	Chemical Denervation Extremity Muscles
64645	CPT, Surgery	Nervous System	Chemical Denervation Extremity Muscles

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
64646	CPT, Surgery	Nervous System	Chemical Denervation Trunk Muscles
64647	CPT, Surgery	Nervous System	Chemical Denervation Trunk Muscles
64650	CPT, Surgery	Nervous System	Chemical Denervation Eccrine Glands
64653	CPT, Surgery	Nervous System	Chemical Denervation Eccrine Glands
64680	CPT, Surgery	Nervous System	Neurolysis: Celiac Plexus, Superior Hypogastric Plexus
64681	CPT, Surgery	Nervous System	Neurolysis: Celiac Plexus, Superior Hypogastric Plexus
64702	CPT, Surgery	Nervous System	Decompression and/or Transposition of Nerve
64704	CPT, Surgery	Nervous System	Decompression and/or Transposition of Nerve
64708	CPT, Surgery	Nervous System	Decompression and/or Transposition of Nerve
64712	CPT, Surgery	Nervous System	Decompression and/or Transposition of Nerve
64713	CPT, Surgery	Nervous System	Decompression and/or Transposition of Nerve
64714	CPT, Surgery	Nervous System	Decompression and/or Transposition of Nerve
64716	CPT, Surgery	Nervous System	Decompression and/or Transposition of Nerve
64718	CPT, Surgery	Nervous System	Decompression and/or Transposition of Nerve
64719	CPT, Surgery	Nervous System	Decompression and/or Transposition of Nerve
64721	CPT, Surgery	Nervous System	Decompression and/or Transposition of Nerve
64722	CPT, Surgery	Nervous System	Decompression and/or Transposition of Nerve
64726	CPT, Surgery	Nervous System	Decompression and/or Transposition of Nerve
64727	CPT, Surgery	Nervous System	Decompression and/or Transposition of Nerve
64732	CPT, Surgery	Nervous System	Surgical Avulsion/Transection of Nerve
64734	CPT, Surgery	Nervous System	Surgical Avulsion/Transection of Nerve
64736	CPT, Surgery	Nervous System	Surgical Avulsion/Transection of Nerve
64738	CPT, Surgery	Nervous System	Surgical Avulsion/Transection of Nerve
64740	CPT, Surgery	Nervous System	Surgical Avulsion/Transection of Nerve
64742	CPT, Surgery	Nervous System	Surgical Avulsion/Transection of Nerve
64744	CPT, Surgery	Nervous System	Surgical Avulsion/Transection of Nerve
64746	CPT, Surgery	Nervous System	Surgical Avulsion/Transection of Nerve
64755	CPT, Surgery	Nervous System	Surgical Avulsion/Transection of Nerve
64760	CPT, Surgery	Nervous System	Surgical Avulsion/Transection of Nerve
64763	CPT, Surgery	Nervous System	Surgical Avulsion/Transection of Nerve
64766	CPT, Surgery	Nervous System	Surgical Avulsion/Transection of Nerve
64771	CPT, Surgery	Nervous System	Surgical Avulsion/Transection of Nerve
64772	CPT, Surgery	Nervous System	Surgical Avulsion/Transection of Nerve
64774	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64776	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64778	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64782	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64783	CPT, Surgery	Nervous System	Excisional Nerve Procedures

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
64784	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64786	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64787	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64788	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64790	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64792	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64795	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64802	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64804	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64809	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64818	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64820	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64821	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64822	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64823	CPT, Surgery	Nervous System	Excisional Nerve Procedures
64831	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64832	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64834	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64835	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64836	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64837	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64840	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64856	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64857	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64858	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64859	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64861	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64862	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64864	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64865	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64866	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64868	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64872	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64874	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64876	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64885	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64886	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64890	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
64891	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64892	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64893	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64895	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64896	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64897	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64898	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64901	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64902	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64905	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64907	CPT, Surgery	Nervous System	Nerve Repair: Suture and Nerve Grafts
64910	CPT, Surgery	Nervous System	Nerve Repair: Synthetic and Vein Grafts
64911	CPT, Surgery	Nervous System	Nerve Repair: Synthetic and Vein Grafts
64912	CPT, Surgery	Nervous System	Nerve Repair: Synthetic and Vein Grafts
64913	CPT, Surgery	Nervous System	Nerve Repair: Synthetic and Vein Grafts
64999	CPT, Surgery	Nervous System	Nerve Repair: Synthetic and Vein Grafts
65091	CPT, Surgery	Eye, Ocular Adnexa, and E	Surgical Removal of Eyeball Contents
65093	CPT, Surgery	Eye, Ocular Adnexa, and E	Surgical Removal of Eyeball Contents
65101	CPT, Surgery	Eye, Ocular Adnexa, and E	Surgical Removal of Eyeball
65103	CPT, Surgery	Eye, Ocular Adnexa, and E	Surgical Removal of Eyeball
65105	CPT, Surgery	Eye, Ocular Adnexa, and E	Surgical Removal of Eyeball
65110	CPT, Surgery	Eye, Ocular Adnexa, and E	Surgical Removal of Orbital Contents
65112	CPT, Surgery	Eye, Ocular Adnexa, and E	Surgical Removal of Orbital Contents
65114	CPT, Surgery	Eye, Ocular Adnexa, and E	Surgical Removal of Orbital Contents
65125	CPT, Surgery	Eye, Ocular Adnexa, and E	Implant Procedures: Insertion, Removal, and Revision
65130	CPT, Surgery	Eye, Ocular Adnexa, and E	Implant Procedures: Insertion, Removal, and Revision
65135	CPT, Surgery	Eye, Ocular Adnexa, and E	Implant Procedures: Insertion, Removal, and Revision
65140	CPT, Surgery	Eye, Ocular Adnexa, and E	Implant Procedures: Insertion, Removal, and Revision
65150	CPT, Surgery	Eye, Ocular Adnexa, and E	Implant Procedures: Insertion, Removal, and Revision
65155	CPT, Surgery	Eye, Ocular Adnexa, and E	Implant Procedures: Insertion, Removal, and Revision
65175	CPT, Surgery	Eye, Ocular Adnexa, and E	Implant Procedures: Insertion, Removal, and Revision
65400	CPT, Surgery	Eye, Ocular Adnexa, and E	Removal Corneal Lesions
65410	CPT, Surgery	Eye, Ocular Adnexa, and E	Removal Corneal Lesions
65420	CPT, Surgery	Eye, Ocular Adnexa, and E	Removal Corneal Lesions
65426	CPT, Surgery	Eye, Ocular Adnexa, and E	Removal Corneal Lesions
65430	CPT, Surgery	Eye, Ocular Adnexa, and E	Removal Corneal Lesions
65435	CPT, Surgery	Eye, Ocular Adnexa, and E	Removal Corneal Lesions
65436	CPT, Surgery	Eye, Ocular Adnexa, and E	Removal Corneal Lesions

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
65450	CPT, Surgery	Eye, Ocular Adnexa, and E	Removal Corneal Lesions
65600	CPT, Surgery	Eye, Ocular Adnexa, and E	Removal Corneal Lesions
65710	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Transplants
65730	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Transplants
65750	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Transplants
65755	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Transplants
65756	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Transplants
65757	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Transplants
65760	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Refractive Procedures
65765	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Refractive Procedures
65767	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Refractive Procedures
65770	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Refractive Procedures
65771	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Refractive Procedures
65772	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Refractive Procedures
65775	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Refractive Procedures
65778	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Refractive Procedures
65779	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Refractive Procedures
65780	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Refractive Procedures
65781	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Refractive Procedures
65782	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Refractive Procedures
65785	CPT, Surgery	Eye, Ocular Adnexa, and E	Corneal Refractive Procedures
65800	CPT, Surgery	Eye, Ocular Adnexa, and E	Anterior Segment Procedures
65810	CPT, Surgery	Eye, Ocular Adnexa, and E	Anterior Segment Procedures
65815	CPT, Surgery	Eye, Ocular Adnexa, and E	Anterior Segment Procedures
65820	CPT, Surgery	Eye, Ocular Adnexa, and E	Anterior Segment Procedures
65850	CPT, Surgery	Eye, Ocular Adnexa, and E	Anterior Segment Procedures
65855	CPT, Surgery	Eye, Ocular Adnexa, and E	Anterior Segment Procedures
65860	CPT, Surgery	Eye, Ocular Adnexa, and E	Anterior Segment Procedures
65865	CPT, Surgery	Eye, Ocular Adnexa, and E	Anterior Segment Procedures
65870	CPT, Surgery	Eye, Ocular Adnexa, and E	Anterior Segment Procedures
65875	CPT, Surgery	Eye, Ocular Adnexa, and E	Anterior Segment Procedures
65880	CPT, Surgery	Eye, Ocular Adnexa, and E	Anterior Segment Procedures
65900	CPT, Surgery	Eye, Ocular Adnexa, and E	Anterior Segment Procedures
65920	CPT, Surgery	Eye, Ocular Adnexa, and E	Anterior Segment Procedures
65930	CPT, Surgery	Eye, Ocular Adnexa, and E	Anterior Segment Procedures
66020	CPT, Surgery	Eye, Ocular Adnexa, and E	Anterior Segment Procedures
66030	CPT, Surgery	Eye, Ocular Adnexa, and E	Anterior Segment Procedures
66130	CPT, Surgery	Eye, Ocular Adnexa, and E	Excision Scleral Lesion

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
66150	CPT, Surgery	Eye, Ocular Adnexa, and E	Procedures for Glaucoma
66155	CPT, Surgery	Eye, Ocular Adnexa, and E	Procedures for Glaucoma
66160	CPT, Surgery	Eye, Ocular Adnexa, and E	Procedures for Glaucoma
66170	CPT, Surgery	Eye, Ocular Adnexa, and E	Procedures for Glaucoma
66172	CPT, Surgery	Eye, Ocular Adnexa, and E	Procedures for Glaucoma
66174	CPT, Surgery	Eye, Ocular Adnexa, and E	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent
66175	CPT, Surgery	Eye, Ocular Adnexa, and E	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent
66179	CPT, Surgery	Eye, Ocular Adnexa, and E	Procedures for Glaucoma
66180	CPT, Surgery	Eye, Ocular Adnexa, and E	Procedures for Glaucoma
66183	CPT, Surgery	Eye, Ocular Adnexa, and E	Procedures for Glaucoma
66184	CPT, Surgery	Eye, Ocular Adnexa, and E	Procedures for Glaucoma
66185	CPT, Surgery	Eye, Ocular Adnexa, and E	Procedures for Glaucoma
66225	CPT, Surgery	Eye, Ocular Adnexa, and E	Staphyloma Repair
66250	CPT, Surgery	Eye, Ocular Adnexa, and E	Anterior Segment Operative Wound Revision or Repair
66500	CPT, Surgery	Eye, Ocular Adnexa, and E	Iridotomy With/Without Transfixion
66505	CPT, Surgery	Eye, Ocular Adnexa, and E	Iridotomy With/Without Transfixion
66600	CPT, Surgery	Eye, Ocular Adnexa, and E	Iridectomy Procedures
66605	CPT, Surgery	Eye, Ocular Adnexa, and E	Iridectomy Procedures
66625	CPT, Surgery	Eye, Ocular Adnexa, and E	Iridectomy Procedures
66630	CPT, Surgery	Eye, Ocular Adnexa, and E	Iridectomy Procedures
66635	CPT, Surgery	Eye, Ocular Adnexa, and E	Iridectomy Procedures
66680	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Procedures of the Uveal Tract
66682	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Procedures of the Uveal Tract
66700	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Procedures of the Uveal Tract
66710	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Procedures of the Uveal Tract
66711	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Procedures of the Uveal Tract
66720	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Procedures of the Uveal Tract
66740	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Procedures of the Uveal Tract
66761	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Procedures of the Uveal Tract
66762	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Procedures of the Uveal Tract
66770	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Procedures of the Uveal Tract
66820	CPT, Surgery	Eye, Ocular Adnexa, and E	Post-Cataract Surgery Procedures
66821	CPT, Surgery	Eye, Ocular Adnexa, and E	Post-Cataract Surgery Procedures
66825	CPT, Surgery	Eye, Ocular Adnexa, and E	Post-Cataract Surgery Procedures
66990	CPT, Surgery	Eye, Ocular Adnexa, and E	Ophthalmic Endoscopy
66999	CPT, Surgery	Eye, Ocular Adnexa, and E	Ophthalmic Endoscopy
67005	CPT, Surgery	Eye, Ocular Adnexa, and E	Vitrectomy: Partial and Subtotal
67010	CPT, Surgery	Eye, Ocular Adnexa, and E	Vitrectomy: Partial and Subtotal

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
67015	CPT, Surgery	Eye, Ocular Adnexa, and E	Vitrectomy: Partial and Subtotal
67025	CPT, Surgery	Eye, Ocular Adnexa, and E	Intravitreal Injection/Implantation
67027	CPT, Surgery	Eye, Ocular Adnexa, and E	Intravitreal Injection/Implantation
67028	CPT, Surgery	Eye, Ocular Adnexa, and E	Intravitreal Injection/Implantation
67030	CPT, Surgery	Eye, Ocular Adnexa, and E	Incision of Vitreous Strands/Membranes
67031	CPT, Surgery	Eye, Ocular Adnexa, and E	Incision of Vitreous Strands/Membranes
67036	CPT, Surgery	Eye, Ocular Adnexa, and E	Pars Plana Mechanical Vitrectomy
67039	CPT, Surgery	Eye, Ocular Adnexa, and E	Pars Plana Mechanical Vitrectomy
67040	CPT, Surgery	Eye, Ocular Adnexa, and E	Pars Plana Mechanical Vitrectomy
67041	CPT, Surgery	Eye, Ocular Adnexa, and E	Pars Plana Mechanical Vitrectomy
67042	CPT, Surgery	Eye, Ocular Adnexa, and E	Pars Plana Mechanical Vitrectomy
67043	CPT, Surgery	Eye, Ocular Adnexa, and E	Pars Plana Mechanical Vitrectomy
67120	CPT, Surgery	Eye, Ocular Adnexa, and E	Removal of Previously Implanted Prosthetic Device
67121	CPT, Surgery	Eye, Ocular Adnexa, and E	Removal of Previously Implanted Prosthetic Device
67141	CPT, Surgery	Eye, Ocular Adnexa, and E	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage;
67145	CPT, Surgery	Eye, Ocular Adnexa, and E	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage;
67208	CPT, Surgery	Eye, Ocular Adnexa, and E	Destruction of Retinal Lesions
67210	CPT, Surgery	Eye, Ocular Adnexa, and E	Destruction of Retinal Lesions
67218	CPT, Surgery	Eye, Ocular Adnexa, and E	Destruction of Retinal Lesions
67220	CPT, Surgery	Eye, Ocular Adnexa, and E	Destruction of Choroidal Lesions
67221	CPT, Surgery	Eye, Ocular Adnexa, and E	Destruction of Choroidal Lesions
67225	CPT, Surgery	Eye, Ocular Adnexa, and E	Destruction of Choroidal Lesions
67227	CPT, Surgery	Eye, Ocular Adnexa, and E	Destruction Retinopathy
67228	CPT, Surgery	Eye, Ocular Adnexa, and E	Destruction Retinopathy
67229	CPT, Surgery	Eye, Ocular Adnexa, and E	Destruction Retinopathy
67250	CPT, Surgery	Eye, Ocular Adnexa, and E	Reinforcement of Posterior Sclera
67255	CPT, Surgery	Eye, Ocular Adnexa, and E	Reinforcement of Posterior Sclera
67299	CPT, Surgery	Eye, Ocular Adnexa, and E	Unlisted Posterior Segment Procedure
67311	CPT, Surgery	Eye, Ocular Adnexa, and E	Strabismus Procedures on Extraocular Muscles
67312	CPT, Surgery	Eye, Ocular Adnexa, and E	Strabismus Procedures on Extraocular Muscles
67314	CPT, Surgery	Eye, Ocular Adnexa, and E	Strabismus Procedures on Extraocular Muscles
67316	CPT, Surgery	Eye, Ocular Adnexa, and E	Strabismus Procedures on Extraocular Muscles
67318	CPT, Surgery	Eye, Ocular Adnexa, and E	Strabismus Procedures on Extraocular Muscles
67320	CPT, Surgery	Eye, Ocular Adnexa, and E	Strabismus Procedures on Extraocular Muscles
67331	CPT, Surgery	Eye, Ocular Adnexa, and E	Strabismus Procedures on Extraocular Muscles
67332	CPT, Surgery	Eye, Ocular Adnexa, and E	Strabismus Procedures on Extraocular Muscles
67334	CPT, Surgery	Eye, Ocular Adnexa, and E	Strabismus Procedures on Extraocular Muscles
67335	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Procedures of Extraocular Muscles

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
67340	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Procedures of Extraocular Muscles
67343	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Procedures of Extraocular Muscles
67345	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Procedures of Extraocular Muscles
67346	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Procedures of Extraocular Muscles
67399	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Procedures of Extraocular Muscles
67400	CPT, Surgery	Eye, Ocular Adnexa, and E	Frontal Orbitotomy
67405	CPT, Surgery	Eye, Ocular Adnexa, and E	Frontal Orbitotomy
67412	CPT, Surgery	Eye, Ocular Adnexa, and E	Frontal Orbitotomy
67413	CPT, Surgery	Eye, Ocular Adnexa, and E	Frontal Orbitotomy
67414	CPT, Surgery	Eye, Ocular Adnexa, and E	Frontal Orbitotomy
67415	CPT, Surgery	Eye, Ocular Adnexa, and E	Frontal Orbitotomy
67420	CPT, Surgery	Eye, Ocular Adnexa, and E	Lateral Orbitotomy
67430	CPT, Surgery	Eye, Ocular Adnexa, and E	Lateral Orbitotomy
67440	CPT, Surgery	Eye, Ocular Adnexa, and E	Lateral Orbitotomy
67445	CPT, Surgery	Eye, Ocular Adnexa, and E	Lateral Orbitotomy
67450	CPT, Surgery	Eye, Ocular Adnexa, and E	Lateral Orbitotomy
67500	CPT, Surgery	Eye, Ocular Adnexa, and E	Eye Injections
67505	CPT, Surgery	Eye, Ocular Adnexa, and E	Eye Injections
67515	CPT, Surgery	Eye, Ocular Adnexa, and E	Eye Injections
67516	CPT, Surgery	Eye, Ocular Adnexa, and E	Suprachoroidal space injection of pharmacologic agent (separate procedure)
67550	CPT, Surgery	Eye, Ocular Adnexa, and E	Orbital Implant
67560	CPT, Surgery	Eye, Ocular Adnexa, and E	Orbital Implant
67570	CPT, Surgery	Eye, Ocular Adnexa, and E	Other and Unlisted Orbital Procedures
67599	CPT, Surgery	Eye, Ocular Adnexa, and E	Other and Unlisted Orbital Procedures
67710	CPT, Surgery	Eye, Ocular Adnexa, and E	Incisional Procedures of Eyelids
67715	CPT, Surgery	Eye, Ocular Adnexa, and E	Incisional Procedures of Eyelids
67808	CPT, Surgery	Eye, Ocular Adnexa, and E	Excision of Chalazion (Meibomian Cyst) - Excision of chalazion; under general anesthesia and/or requi
67820	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Eyelid Procedures
67825	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Eyelid Procedures
67830	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Eyelid Procedures
67835	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Eyelid Procedures
67850	CPT, Surgery	Eye, Ocular Adnexa, and E	Other Eyelid Procedures - Destruction of lesion of lid margin (up to 1 cm)
67875	CPT, Surgery	Eye, Ocular Adnexa, and E	Suturing of the Eyelids
67880	CPT, Surgery	Eye, Ocular Adnexa, and E	Suturing of the Eyelids
67882	CPT, Surgery	Eye, Ocular Adnexa, and E	Suturing of the Eyelids
67900	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair of Ptosis/Retraction Eyelids, Eyebrows
67901	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair of Ptosis/Retraction Eyelids, Eyebrows
67902	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair of Ptosis/Retraction Eyelids, Eyebrows

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
67903	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair of Ptosis/Retraction Eyelids, Eyebrows
67904	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair of Ptosis/Retraction Eyelids, Eyebrows
67906	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair of Ptosis/Retraction Eyelids, Eyebrows
67908	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair of Ptosis/Retraction Eyelids, Eyebrows
67909	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair of Ptosis/Retraction Eyelids, Eyebrows
67911	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair of Ptosis/Retraction Eyelids, Eyebrows
67912	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair of Ptosis/Retraction Eyelids, Eyebrows
67914	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair Ectropion/Entropion
67915	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair Ectropion/Entropion
67916	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair Ectropion/Entropion
67917	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair Ectropion/Entropion
67921	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair Ectropion/Entropion
67922	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair Ectropion/Entropion
67923	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair Ectropion/Entropion
67924	CPT, Surgery	Eye, Ocular Adnexa, and E	Repair Ectropion/Entropion
67950	CPT, Surgery	Eye, Ocular Adnexa, and E	Eyelid Reconstruction/Repair/Removal Deep Foreign Body
67961	CPT, Surgery	Eye, Ocular Adnexa, and E	Eyelid Reconstruction/Repair/Removal Deep Foreign Body
67966	CPT, Surgery	Eye, Ocular Adnexa, and E	Eyelid Reconstruction/Repair/Removal Deep Foreign Body
67971	CPT, Surgery	Eye, Ocular Adnexa, and E	Eyelid Reconstruction/Repair/Removal Deep Foreign Body
67973	CPT, Surgery	Eye, Ocular Adnexa, and E	Eyelid Reconstruction/Repair/Removal Deep Foreign Body
67974	CPT, Surgery	Eye, Ocular Adnexa, and E	Eyelid Reconstruction/Repair/Removal Deep Foreign Body
67975	CPT, Surgery	Eye, Ocular Adnexa, and E	Eyelid Reconstruction/Repair/Removal Deep Foreign Body
67999	CPT, Surgery	Eye, Ocular Adnexa, and E	Eyelid Reconstruction/Repair/Removal Deep Foreign Body
68040	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctival Biopsy/Injection/Treatment of Lesions
68110	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctival Biopsy/Injection/Treatment of Lesions
68115	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctival Biopsy/Injection/Treatment of Lesions
68130	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctival Biopsy/Injection/Treatment of Lesions
68135	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctival Biopsy/Injection/Treatment of Lesions
68200	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctival Biopsy/Injection/Treatment of Lesions
68320	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctivoplasty Procedures
68325	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctivoplasty Procedures
68326	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctivoplasty Procedures
68328	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctivoplasty Procedures
68330	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctivoplasty Procedures
68335	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctivoplasty Procedures
68340	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctivoplasty Procedures
68360	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctival Flaps and Unlisted Procedures
68362	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctival Flaps and Unlisted Procedures

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
68371	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctival Flaps and Unlisted Procedures
68399	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctival Flaps and Unlisted Procedures
68500	CPT, Surgery	Eye, Ocular Adnexa, and E	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total
68505	CPT, Surgery	Eye, Ocular Adnexa, and E	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial
68540	CPT, Surgery	Eye, Ocular Adnexa, and E	Excision of lacrimal gland tumor; frontal approach
68550	CPT, Surgery	Eye, Ocular Adnexa, and E	Excision of lacrimal gland tumor; involving osteotomy
68700	CPT, Surgery	Eye, Ocular Adnexa, and E	Plastic repair of canaliculi
68720	CPT, Surgery	Eye, Ocular Adnexa, and E	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)
68745	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube
68750	CPT, Surgery	Eye, Ocular Adnexa, and E	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent
68760	CPT, Surgery	Eye, Ocular Adnexa, and E	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery
68770	CPT, Surgery	Eye, Ocular Adnexa, and E	Closure of lacrimal fistula (separate procedure)
68816	CPT, Surgery	Eye, Ocular Adnexa, and E	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation
68899	CPT, Surgery	Eye, Ocular Adnexa, and E	Unlisted procedure, lacrimal system
69120	CPT, Surgery	Auditory System	External Ear/Auditory Canal Procedures
69140	CPT, Surgery	Auditory System	External Ear/Auditory Canal Procedures
69145	CPT, Surgery	Auditory System	External Ear/Auditory Canal Procedures - Excision soft tissue lesion, external auditory canal
69150	CPT, Surgery	Auditory System	External Ear/Auditory Canal Procedures
69155	CPT, Surgery	Auditory System	External Ear/Auditory Canal Procedures
69205	CPT, Surgery	Auditory System	External Ear/Auditory Canal Procedures
69220	CPT, Surgery	Auditory System	External Ear/Auditory Canal Procedures
69222	CPT, Surgery	Auditory System	External Ear/Auditory Canal Procedures
69300	CPT, Surgery	Auditory System	Plastic Surgery for Prominent Ears
69310	CPT, Surgery	Auditory System	Reconstruction Auditory Canal: Postaural Approach
69320	CPT, Surgery	Auditory System	Reconstruction Auditory Canal: Postaural Approach
69399	CPT, Surgery	Auditory System	Reconstruction Auditory Canal: Postaural Approach
69420	CPT, Surgery	Auditory System	Ear Drum Procedures
69421	CPT, Surgery	Auditory System	Ear Drum Procedures
69424	CPT, Surgery	Auditory System	Ear Drum Procedures
69433	CPT, Surgery	Auditory System	Ear Drum Procedures
69436	CPT, Surgery	Auditory System	Ear Drum Procedures
69440	CPT, Surgery	Auditory System	Ear Drum Procedures
69450	CPT, Surgery	Auditory System	Ear Drum Procedures
69501	CPT, Surgery	Auditory System	Transmastoid Excision
69502	CPT, Surgery	Auditory System	Transmastoid Excision
69505	CPT, Surgery	Auditory System	Transmastoid Excision
69511	CPT, Surgery	Auditory System	Transmastoid Excision
69530	CPT, Surgery	Auditory System	Transmastoid Excision

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
69535	CPT, Surgery	Auditory System	Polyp and Glomus Tumor Removal
69540	CPT, Surgery	Auditory System	Polyp and Glomus Tumor Removal
69550	CPT, Surgery	Auditory System	Polyp and Glomus Tumor Removal
69552	CPT, Surgery	Auditory System	Polyp and Glomus Tumor Removal
69554	CPT, Surgery	Auditory System	Polyp and Glomus Tumor Removal
69601	CPT, Surgery	Auditory System	Revised Mastoidectomy
69602	CPT, Surgery	Auditory System	Revised Mastoidectomy
69603	CPT, Surgery	Auditory System	Revised Mastoidectomy
69604	CPT, Surgery	Auditory System	Revised Mastoidectomy
69610	CPT, Surgery	Auditory System	Eardrum Repair with/without Other Procedures
69620	CPT, Surgery	Auditory System	Eardrum Repair with/without Other Procedures
69631	CPT, Surgery	Auditory System	Eardrum Repair with/without Other Procedures
69632	CPT, Surgery	Auditory System	Eardrum Repair with/without Other Procedures
69633	CPT, Surgery	Auditory System	Eardrum Repair with/without Other Procedures
69635	CPT, Surgery	Auditory System	Eardrum Repair with/without Other Procedures
69636	CPT, Surgery	Auditory System	Eardrum Repair with/without Other Procedures
69637	CPT, Surgery	Auditory System	Eardrum Repair with/without Other Procedures
69641	CPT, Surgery	Auditory System	Eardrum Repair with/without Other Procedures
69642	CPT, Surgery	Auditory System	Eardrum Repair with/without Other Procedures
69643	CPT, Surgery	Auditory System	Eardrum Repair with/without Other Procedures
69644	CPT, Surgery	Auditory System	Eardrum Repair with/without Other Procedures
69645	CPT, Surgery	Auditory System	Eardrum Repair with/without Other Procedures
69646	CPT, Surgery	Auditory System	Eardrum Repair with/without Other Procedures
69650	CPT, Surgery	Auditory System	Stapes Procedures
69660	CPT, Surgery	Auditory System	Stapes Procedures
69661	CPT, Surgery	Auditory System	Stapes Procedures
69662	CPT, Surgery	Auditory System	Stapes Procedures
69666	CPT, Surgery	Auditory System	Other Inner Ear Procedures
69667	CPT, Surgery	Auditory System	Other Inner Ear Procedures
69670	CPT, Surgery	Auditory System	Other Inner Ear Procedures
69676	CPT, Surgery	Auditory System	Other Inner Ear Procedures
69700	CPT, Surgery	Auditory System	Other Inner Ear Procedures
69710	CPT, Surgery	Auditory System	Procedures Related to Hearing Aids/Auditory Implants - Implantation or replacement of electromagne
69711	CPT, Surgery	Auditory System	Procedures Related to Hearing Aids/Auditory Implants
69714	CPT, Surgery	Auditory System	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech
69717	CPT, Surgery	Auditory System	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with
69720	CPT, Surgery	Auditory System	Procedures of the Facial Nerve
69725	CPT, Surgery	Auditory System	Procedures of the Facial Nerve

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
69728	CPT, Surgery	Auditory System	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external
69729	CPT, Surgery	Auditory System	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external s
69730	CPT, Surgery	Auditory System	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic trar
69740	CPT, Surgery	Auditory System	Procedures of the Facial Nerve
69745	CPT, Surgery	Auditory System	Procedures of the Facial Nerve
69799	CPT, Surgery	Auditory System	Procedures of the Facial Nerve
69801	CPT, Surgery	Auditory System	Procedures of the Labyrinth
69805	CPT, Surgery	Auditory System	Procedures of the Labyrinth
69806	CPT, Surgery	Auditory System	Procedures of the Labyrinth
69905	CPT, Surgery	Auditory System	Procedures of the Labyrinth
69910	CPT, Surgery	Auditory System	Procedures of the Labyrinth
69915	CPT, Surgery	Auditory System	Procedures of the Labyrinth
69930	CPT, Surgery	Auditory System	Cochlear Implantation
69949	CPT, Surgery	Auditory System	Cochlear Implantation
69950	CPT, Surgery	Auditory System	Inner Ear Procedures via Craniotomy
69955	CPT, Surgery	Auditory System	Inner Ear Procedures via Craniotomy
69960	CPT, Surgery	Auditory System	Inner Ear Procedures via Craniotomy
69970	CPT, Surgery	Auditory System	Inner Ear Procedures via Craniotomy
69979	CPT, Surgery	Auditory System	Inner Ear Procedures via Craniotomy
70010	CPT, Radiology	Radiology	Radiography: Neurodiagnostic - Myelography, posterior fossa, radiological supervision and interpretat
70015	CPT, Radiology	Radiology	Radiography: Neurodiagnostic - Cisternography, positive contrast, radiological supervision and interpr
70170	CPT, Radiology	Radiology	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation
70190	CPT, Radiology	Radiology	Radiologic examination; optic foramina
70332	CPT, Radiology	Radiology	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	CPT, Radiology	Radiology, MRI	MRI, TMJ(s)
70350	CPT, Radiology	Radiology	Cephalogram, orthodontic
70370	CPT, Radiology	Radiology	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique
70371	CPT, Radiology	Radiology	Complex dynamic pharyngeal and speech evaluation by cine or video recording
70450	CPT, Radiology	Radiology, CT	CT, Head or Brain s/ Contrast
70460	CPT, Radiology	Radiology, CT	CT, Head or Brain c/ Contrast
70470	CPT, Radiology	Radiology, CT	CT, Head or Brain c/s Contrast
70480	CPT, Radiology	Radiology, CT	CT, Orbit, Sella, Post Fossa or Ear s/ Contrast
70481	CPT, Radiology	Radiology, CT	CT, Orbit, Sella, Post Fossa or Ear c/ Contrast
70482	CPT, Radiology	Radiology, CT	CT, Orbit, Sella, Post Fossa or Ear c/s Contrast
70486	CPT, Radiology	Radiology, CT	CT, Maxillofacial Area s/ Contrast
70487	CPT, Radiology	Radiology, CT	CT, Maxillofacial Area c/ Contrast
70488	CPT, Radiology	Radiology, CT	CT, Maxillofacial Area c/s Contrast
70490	CPT, Radiology	Radiology, CT	CT, Soft Tissue Neck s/ Contrast

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
70491	CPT, Radiology	Radiology, CT	CT, Soft Tissue Neck c/ Contrast
70492	CPT, Radiology	Radiology, CT	CT, Soft Tissue Neck c/s Contrast
70496	CPT, Radiology	Radiology, CT	CT, Angiography Head c/s Contrast
70498	CPT, Radiology	Radiology, CT	CT, Angiography Neck c/s Contrast
70540	CPT, Radiology	Radiology, MRI	MRI, Orbit, Face or Neck s/ Contrast
70542	CPT, Radiology	Radiology, MRI	MRI, Orbit, Face or Neck c/ Contrast
70543	CPT, Radiology	Radiology, MRI	MRI, Orbit, Face or Neck c/s Contrast
70544	CPT, Radiology	Radiology, MRA	MRA, Angiography Head s/ Contrast
70545	CPT, Radiology	Radiology, MRA	MRA, Angiography Head c/ Contrast
70546	CPT, Radiology	Radiology, MRA	MRA, Angiography Head c/s Contrast
70547	CPT, Radiology	Radiology, MRA	MRA, Angiography Carotid s/ Contrast
70548	CPT, Radiology	Radiology, MRA	MRA, Angiography Neck c/ Contrast
70549	CPT, Radiology	Radiology, MRA	MRA, Angiography Carotid c/s Contrast
70551	CPT, Radiology	Radiology, MRI	MRI, Brain s/ Contrast
70552	CPT, Radiology	Radiology, MRI	MRI, Brain c/ Contrast
70553	CPT, Radiology	Radiology, MRI	MRI, Brain c/s Contrast
70554	CPT, Radiology	Radiology, MRI	MRI, brain, functional MRI, including test selection and admin of repetitive body part movement, visu:
70555	CPT, Radiology	Radiology, MRI	MRI, brain, functional MRI, including test selection and admin of repetitive body part movement, visu:
70557	CPT, Radiology	Radiology, MRI	MRI, brain, brain stem, skull base, during open cranial procedure, without contrast
70558	CPT, Radiology	Radiology, MRI	MRI, brain, brain stem, skull base, during open cranial procedure, with contrast
70559	CPT, Radiology	Radiology, MRI	MRI, brain, brain stem, skull base, during open cranial procedure, without contrast followed by contra
71250	CPT, Radiology	Radiology, CT	Computed tomography, thorax, diagnostic; without contrast material
71260	CPT, Radiology	Radiology, CT	Computed tomography, thorax, diagnostic; with contrast material(s)
71270	CPT, Radiology	Radiology, CT	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s)
71275	CPT, Radiology	Radiology, CT	CT, Angiography Chest c/s Contrast
71550	CPT, Radiology	Radiology, MRI	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadei
71551	CPT, Radiology	Radiology, MRI	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadei
71552	CPT, Radiology	Radiology, MRI	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadei
71555	CPT, Radiology	Radiology, MRA	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
72125	CPT, Radiology	Radiology, CT	Computed tomography, cervical spine; without contrast material
72126	CPT, Radiology	Radiology, CT	Computed tomography, cervical spine; with contrast material
72127	CPT, Radiology	Radiology, CT	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) anc
72128	CPT, Radiology	Radiology, CT	Computed tomography, thoracic spine; without contrast material
72129	CPT, Radiology	Radiology, CT	Computed tomography, thoracic spine; with contrast material
72130	CPT, Radiology	Radiology, CT	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) an
72131	CPT, Radiology	Radiology, CT	Computed tomography, lumbar spine; without contrast material
72132	CPT, Radiology	Radiology, CT	Computed tomography, lumbar spine; with contrast material
72133	CPT, Radiology	Radiology, CT	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
72141	CPT, Radiology	Radiology, MRI	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	CPT, Radiology	Radiology, MRI	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72146	CPT, Radiology	Radiology, MRI	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	CPT, Radiology	Radiology, MRI	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	CPT, Radiology	Radiology, MRI	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	CPT, Radiology	Radiology, MRI	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	CPT, Radiology	Radiology, MRI	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, follow
72157	CPT, Radiology	Radiology, MRI	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, follow
72158	CPT, Radiology	Radiology, MRI	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, follow
72159	CPT, Radiology	Radiology, MRA	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72191	CPT, Radiology	Radiology, CT	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, i
72192	CPT, Radiology	Radiology, CT	Computed tomography, pelvis; without contrast material
72193	CPT, Radiology	Radiology, CT	Computed tomography, pelvis; with contrast material(s)
72194	CPT, Radiology	Radiology, CT	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further
72195	CPT, Radiology	Radiology, MRI	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196	CPT, Radiology	Radiology, MRI	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
72197	CPT, Radiology	Radiology, MRI	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast m
72198	CPT, Radiology	Radiology, MRA	Magnetic resonance angiography, pelvis, with or without contrast material(s)
72240	CPT, Radiology	Radiology	Myelography, cervical, radiological supervision and interpretation
72255	CPT, Radiology	Radiology	Myelography, thoracic, radiological supervision and interpretation
72265	CPT, Radiology	Radiology	Myelography, lumbosacral, radiological supervision and interpretation
72270	CPT, Radiology	Radiology	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thor
72285	CPT, Radiology	Radiology	Discography, cervical or thoracic, radiological supervision and interpretation
72295	CPT, Radiology	Radiology	Discography, lumbar, radiological supervision and interpretation
73200	CPT, Radiology	Radiology, CT	Computed tomography, upper extremity; without contrast material
73201	CPT, Radiology	Radiology, CT	Computed tomography, upper extremity; with contrast material(s)
73202	CPT, Radiology	Radiology, CT	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) ;
73206	CPT, Radiology	Radiology, CT	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast
73218	CPT, Radiology	Radiology, MRI	MRI, Upper Ext. Non-Joint s/ Contrast
73219	CPT, Radiology	Radiology, MRI	MRI, Upper Ext. Non-Joint c/ Contrast
73220	CPT, Radiology	Radiology, MRI	MRI, Upper Ext. Non-Joint c/s Contrast
73221	CPT, Radiology	Radiology, MRI	MRI, Upper Ext, Joint s/ Contrast
73222	CPT, Radiology	Radiology, MRI	MRI, Upper Ext. Joint c/ Contrast
73223	CPT, Radiology	Radiology, MRI	MRI, Upper Ext. Joint c/s Contrast
73225	CPT, Radiology	Radiology, MRA	MRA, Angiography Upper Ext. c/ or s/ Contrast
73700	CPT, Radiology	Radiology, CT	CT, Lower Extremity s/ Contrast
73701	CPT, Radiology	Radiology, CT	CT, Lower Extremity c/ Contrast
73702	CPT, Radiology	Radiology, CT	CT, Lower Extremity c/s Contrast

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
73706	CPT, Radiology	Radiology, CT	CT, Angiography Lower Ext. c/s Contrast
73718	CPT, Radiology	Radiology, MRI	MRI, Lower Ext. Non-Joint s/ Contrast
73719	CPT, Radiology	Radiology, MRI	MRI, Lower Ext. Non-Joint c/ Contrast
73720	CPT, Radiology	Radiology, MRI	MRI, Lower Ext. Non-Joint c/s Contrast
73721	CPT, Radiology	Radiology, MRI	MRI, Lower Ext. Joint s/ Contrast
73722	CPT, Radiology	Radiology, MRI	MRI, Lower Ext. Joint c/ Contrast
73723	CPT, Radiology	Radiology, MRI	MRI, Lower Ext. Joint c/s Contrast
73725	CPT, Radiology	Radiology, MRA	MRA, Angiography, Lower Ext. c/ or s/ Contrast
74150	CPT, Radiology	Radiology, CT	CT, Abdomen s/ Contrast
74160	CPT, Radiology	Radiology, CT	CT, Abdomen c/ Contrast
74170	CPT, Radiology	Radiology, CT	CT, Abdomen c/s Contrast
74174	CPT, Radiology	Radiology, CT	CT, Angiography Abd/Pelvis c/s Contrast
74175	CPT, Radiology	Radiology, CT	CT, Angiography, Abdomen c/s Contrast
74176	CPT, Radiology	Radiology, CT	CT, Abd/Pelvis s/Contrast
74177	CPT, Radiology	Radiology, CT	CT, Abd /Pelvis c/Contrast
74178	CPT, Radiology	Radiology, CT	CT, Abd /Pelvis c/s Contrast
74181	CPT, Radiology	Radiology, MRI	MRI, Abdomen s/ Contrast
74182	CPT, Radiology	Radiology, MRI	MRI, Abdomen c/ Contrast
74183	CPT, Radiology	Radiology, MRI	MRI, Abdomen c/s Contrast
74185	CPT, Radiology	Radiology, MRA	MRA, Angiography, Abd/Renal c/ or s/ Contrast
74190	CPT, Radiology	Radiology	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation
74261	CPT, Radiology	Radiology, CT	CT, colonography, without contrast material
74262	CPT, Radiology	Radiology, CT	CT, colonography, with contrast material
74263	CPT, Radiology	Radiology, CT	CT, colonography screening
74328	CPT, Radiology	Radiology	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
74329	CPT, Radiology	Radiology	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
74330	CPT, Radiology	Radiology	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological superv
74340	CPT, Radiology	Radiology	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and ima
74355	CPT, Radiology	Radiology	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation
74360	CPT, Radiology	Radiology	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and ini
74363	CPT, Radiology	Radiology	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiolo
74485	CPT, Radiology	Radiology	Dilation of ureter(s) or urethra, radiological supervision and interpretation
74712	CPT, Radiology	Radiology, MRI	MRI, fetal, including placental and maternal pelvic imaging, single or first gestation
74713	CPT, Radiology	Radiology, MRI	MRI, fetal, including placental and maternal pelvic imaging, each additional gestation
74740	CPT, Radiology	Radiology	Hysterosalpingography, radiological supervision and interpretation
74742	CPT, Radiology	Radiology	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
74775	CPT, Radiology	Radiology	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)
75557	CPT, Radiology	Radiology, MRI	MRI, cardiac morphology and function without contrast

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
75559	CPT, Radiology	Radiology, MRI	MRI, cardiac morphology and function with stress imaging
75561	CPT, Radiology	Radiology, MRI	MRI, cardiac morphology and function without contrast
75563	CPT, Radiology	Radiology, MRI	MRI, cardiac morphology and function with stress imaging
75565	CPT, Radiology	Radiology, MRI	MRI, cardiac velocity flow mapping
75571	CPT, Radiology	Radiology, CT	CT, heart, without contrast material, with quantitative evaluation of coronary calcium
75572	CPT, Radiology	Radiology, CT	CT, heart, with contrast, with eval of cardiac structure and morphology
75573	CPT, Radiology	Radiology, CT	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and
75574	CPT, Radiology	Radiology, CT	CT, heart and coronary arteries and grafts, with contrast, with eval of cardiac structure and morpholo
75580	CPT, Radiology	Radiology, CT	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software a
75600	CPT, Radiology	Radiology, CT	Aortography, thoracic, without serialography, radiological supervision and interpretation
75605	CPT, Radiology	Radiology, CT	Aortography, thoracic, by serialography, radiological supervision and interpretation
75625	CPT, Radiology	Radiology, CT	Aortography, abdominal, by serialography, radiological supervision and interpretation
75630	CPT, Radiology	Radiology, CT	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiolo
75635	CPT, Radiology	Radiology, CT	CT, Angiography Aorta & Bilat Iliofemor run off c/s Contrast
75705	CPT, Radiology	Radiology	Angiography, spinal, selective, radiological supervision and interpretation
75710	CPT, Radiology	Radiology	Angiography, extremity, unilateral, radiological supervision and interpretation
75716	CPT, Radiology	Radiology	Angiography, extremity, bilateral, radiological supervision and interpretation
75726	CPT, Radiology	Radiology	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological super
75731	CPT, Radiology	Radiology	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation
75733	CPT, Radiology	Radiology	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation
75736	CPT, Radiology	Radiology	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation
75741	CPT, Radiology	Radiology	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
75743	CPT, Radiology	Radiology	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation
75746	CPT, Radiology	Radiology	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and in
75756	CPT, Radiology	Radiology	Angiography, internal mammary, radiological supervision and interpretation
75774	CPT, Radiology	Radiology	Angiography, selective, each additional vessel studied after basic examination, radiological supervisi
75801	CPT, Radiology	Radiology	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation
75803	CPT, Radiology	Radiology	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation
75805	CPT, Radiology	Radiology	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
75807	CPT, Radiology	Radiology	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
75809	CPT, Radiology	Radiology	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ve
75810	CPT, Radiology	Radiology	Splenoportography, radiological supervision and interpretation
75820	CPT, Radiology	Radiology	Venography, extremity, unilateral, radiological supervision and interpretation
75822	CPT, Radiology	Radiology	Venography, extremity, bilateral, radiological supervision and interpretation
75825	CPT, Radiology	Radiology	Venography, caval, inferior, with serialography, radiological supervision and interpretation
75827	CPT, Radiology	Radiology	Venography, caval, superior, with serialography, radiological supervision and interpretation
75831	CPT, Radiology	Radiology	Venography, renal, unilateral, selective, radiological supervision and interpretation
75833	CPT, Radiology	Radiology	Venography, renal, bilateral, selective, radiological supervision and interpretation

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
75840	CPT, Radiology	Radiology	Venography, adrenal, unilateral, selective, radiological supervision and interpretation
75842	CPT, Radiology	Radiology	Venography, adrenal, bilateral, selective, radiological supervision and interpretation
75860	CPT, Radiology	Radiology	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation
75870	CPT, Radiology	Radiology	Venography, superior sagittal sinus, radiological supervision and interpretation
75872	CPT, Radiology	Radiology	Venography, epidural, radiological supervision and interpretation
75880	CPT, Radiology	Radiology	Venography, orbital, radiological supervision and interpretation
75885	CPT, Radiology	Radiology	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation
75887	CPT, Radiology	Radiology	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation
75889	CPT, Radiology	Radiology	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation
75891	CPT, Radiology	Radiology	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation
75893	CPT, Radiology	Radiology	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation
75894	CPT, Radiology	Radiology	Transcatheter therapy, embolization, any method, radiological supervision and interpretation
75898	CPT, Radiology	Radiology	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or stent placement, radiological supervision and interpretation
75901	CPT, Radiology	Radiology	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device, radiological supervision and interpretation
75902	CPT, Radiology	Radiology	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through catheter, radiological supervision and interpretation
75956	CPT, Radiology	Radiology	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetration), radiological supervision and interpretation
75957	CPT, Radiology	Radiology	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetration), radiological supervision and interpretation
75958	CPT, Radiology	Radiology	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetration), radiological supervision and interpretation
75959	CPT, Radiology	Radiology	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetration), radiological supervision and interpretation
75970	CPT, Radiology	Radiology	Transcatheter biopsy, radiological supervision and interpretation
75984	CPT, Radiology	Radiology	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system), radiological supervision and interpretation
75989	CPT, Radiology	Radiology	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage, radiological supervision and interpretation
76000	CPT, Radiology	Radiology	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, radiological supervision and interpretation
76080	CPT, Radiology	Radiology	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation
76098	CPT, Radiology	Radiology	Radiological examination, surgical specimen
76100	CPT, Radiology	Radiology	Radiologic examination, single plane body section (eg, tomography), other than with urography
76120	CPT, Radiology	Radiology	Cineradiography/videoradiography, except where specifically included
76125	CPT, Radiology	Radiology	Cineradiography/videoradiography to complement routine examination (List separately in addition to routine examination)
76140	CPT, Radiology	Radiology	Consultation on X-ray examination made elsewhere, written report
76376	CPT, Radiology	Radiology	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, radiological supervision and interpretation
76377	CPT, Radiology	Radiology	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, radiological supervision and interpretation
76380	CPT, Radiology	Radiology, CT	CT, limited or localized follow up
76390	CPT, Radiology	Radiology, MRI	MR spectroscopy
76391	CPT, Radiology	Radiology, MRI	MR elastography
76496	CPT, Radiology	Radiology	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)
76497	CPT, Radiology	Radiology, CT	CT, unlisted procedure
76498	CPT, Radiology	Imaging Guidance: Ultrasound	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
76499	CPT, Radiology	Radiology	Unlisted diagnostic radiographic procedure

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
76506	CPT, Radiology	Radiology	Echoencephalography, real time with image documentation (gray scale) (for determination of ventric
76831	CPT, Radiology	Radiology	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76948	CPT, Radiology	Radiology	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
76965	CPT, Radiology	Radiology	Ultrasonic guidance for interstitial radioelement application
76975	CPT, Radiology	Radiology	Gastrointestinal endoscopic ultrasound, supervision and interpretation
76977	CPT, Radiology	Radiology	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
76978	CPT, Radiology	Radiology	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initia
76979	CPT, Radiology	Radiology	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each
76981	CPT, Radiology	Radiology	Ultrasound, elastography; parenchyma (eg, organ)
76982	CPT, Radiology	Radiology	Ultrasound, elastography; first target lesion
76983	CPT, Radiology	Radiology	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary
76998	CPT, Radiology	Radiology	Ultrasonic guidance, intraoperative
76999	CPT, Radiology	Radiology	Unlisted ultrasound procedure (eg, diagnostic, interventional)
77011	CPT, Radiology	Radiology, CT	CT, guidance for stereotactic localization
77012	CPT, Radiology	Radiology, CT	CT, guidance for needle placement (biopsy, aspiration, injection, localization device)
77013	CPT, Radiology	Radiology, CT	CT, guidance for monitoring of parenchymal tissue ablation
77014	CPT, Radiology	Radiology, CT	CT, guidance of radiation therapy fields
77021	CPT, Radiology	Radiology, MRI	MRI guidance for needle placement (biopay, needle aspiration, injection or placement of localizatin d
77022	CPT, Radiology	Radiology, MRI	MRI guidance for and monitoring of parechymal tissue abalation
77046	CPT, Radiology	Radiology, MRI	MRI, Breast Unilateral s/ Contrast
77047	CPT, Radiology	Radiology, MRI	MRI, Breast Bilateral s/ Contrast
77048	CPT, Radiology	Radiology, MRI	MRI, Breast Unilateral c/s Contrast
77049	CPT, Radiology	Radiology, MRI	MRI, Breast Bilateral c/s Contrast
77053	CPT, Radiology	Radiology	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
77054	CPT, Radiology	Radiology	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
77061	CPT, Radiology	Radiology	Diagnostic digital breast tomosynthesis; unilateral
77062	CPT, Radiology	Radiology	Diagnostic digital breast tomosynthesis; bilateral
77065	CPT, Radiology	Radiology	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
77066	CPT, Radiology	Radiology	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
77072	CPT, Radiology	Radiology	Bone age studies
77073	CPT, Radiology	Radiology	Bone length studies (orthoroentgenogram, scanogram)
77074	CPT, Radiology	Radiology	Radiologic examination, osseous survey; limited (eg, for metastases)
77075	CPT, Radiology	Radiology	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)
77076	CPT, Radiology	Radiology	Radiologic examination, osseous survey, infant
77077	CPT, Radiology	Radiology	Joint survey, single view, 2 or more joints (specify)
77078	CPT, Radiology	Radiology, CT	CT, bone mineral density study, axial skeleton, one or more sites
77080	CPT, Radiology	Radiology	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips,
77081	CPT, Radiology	Radiology	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (l

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
77084	CPT, Radiology	Radiology, MRI	MRI, bone marrow blood supply
77085	CPT, Radiology	Radiology	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips,
77086	CPT, Radiology	Radiology	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)
77261	CPT, Radiology	Radiology	Therapeutic radiology treatment planning; simple
77262	CPT, Radiology	Radiology	Therapeutic radiology treatment planning; intermediate
77263	CPT, Radiology	Radiology	Therapeutic radiology treatment planning; complex
77280	CPT, Radiology	Radiology	Therapeutic radiology simulation-aided field setting; simple
77285	CPT, Radiology	Radiology	Therapeutic radiology simulation-aided field setting; intermediate
77290	CPT, Radiology	Radiology	Therapeutic radiology simulation-aided field setting; complex
77293	CPT, Radiology	Radiology	Respiratory motion management simulation (List separately in addition to code for primary procedure
77295	CPT, Radiology	Radiology	3-dimensional radiotherapy plan, including dose-volume histograms
77299	CPT, Radiology	Radiology	Unlisted procedure, therapeutic radiology clinical treatment planning
77300	CPT, Radiology	Radiology	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, o
77301	CPT, Radiology	Radiology	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical struct
77306	CPT, Radiology	Radiology	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includ
77307	CPT, Radiology	Radiology	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blo
77316	CPT, Radiology	Radiology	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading k
77317	CPT, Radiology	Radiology	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterl
77318	CPT, Radiology	Radiology	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloadi
77321	CPT, Radiology	Radiology	Special teletherapy port plan, particles, hemibody, total body
77331	CPT, Radiology	Radiology	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
77332	CPT, Radiology	Radiology	Treatment devices, design and construction; simple (simple block, simple bolus)
77333	CPT, Radiology	Radiology	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special
77334	CPT, Radiology	Radiology	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators,
77336	CPT, Radiology	Radiology	Continuing medical physics consultation, including assessment of treatment parameters, quality assur
77338	CPT, Radiology	Radiology	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and cor
77370	CPT, Radiology	Radiology	Special medical radiation physics consultation
77371	CPT, Radiology	Radiology	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial
77372	CPT, Radiology	Radiology	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial
77373	CPT, Radiology	Radiology	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including ir
77385	CPT, Radiology	Radiology	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when perfor
77386	CPT, Radiology	Radiology	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when perfor
77387	CPT, Radiology	Radiology	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tr
77399	CPT, Radiology	Radiology	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
77401	CPT, Radiology	Radiology	Radiation treatment delivery, superficial and/or ortho voltage, per day
77402	CPT, Radiology	Radiology	Radiation treatment delivery, => 1 MeV; simple
77407	CPT, Radiology	Radiology	Radiation treatment delivery, => 1 MeV; intermediate
77412	CPT, Radiology	Radiology	Radiation treatment delivery, => 1 MeV; complex

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
77423	CPT, Radiology	Radiology	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar
77424	CPT, Radiology	Radiology	Intraoperative radiation treatment delivery, x-ray, single treatment session
77425	CPT, Radiology	Radiology	Intraoperative radiation treatment delivery, electrons, single treatment session
77427	CPT, Radiology	Radiology	Radiation treatment management, 5 treatments
77431	CPT, Radiology	Radiology	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only
77432	CPT, Radiology	Radiology	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 or 2 fractions only)
77435	CPT, Radiology	Radiology	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions
77469	CPT, Radiology	Radiology	Intraoperative radiation treatment management
77470	CPT, Radiology	Radiology	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary)
77499	CPT, Radiology	Radiology	Unlisted procedure, therapeutic radiology treatment management
77520	CPT, Radiology	Radiology	Proton treatment delivery; simple, without compensation
77522	CPT, Radiology	Radiology	Proton treatment delivery; simple, with compensation
77523	CPT, Radiology	Radiology	Proton treatment delivery; intermediate
77525	CPT, Radiology	Radiology	Proton treatment delivery; complex
77600	CPT, Radiology	Radiology	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
77605	CPT, Radiology	Radiology	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
77610	CPT, Radiology	Radiology	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
77615	CPT, Radiology	Radiology	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators
77620	CPT, Radiology	Radiology	Hyperthermia generated by intracavitary probe(s)
77750	CPT, Radiology	Radiology	Infusion or instillation of radioelement solution (includes 3-month follow-up care)
77761	CPT, Radiology	Radiology	Intracavitary radiation source application; simple
77762	CPT, Radiology	Radiology	Intracavitary radiation source application; intermediate
77763	CPT, Radiology	Radiology	Intracavitary radiation source application; complex
77767	CPT, Radiology	Radiology	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry
77768	CPT, Radiology	Radiology	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry
77770	CPT, Radiology	Radiology	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry
77771	CPT, Radiology	Radiology	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry
77772	CPT, Radiology	Radiology	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry
77778	CPT, Radiology	Radiology	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source
77789	CPT, Radiology	Radiology	Surface application of low dose rate radionuclide source
77790	CPT, Radiology	Radiology	Supervision, handling, loading of radiation source
77799	CPT, Radiology	Radiology	Unlisted procedure, clinical brachytherapy
78012	CPT, Radiology	Radiology	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or
78013	CPT, Radiology	Radiology	Thyroid imaging (including vascular flow, when performed);
78014	CPT, Radiology	Radiology	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative
78015	CPT, Radiology	Radiology, Nuclear Medic	NM, Thyroid CA Mets Imaging, Limited
78016	CPT, Radiology	Radiology, Nuclear Medic	NM, Thyroid CA Mets Imaging, c/ Additional Studies
78018	CPT, Radiology	Radiology, Nuclear Medic	NM, Thyroid CA Mets Imaging, Whole Body

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
78020	CPT, Radiology	Radiology	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
78070	CPT, Radiology	Radiology, Nuclear Medic	NM, Parathyroid Imaging
78071	CPT, Radiology	Radiology, Nuclear Medic	NM, Parathyroid Planar Imaging, SPECT
78072	CPT, Radiology	Radiology, Nuclear Medic	NM, Parathyroid planar imaging, SPECT and CT
78075	CPT, Radiology	Radiology, Nuclear Medic	NM, Adrenal Imaging, Cortex and/or Medulla, I-123 MIBG
78099	CPT, Radiology	Radiology	Unlisted endocrine procedure, diagnostic nuclear medicine
78102	CPT, Radiology	Radiology, Nuclear Medic	NM, bone marrow imaging, limited area
78103	CPT, Radiology	Radiology, Nuclear Medic	NM, bone marrow imaging, multiple areas
78104	CPT, Radiology	Radiology, Nuclear Medic	NM, bone marrow imaging, whole body
78110	CPT, Radiology	Radiology	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
78111	CPT, Radiology	Radiology	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple sampling
78120	CPT, Radiology	Radiology	Red cell volume determination (separate procedure); single sampling
78121	CPT, Radiology	Radiology	Red cell volume determination (separate procedure); multiple samplings
78122	CPT, Radiology	Radiology	Whole blood volume determination, including separate measurement of plasma volume and red cell volume
78130	CPT, Radiology	Radiology	Red cell survival study
78140	CPT, Radiology	Radiology	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)
78185	CPT, Radiology	Radiology, Nuclear Medic	NM, spleen imaging only, with or without vascular flow
78191	CPT, Radiology	Radiology	Platelet survival study
78195	CPT, Radiology	Radiology, Nuclear Medic	NM, lymphatics and lymph nodes imaging
78199	CPT, Radiology	Radiology	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
78201	CPT, Radiology	Radiology, Nuclear Medic	NM, Liver Imaging, Static Only
78202	CPT, Radiology	Radiology, Nuclear Medic	NM, Liver Imaging, c/ Vascular Flow
78215	CPT, Radiology	Radiology, Nuclear Medic	NM, Liver and Spleen, Static Only
78216	CPT, Radiology	Radiology, Nuclear Medic	NM, Liver and Spleen, c/ Vascular Flow
78226	CPT, Radiology	Radiology, Nuclear Medic	NM, Hepatobiliary Imaging
78227	CPT, Radiology	Radiology, Nuclear Medic	NM, Hepatobiliary Imaging, with Pharm Inter, incl Quant
78230	CPT, Radiology	Radiology, Nuclear Medic	NM, salivary gland imaging
78231	CPT, Radiology	Radiology, Nuclear Medic	NM, salivary gland imaging with serial images
78261	CPT, Radiology	Radiology, Nuclear Medic	NM, Gastric Mucosa Imaging
78262	CPT, Radiology	Radiology, Nuclear Medic	NM, Gastroesophageal Reflux Study
78264	CPT, Radiology	Radiology, Nuclear Medic	NM, Gastric Emptying Study
78265	CPT, Radiology	Radiology, Nuclear Medic	NM, gastric emptying imaging study, with small bowel transit
78266	CPT, Radiology	Radiology, Nuclear Medic	NM, gastric emptying imaging study, with small bowel and colon transit, multiple days
78267	CPT, Radiology	Radiology	Urea breath test, C-14 (isotopic); acquisition for analysis
78268	CPT, Radiology	Radiology	Urea breath test, C-14 (isotopic); analysis
78278	CPT, Radiology	Radiology, Nuclear Medic	NM, Acute GI Blood Loss Imaging-Hemangioma
78282	CPT, Radiology	Radiology	Gastrointestinal protein loss
78290	CPT, Radiology	Radiology, Nuclear Medic	NM, Intestine Imaging (Meckels)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
78299	CPT, Radiology	Radiology	Unlisted gastrointestinal procedure, diagnostic nuclear medicine
78300	CPT, Radiology	Radiology, Nuclear Medic	NM, Bone, Joint Imaging, Limited Area
78305	CPT, Radiology	Radiology, Nuclear Medic	NM, Bone, Joint Imaging, Multiple Areas
78306	CPT, Radiology	Radiology, Nuclear Medic	NM, Bone, Joint Imaging, Whole Body
78315	CPT, Radiology	Radiology, Nuclear Medic	NM, Bone, Joint Imaging, Three Phase
78350	CPT, Radiology	Radiology, Nuclear Medic	NM, Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry
78351	CPT, Radiology	Radiology, Nuclear Medic	NM, Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or mc
78399	CPT, Radiology	Radiology, Nuclear Medic	NM, Unlisted Musculoskeletal Procedure
78414	CPT, Radiology	Radiology	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique
78428	CPT, Radiology	Radiology	Cardiac shunt detection
78429	CPT, Radiology	Radiology	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventr
78430	CPT, Radiology	Radiology	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall r
78431	CPT, Radiology	Radiology	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall r
78432	CPT, Radiology	Radiology	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluat
78433	CPT, Radiology	Radiology	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluat
78434	CPT, Radiology	Radiology	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest a
78445	CPT, Radiology	Radiology	Non-cardiac vascular flow imaging (ie, angiography, venography)
78451	CPT, Radiology	Radiology	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or q
78452	CPT, Radiology	Radiology	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or q
78453	CPT, Radiology	Radiology	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fracti
78454	CPT, Radiology	Radiology	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fracti
78456	CPT, Radiology	Radiology, Nuclear Medic	NM, acute venous thrombosis imaging, peptide
78457	CPT, Radiology	Radiology, Nuclear Medic	NM, venous thrombosis imaging, venogram, unilateral
78458	CPT, Radiology	Radiology, Nuclear Medic	NM, venous thrombosis imaging, venogram, bilateral
78459	CPT, Radiology	Radiology, PET	PET, myocardial imaging, metabolic eval
78466	CPT, Radiology	Radiology, Nuclear Medic	NM, myocardial imaging, infarct avid, planar; qualitative or quantitative
78468	CPT, Radiology	Radiology, Nuclear Medic	NM, myocardial imaging, infarct avid, planar; qualitative or quantitative, with injection fraction by firs
78469	CPT, Radiology	Radiology, Nuclear Medic	NM, myocardial imaging, infarct avid, planar; qualitative or quantitative, tomo SPECT w/ or w/o quant
78472	CPT, Radiology	Radiology, Nuclear Medic	NM, cardiac blood pool imaging, gated equilibrium; planar single study at rest or stress
78473	CPT, Radiology	Radiology, Nuclear Medic	NM, cardiac blood pool imaging, gated equilibrium; planar multiple study, wall motion plus ejection fr
78481	CPT, Radiology	Radiology, Nuclear Medic	NM, cardiac blood pool imaging, first pass technique, single study at rest or stress, wall motion study
78483	CPT, Radiology	Radiology, Nuclear Medic	NM, cardiac blood pool imaging, first pass technique, multiple studies at rest or stress, wall motion sti
78491	CPT, Radiology	Radiology, PET	PET, myocardial imaging, perfusion, single study at rest or stress
78492	CPT, Radiology	Radiology, PET	PET, myocardial imaging, perfusion, multiple studies at rest and or stress
78494	CPT, Radiology	Radiology, Nuclear Medic	NM, cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection frac
78496	CPT, Radiology	Radiology, Nuclear Medic	NM, cardiac blood pool imaging, gated equilibrium, single study at rest, w/ Rt ventricular ejection fract
78499	CPT, Radiology	Radiology	Unlisted cardiovascular procedure, diagnostic nuclear medicine
78579	CPT, Radiology	Radiology, Nuclear Medic	NM, pulmonary ventilation imaging

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
78580	CPT, Radiology	Radiology, Nuclear Medic NM,	pulmonary perfusion imaging
78582	CPT, Radiology	Radiology, Nuclear Medic NM,	pulmonary ventilatin and perfusion imaging
78597	CPT, Radiology	Radiology, Nuclear Medic NM,	quantitative differential pulmonary perfusion, including imaging if done
78598	CPT, Radiology	Radiology, Nuclear Medic NM,	quantatative differential pulmonary perfusion and ventilation, including imaging if done
78599	CPT, Radiology	Radiology	Unlisted respiratory procedure, diagnostic nuclear medicine
78600	CPT, Radiology	Radiology, Nuclear Medic NM,	brain imaging, less than 4 static views
78601	CPT, Radiology	Radiology, Nuclear Medic NM,	brain imaging, with vascular flow
78605	CPT, Radiology	Radiology, Nuclear Medic NM,	brain imaging, minimum 4 static views
78606	CPT, Radiology	Radiology, Nuclear Medic NM,	brain imaging, with vascular flow
78608	CPT, Radiology	Radiology, PET	PET, brain imaging, metabolic eval
78609	CPT, Radiology	Radiology, PET	PET, brain imaging, perfusion eval
78610	CPT, Radiology	Radiology, Nuclear Medic NM,	brain imaging, vascular flow
78630	CPT, Radiology	Radiology, Nuclear Medic NM,	cerebrospinal fluid flow, imaging cisternography
78635	CPT, Radiology	Radiology, Nuclear Medic NM,	cerebrospinal fluid flow, imaging ventriculography
78645	CPT, Radiology	Radiology, Nuclear Medic NM,	cerebrospinal fluid flow, imaging, shunt eval
78660	CPT, Radiology	Radiology	Radiopharmaceutical dacryocystography
78699	CPT, Radiology	Radiology	Unlisted nervous system procedure, diagnostic nuclear medicine
78700	CPT, Radiology	Radiology, Nuclear Medic NM,	Kidney Imaging, Static Only
78701	CPT, Radiology	Radiology, Nuclear Medic NM,	Kidney Imaging, c/ Vascular Flow
78707	CPT, Radiology	Radiology, Nuclear Medic NM,	Kidney c/ Flow & Function, s/ Pharm ,Mag 3, Single
78708	CPT, Radiology	Radiology, Nuclear Medic NM,	Kidney c/ Flow & Function, c/ Phar MAG3 c LASIX,c/single
78709	CPT, Radiology	Radiology, Nuclear Medic NM,	Kidney c/ Flow & Function, c/s Pharm, Mult (Captopril)
78725	CPT, Radiology	Radiology, Nuclear Medic NM,	Kidney Function, Non-Imaging
78740	CPT, Radiology	Radiology	Ureteral reflux study (radiopharmaceutical voiding cystogram)
78761	CPT, Radiology	Radiology, Nuclear Medic NM,	testicular imaging with vascular flow
78799	CPT, Radiology	Radiology	Unlisted genitourinary procedure, diagnostic nuclear medicine
78800	CPT, Radiology	Radiology, Nuclear Medic NM,	Radiopharm Local, Tumor, single area
78801	CPT, Radiology	Radiology, Nuclear Medic NM,	Radiopharm Local, Tumor, two or more areas
78802	CPT, Radiology	Radiology, Nuclear Medic NM,	Radiopharm Local, Tumor, whole body
78803	CPT, Radiology	Radiology, Nuclear Medic	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceuti
78804	CPT, Radiology	Radiology, Nuclear Medic NM,	Radiopharm Local, Tumor, whole body, 2 or more days
78808	CPT, Radiology	Radiology	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg
78811	CPT, Radiology	Radiology, PET	PET, Limited Area (chest, head/neck)
78812	CPT, Radiology	Radiology	Positron emission tomography (PET) imaging; skull base to mid-thigh
78813	CPT, Radiology	Radiology	Positron emission tomography (PET) imaging; whole body
78814	CPT, Radiology	Radiology, PET/CT	PET/CT, Limited Area (chest, head/neck)
78815	CPT, Radiology	Radiology, PET/CT	PET/CT, Skull Base to Mid-Thigh
78816	CPT, Radiology	Radiology, PET/CT	PET/CT, Whole Body

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
78830	CPT, Radiology	Radiology	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceuti
78831	CPT, Radiology	Radiology	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceuti
78832	CPT, Radiology	Radiology	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceuti
78835	CPT, Radiology	Radiology	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code fo
78999	CPT, Radiology	Radiology	Unlisted miscellaneous procedure, diagnostic nuclear medicine
79005	CPT, Radiology	Radiology	Radiopharmaceutical therapy, by oral administration
79101	CPT, Radiology	Radiology	Radiopharmaceutical therapy, by intravenous administration
79200	CPT, Radiology	Radiology	Radiopharmaceutical therapy, by intracavitary administration
79300	CPT, Radiology	Radiology	Radiopharmaceutical therapy, by interstitial radioactive colloid administration
79403	CPT, Radiology	Radiology	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
79440	CPT, Radiology	Radiology	Radiopharmaceutical therapy, by intra-articular administration
79445	CPT, Radiology	Radiology	Radiopharmaceutical therapy, by intra-arterial particulate administration
79999	CPT, Radiology	Radiology	Radiopharmaceutical therapy, unlisted procedure
81107	CPT, Path and	Molecular Pathology Proc Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of	
81108	CPT, Path and	Molecular Pathology Proc Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], anti	
81109	CPT, Path and	Molecular Pathology Proc Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA	
81110	CPT, Path and	Molecular Pathology Proc Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, anti	
81111	CPT, Path and	Molecular Pathology Proc Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb c	
81112	CPT, Path and	Molecular Pathology Proc Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune t	
81120	CPT, Path and	Molecular Pathology Proc IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C	
81121	CPT, Path and	Molecular Pathology Proc IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W.	
81161	CPT, Path and	Molecular Pathology Proc DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analy	
81162	CPT, Path and	Molecular Pathology Proc BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast	
81163	CPT, Path and	Molecular Pathology Proc BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast	
81164	CPT, Path and	Molecular Pathology Proc BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast	
81165	CPT, Path and	Molecular Pathology Proc BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full se	
81166	CPT, Path and	Molecular Pathology Proc BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full d	
81167	CPT, Path and	Molecular Pathology Proc BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full d	
81170	CPT, Path and	Molecular Pathology Proc ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhi	
81171	CPT, Path and	Molecular Pathology Proc AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis;	
81172	CPT, Path and	Molecular Pathology Proc AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis;	
81173	CPT, Path and	Molecular Pathology Proc AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome ina	
81174	CPT, Path and	Molecular Pathology Proc AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome ina	
81175	CPT, Path and	Molecular Pathology Proc ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myelop	
81176	CPT, Path and	Molecular Pathology Proc ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myelop	
81177	CPT, Path and	Molecular Pathology Proc ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnoi	
81178	CPT, Path and	Molecular Pathology Proc ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expand	
81179	CPT, Path and	Molecular Pathology Proc ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expand	

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
81180	CPT, Path and	Molecular Pathology Proc	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to de
81181	CPT, Path and	Molecular Pathology Proc	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expand
81182	CPT, Path and	Molecular Pathology Proc	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, eva
81183	CPT, Path and	Molecular Pathology Proc	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expa
81184	CPT, Path and	Molecular Pathology Proc	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis;
81185	CPT, Path and	Molecular Pathology Proc	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis;
81186	CPT, Path and	Molecular Pathology Proc	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis;
81187	CPT, Path and	Molecular Pathology Proc	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analys
81188	CPT, Path and	Molecular Pathology Proc	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg,
81189	CPT, Path and	Molecular Pathology Proc	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence
81190	CPT, Path and	Molecular Pathology Proc	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)
81200	CPT, Path and	Molecular Pathology Proc	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)
81201	CPT, Path and	Molecular Pathology Proc	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene a
81202	CPT, Path and	Molecular Pathology Proc	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene a
81203	CPT, Path and	Molecular Pathology Proc	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene a
81204	CPT, Path and	Molecular Pathology Proc	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome ina
81205	CPT, Path and	Molecular Pathology Proc	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disea
81206	CPT, Path and	Molecular Pathology Proc	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qual
81207	CPT, Path and	Molecular Pathology Proc	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qual
81208	CPT, Path and	Molecular Pathology Proc	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, quali
81209	CPT, Path and	Molecular Pathology Proc	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant
81210	CPT, Path and	Molecular Pathology Proc	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V
81212	CPT, Path and	Molecular Pathology Proc	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast
81215	CPT, Path and	Molecular Pathology Proc	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; know
81216	CPT, Path and	Molecular Pathology Proc	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full se
81217	CPT, Path and	Molecular Pathology Proc	Molecular Pathology Procedures
81218	CPT, Path and	Molecular Pathology Proc	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis,
81219	CPT, Path and	Molecular Pathology Proc	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9
81220	CPT, Path and	Molecular Pathology Proc	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; commo
81221	CPT, Path and	Molecular Pathology Proc	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known
81222	CPT, Path and	Molecular Pathology Proc	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplica
81223	CPT, Path and	Molecular Pathology Proc	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gen
81224	CPT, Path and	Molecular Pathology Proc	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8
81225	CPT, Path and	Molecular Pathology Proc	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analys
81226	CPT, Path and	Molecular Pathology Proc	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis
81227	CPT, Path and	Molecular Pathology Proc	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis,
81228	CPT, Path and	Molecular Pathology Proc	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of
81229	CPT, Path and	Molecular Pathology Proc	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
81230	CPT, Path and	Molecular Pathology Proc CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, com	
81231	CPT, Path and	Molecular Pathology Proc CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, com	
81232	CPT, Path and	Molecular Pathology Proc DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism)	
81233	CPT, Path and	Molecular Pathology Proc BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg,	
81234	CPT, Path and	Molecular Pathology Proc DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnor	
81235	CPT, Path and	Molecular Pathology Proc EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common varia	
81236	CPT, Path and	Molecular Pathology Proc EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, m	
81237	CPT, Path and	Molecular Pathology Proc EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma	
81238	CPT, Path and	Molecular Pathology Proc F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	
81239	CPT, Path and	Molecular Pathology Proc DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles	
81240	CPT, Path and	Molecular Pathology Proc F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A va	
81241	CPT, Path and	Molecular Pathology Proc F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	
81242	CPT, Path and	Molecular Pathology Proc FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, comr	
81243	CPT, Path and	Molecular Pathology Proc FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to de	
81244	CPT, Path and	Molecular Pathology Proc FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization	
81245	CPT, Path and	Molecular Pathology Proc FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem dupl	
81246	CPT, Path and	Molecular Pathology Proc FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase doma	
81247	CPT, Path and	Molecular Pathology Proc G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; commor	
81248	CPT, Path and	Molecular Pathology Proc G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known f	
81249	CPT, Path and	Molecular Pathology Proc G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene	
81250	CPT, Path and	Molecular Pathology Proc G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke di	
81251	CPT, Path and	Molecular Pathology Proc GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG	
81252	CPT, Path and	Molecular Pathology Proc GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis	
81253	CPT, Path and	Molecular Pathology Proc GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis	
81254	CPT, Path and	Molecular Pathology Proc GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis	
81255	CPT, Path and	Molecular Pathology Proc HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants	
81256	CPT, Path and	Molecular Pathology Proc HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282)	
81257	CPT, Path and	Molecular Pathology Proc HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndro	
81258	CPT, Path and	Molecular Pathology Proc HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndro	
81259	CPT, Path and	Molecular Pathology Proc HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndro	
81260	CPT, Path and	Molecular Pathology Proc IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated prot	
81261	CPT, Path and	Molecular Pathology Proc IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangeme	
81262	CPT, Path and	Molecular Pathology Proc IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangeme	
81263	CPT, Path and	Molecular Pathology Proc IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region soma	
81264	CPT, Path and	Molecular Pathology Proc IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearranger	
81265	CPT, Path and	Molecular Pathology Proc Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (e	
81266	CPT, Path and	Molecular Pathology Proc Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additio	
81267	CPT, Path and	Molecular Pathology Proc Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includ	

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
81268	CPT, Path and	Molecular Pathology Proc	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includ
81269	CPT, Path and	Molecular Pathology Proc	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndro
81270	CPT, Path and	Molecular Pathology Proc	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant
81271	CPT, Path and	Molecular Pathology Proc	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded
81272	CPT, Path and	Molecular Pathology Proc	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tur
81273	CPT, Path and	Molecular Pathology Proc	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysi
81274	CPT, Path and	Molecular Pathology Proc	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)
81275	CPT, Path and	Molecular Pathology Proc	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (
81276	CPT, Path and	Molecular Pathology Proc	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s)
81277	CPT, Path and	Molecular Pathology Proc	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy
81283	CPT, Path and	Molecular Pathology Proc	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant
81284	CPT, Path and	Molecular Pathology Proc	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles
81285	CPT, Path and	Molecular Pathology Proc	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)
81286	CPT, Path and	Molecular Pathology Proc	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence
81287	CPT, Path and	Molecular Pathology Proc	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methyla
81288	CPT, Path and	Molecular Pathology Proc	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal c
81289	CPT, Path and	Molecular Pathology Proc	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)
81290	CPT, Path and	Molecular Pathology Proc	MCOLN1 (mucopolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, de
81291	CPT, Path and	Molecular Pathology Proc	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis,
81292	CPT, Path and	Molecular Pathology Proc	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal c
81293	CPT, Path and	Molecular Pathology Proc	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal c
81294	CPT, Path and	Molecular Pathology Proc	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal c
81295	CPT, Path and	Molecular Pathology Proc	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal c
81296	CPT, Path and	Molecular Pathology Proc	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal c
81297	CPT, Path and	Molecular Pathology Proc	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal c
81298	CPT, Path and	Molecular Pathology Proc	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) ger
81299	CPT, Path and	Molecular Pathology Proc	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) ger
81300	CPT, Path and	Molecular Pathology Proc	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) ger
81301	CPT, Path and	Molecular Pathology Proc	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of
81302	CPT, Path and	Molecular Pathology Proc	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis
81303	CPT, Path and	Molecular Pathology Proc	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant
81304	CPT, Path and	Molecular Pathology Proc	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variant
81305	CPT, Path and	Molecular Pathology Proc	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphc
81306	CPT, Path and	Molecular Pathology Proc	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4,
81307	CPT, Path and	Molecular Pathology Proc	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequ
81308	CPT, Path and	Molecular Pathology Proc	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known famili
81309	CPT, Path and	Molecular Pathology Proc	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and br
81310	CPT, Path and	Molecular Pathology Proc	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
81311	CPT, Path and	Molecular Pathology Proc NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, v	
81312	CPT, Path and	Molecular Pathology Proc PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, e	
81313	CPT, Path and	Molecular Pathology Proc PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate sp	
81314	CPT, Path and	Molecular Pathology Proc PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tur	
81315	CPT, Path and	Molecular Pathology Proc PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic le	
81316	CPT, Path and	Molecular Pathology Proc PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic le	
81317	CPT, Path and	Molecular Pathology Proc PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal ca	
81318	CPT, Path and	Molecular Pathology Proc PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal ca	
81319	CPT, Path and	Molecular Pathology Proc PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal ca	
81320	CPT, Path and	Molecular Pathology Proc PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variant	
81321	CPT, Path and	Molecular Pathology Proc PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome)	
81322	CPT, Path and	Molecular Pathology Proc PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome)	
81323	CPT, Path and	Molecular Pathology Proc PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome)	
81324	CPT, Path and	Molecular Pathology Proc PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability t	
81325	CPT, Path and	Molecular Pathology Proc PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability t	
81326	CPT, Path and	Molecular Pathology Proc PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability t	
81327	CPT, Path and	Molecular Pathology Proc SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	
81328	CPT, Path and	Molecular Pathology Proc SLC01B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), g	
81329	CPT, Path and	Molecular Pathology Proc SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/del	
81330	CPT, Path and	Molecular Pathology Proc SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene	
81331	CPT, Path and	Molecular Pathology Proc SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, P	
81332	CPT, Path and	Molecular Pathology Proc SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alp	
81333	CPT, Path and	Molecular Pathology Proc TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common varia	
81334	CPT, Path and	Molecular Pathology Proc RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with	
81335	CPT, Path and	Molecular Pathology Proc TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2	
81336	CPT, Path and	Molecular Pathology Proc SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene se	
81337	CPT, Path and	Molecular Pathology Proc SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known fam	
81340	CPT, Path and	Molecular Pathology Proc TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to de	
81341	CPT, Path and	Molecular Pathology Proc TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to de	
81342	CPT, Path and	Molecular Pathology Proc TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, e	
81343	CPT, Path and	Molecular Pathology Proc PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis,	
81344	CPT, Path and	Molecular Pathology Proc TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnorm	
81345	CPT, Path and	Molecular Pathology Proc TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analys	
81346	CPT, Path and	Molecular Pathology Proc TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common var	
81350	CPT, Path and	Molecular Pathology Proc UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unc	
81355	CPT, Path and	Molecular Pathology Proc VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, c	
81361	CPT, Path and	Molecular Pathology Proc HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); commc	
81362	CPT, Path and	Molecular Pathology Proc HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known	

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
81363	CPT, Path and	Molecular Pathology Proc HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplica	
81364	CPT, Path and	Molecular Pathology Proc HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full ger	
81370	CPT, Path and	Molecular Pathology Proc HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQ	
81371	CPT, Path and	Molecular Pathology Proc HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verificatio	
81372	CPT, Path and	Molecular Pathology Proc HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	
81373	CPT, Path and	Molecular Pathology Proc HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	
81374	CPT, Path and	Molecular Pathology Proc HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	
81375	CPT, Path and	Molecular Pathology Proc HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	
81376	CPT, Path and	Molecular Pathology Proc HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQ	
81377	CPT, Path and	Molecular Pathology Proc HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	
81378	CPT, Path and	Molecular Pathology Proc HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	
81379	CPT, Path and	Molecular Pathology Proc HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	
81380	CPT, Path and	Molecular Pathology Proc HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	
81381	CPT, Path and	Molecular Pathology Proc HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P	
81382	CPT, Path and	Molecular Pathology Proc HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -I	
81400	CPT, Path and	Molecular Pathology Proc MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	
81401	CPT, Path and	Molecular Pathology Proc MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	
81402	CPT, Path and	Molecular Pathology Proc MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	
81403	CPT, Path and	Molecular Pathology Proc MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	
81404	CPT, Path and	Molecular Pathology Proc MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	
81405	CPT, Path and	Molecular Pathology Proc MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	
81406	CPT, Path and	Molecular Pathology Proc MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	
81407	CPT, Path and	Molecular Pathology Proc MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	
81408	CPT, Path and	Molecular Pathology Proc MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	
81410	CPT, Path and	Molecular Pathology Proc Aortic dysfunction or dilation (eg, Marfan syndrome, Loews Dietz syndrome, Ehler Danlos syndrome ty	
81411	CPT, Path and	Molecular Pathology Proc Aortic dysfunction or dilation (eg, Marfan syndrome, Loews Dietz syndrome, Ehler Danlos syndrome ty	
81412	CPT, Path and	Molecular Pathology Proc Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial	
81413	CPT, Path and	Molecular Pathology Proc Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial	
81414	CPT, Path and	Molecular Pathology Proc Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catechol	
81415	CPT, Path and	Molecular Pathology Proc Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	
81416	CPT, Path and	Molecular Pathology Proc Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each co	
81417	CPT, Path and	Molecular Pathology Proc Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously	
81418	CPT, Path and	Molecular Pathology Proc Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of a	
81425	CPT, Path and	Molecular Pathology Proc Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	
81426	CPT, Path and	Molecular Pathology Proc Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each c	
81427	CPT, Path and	Molecular Pathology Proc Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previous	
81430	CPT, Path and	Molecular Pathology Proc Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence	
81431	CPT, Path and	Molecular Pathology Proc Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deleti	

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
81432	CPT, Path and	Molecular Pathology Proc	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, h
81433	CPT, Path and	Molecular Pathology Proc	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, h
81434	CPT, Path and	Molecular Pathology Proc	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy
81435	CPT, Path and	Molecular Pathology Proc	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndr
81436	CPT, Path and	Molecular Pathology Proc	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndr
81437	CPT, Path and	Molecular Pathology Proc	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma
81438	CPT, Path and	Molecular Pathology Proc	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma
81439	CPT, Path and	Molecular Pathology Proc	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmoge
81440	CPT, Path and	Molecular Pathology Proc	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence p
81441	CPT, Path and	Molecular Pathology Proc	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diam
81442	CPT, Path and	Molecular Pathology Proc	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndr
81443	CPT, Path and	Molecular Pathology Proc	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disord
81445	CPT, Path and	Molecular Pathology Proc	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A
81448	CPT, Path and	Molecular Pathology Proc	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence
81449	CPT, Path and	Molecular Pathology Proc	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A
81450	CPT, Path and	Molecular Pathology Proc	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, B1
81451	CPT, Path and	Molecular Pathology Proc	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, B1
81455	CPT, Path and	Molecular Pathology Proc	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, z
81456	CPT, Path and	Molecular Pathology Proc	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51
81457	CPT, Path and	Molecular Pathology Proc	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA an
81458	CPT, Path and	Molecular Pathology Proc	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA an
81459	CPT, Path and	Molecular Pathology Proc	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA an
81460	CPT, Path and	Molecular Pathology Proc	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis
81462	CPT, Path and	Molecular Pathology Proc	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogat
81463	CPT, Path and	Molecular Pathology Proc	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogat
81464	CPT, Path and	Molecular Pathology Proc	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogat
81465	CPT, Path and	Molecular Pathology Proc	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progr
81470	CPT, Path and	Molecular Pathology Proc	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence anal
81471	CPT, Path and	Molecular Pathology Proc	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion ge
81479	CPT, Path and	Molecular Pathology Proc	Unlisted molecular pathology procedure
81490	CPT, Path and	Molecular Pathology Proc	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, p
81493	CPT, Path and	Molecular Pathology Proc	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing w
81500	CPT, Path and	Molecular Pathology Proc	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menof
81503	CPT, Path and	Molecular Pathology Proc	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobu
81504	CPT, Path and	Molecular Pathology Proc	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fix
81506	CPT, Path and	Molecular Pathology Proc	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRF
81508	CPT, Path and	Molecular Pathology Proc	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing
81509	CPT, Path and	Molecular Pathology Proc	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), ut

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
81510	CPT, Path and	Molecular Pathology Proc	Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizi
81511	CPT, Path and	Molecular Pathology Proc	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) uti
81512	CPT, Path and	Molecular Pathology Proc	Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosyl
81517	CPT, Path and	Molecular Pathology Proc	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [P
81518	CPT, Path and	Molecular Pathology Proc	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4
81519	CPT, Path and	Molecular Pathology Proc	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalir
81520	CPT, Path and	Molecular Pathology Proc	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 h
81521	CPT, Path and	Molecular Pathology Proc	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekee
81522	CPT, Path and	Molecular Pathology Proc	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekee
81525	CPT, Path and	Molecular Pathology Proc	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 h
81528	CPT, Path and	Molecular Pathology Proc	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA mark
81535	CPT, Path and	Molecular Pathology Proc	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and mor
81536	CPT, Path and	Molecular Pathology Proc	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and mor
81538	CPT, Path and	Molecular Pathology Proc	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, progno:
81539	CPT, Path and	Molecular Pathology Proc	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact
81540	CPT, Path and	Molecular Pathology Proc	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 gene
81541	CPT, Path and	Molecular Pathology Proc	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content anc
81542	CPT, Path and	Molecular Pathology Proc	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formal
81551	CPT, Path and	Molecular Pathology Proc	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1
81552	CPT, Path and	Molecular Pathology Proc	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 cor
81595	CPT, Path and	Molecular Pathology Proc	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 gei
81596	CPT, Path and	Molecular Pathology Proc	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglok
81599	CPT, Path and	Molecular Pathology Proc	Unlisted multianalyte assay with algorithmic analysis
84999	CPT, Path and	Chemistry	Other and Unlisted Chemistry Tests
85999	CPT, Path and	Hematology and Coagulat	Unlisted hematology and coagulation procedure
86147	CPT, Path and	Diagnostic Immunology T	Cardiolipin (phospholipid) antibody, each Ig class
86152	CPT, Path and	Diagnostic Immunology T	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tum
86153	CPT, Path and	Diagnostic Immunology T	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tum
86225	CPT, Path and	Diagnostic Immunology T	Deoxyribonucleic acid (DNA) antibody; native or double stranded
86226	CPT, Path and	Diagnostic Immunology T	Deoxyribonucleic acid (DNA) antibody; single stranded
86235	CPT, Path and	Diagnostic Immunology T	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), eac
86294	CPT, Path and	Diagnostic Immunology T	Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)
86300	CPT, Path and	Diagnostic Immunology T	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)
86301	CPT, Path and	Diagnostic Immunology T	Immunoassay for tumor antigen, quantitative; CA 19-9
86304	CPT, Path and	Diagnostic Immunology T	Immunoassay for tumor antigen, quantitative; CA 125
86316	CPT, Path and	Diagnostic Immunology T	Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each
86317	CPT, Path and	Diagnostic Immunology T	Immunoassay for infectious agent antibody, quantitative, not otherwise specified
86386	CPT, Path and	Additional Diagnostic Imn	Nuclear Matrix Protein 22 (NMP22), qualitative

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
86812	CPT, Path and	Diagnostic Immunology T	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen
86813	CPT, Path and	Diagnostic Immunology T	HLA typing; A, B, or C, multiple antigens
86816	CPT, Path and	Diagnostic Immunology T	HLA typing; DR/DQ, single antigen
86817	CPT, Path and	Diagnostic Immunology T	HLA typing; DR/DQ, multiple antigens
86821	CPT, Path and	Diagnostic Immunology T	HLA typing; lymphocyte culture, mixed (MLC)
86825	CPT, Path and	Diagnostic Immunology T	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sam
86826	CPT, Path and	Diagnostic Immunology T	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); each additional
86828	CPT, Path and	Diagnostic Immunology T	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flc
86829	CPT, Path and	Diagnostic Immunology T	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Fl
86830	CPT, Path and	Diagnostic Immunology T	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Fl
86831	CPT, Path and	Diagnostic Immunology T	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Fl
86832	CPT, Path and	Diagnostic Immunology T	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Fl
86833	CPT, Path and	Diagnostic Immunology T	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Fl
86834	CPT, Path and	Diagnostic Immunology T	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Fl
86835	CPT, Path and	Diagnostic Immunology T	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Fl
86849	CPT, Path and	Additional Diagnostic Imn	Unlisted immunology procedure
87999	CPT, Path and	Molecular Pathology Proc	Unlisted microbiology procedure
88120	CPT, Path and	Cytopathology	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5
88121	CPT, Path and	Cytopathology	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5
88182	CPT, Path and	Cytopathology	Flow cytometry, cell cycle or DNA analysis
88199	CPT, Path and	Cytopathology	Unlisted cytopathology procedure
88240	CPT, Path and	Cytogenic Studies	Cryopreservation, freezing and storage of cells, each cell line
88241	CPT, Path and	Cytogenic Studies	Thawing and expansion of frozen cells, each aliquot
88245	CPT, Path and	Cytogenic Studies	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells
88248	CPT, Path and	Cytogenic Studies	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, ;
88249	CPT, Path and	Cytogenic Studies	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, n
88261	CPT, Path and	Cytogenic Studies	Chromosome analysis; count 5 cells, 1 karyotype, with banding
88262	CPT, Path and	Cytogenic Studies	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding
88263	CPT, Path and	Cytogenic Studies	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding
88264	CPT, Path and	Cytogenic Studies	Chromosome analysis; analyze 20-25 cells
88267	CPT, Path and	Cytogenic Studies	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding
88269	CPT, Path and	Cytogenic Studies	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with
88271	CPT, Path and	Cytogenic Studies	Molecular cytogenetics; DNA probe, each (eg, FISH)
88272	CPT, Path and	Cytogenic Studies	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and m
88273	CPT, Path and	Cytogenic Studies	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (e.g., for microdeletion
88274	CPT, Path and	Cytogenic Studies	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells
88275	CPT, Path and	Cytogenic Studies	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells
88280	CPT, Path and	Cytogenic Studies	Chromosome analysis; additional karyotypes, each study

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
88283	CPT, Path and	Cytogenic Studies	Chromosome analysis; additional specialized banding technique (e.g., NOR, Cbanding)
88285	CPT, Path and	Cytogenic Studies	Chromosome analysis; additional cells counted, each study
88289	CPT, Path and	Cytogenic Studies	Chromosome analysis; additional high resolution study
88291	CPT, Path and	Cytogenic Studies	Cytogenetics and molecular cytogenetics, interpretation and report
88299	CPT, Path and	Cytogenic Studies	Unlisted cytogenetic study
88341	CPT, Path and	Surgical Pathology	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain
88342	CPT, Path and	Surgical Pathology	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
88363	CPT, Path and	Additional Surgical Pathol	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analy
88365	CPT, Path and	Additional Surgical Pathol	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure
88367	CPT, Path and	Additional Surgical Pathol	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assist
88368	CPT, Path and	Additional Surgical Pathol	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen
88399	CPT, Path and	Additional Surgical Pathol	Unlisted surgical pathology procedure
89240	CPT, Path and	Other Pathology Services	Unlisted miscellaneous pathology test
89250	CPT, Path and	Other Pathology Services	Culture of oocyte(s)/embryo(s), less than 4 days;
89251	CPT, Path and	Other Pathology Services	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos
89253	CPT, Path and	Other Pathology Services	Assisted embryo hatching, microtechniques (any method)
89254	CPT, Path and	Other Pathology Services	Oocyte identification from follicular fluid
89255	CPT, Path and	Other Pathology Services	Preparation of embryo for transfer (any method)
89257	CPT, Path and	Other Pathology Services	Sperm identification from aspiration (other than seminal fluid)
89258	CPT, Path and	Other Pathology Services	Cryopreservation; embryo(s)
89259	CPT, Path and	Other Pathology Services	Cryopreservation; sperm
89260	CPT, Path and	Other Pathology Services	Sperm isolation; simple prep (e.g., sperm wash and swim-up) for insemination or diagnosis with seme
89261	CPT, Path and	Other Pathology Services	Sperm isolation; complex prep (e.g., Percoll gradient, albumin gradient) for insemination or diagnosis
89264	CPT, Path and	Other Pathology Services	Sperm identification from testis tissue, fresh or cryopreserved
89268	CPT, Path and	Other Pathology Services	Insemination of oocytes
89272	CPT, Path and	Other Pathology Services	Extended culture of oocyte(s)/embryo(s), 4-7 days
89280	CPT, Path and	Other Pathology Services	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes
89281	CPT, Path and	Other Pathology Services	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes
89290	CPT, Path and	Other Pathology Services	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagn
89291	CPT, Path and	Other Pathology Services	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagn
89329	CPT, Path and	Other Pathology Services	Sperm evaluation; hamster penetration test
89330	CPT, Path and	Other Pathology Services	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test
89331	CPT, Path and	Other Pathology Services	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, a
89335	CPT, Path and	Other Pathology Services	Cryopreservation, reproductive tissue, testicular
89337	CPT, Path and	Other Pathology Services	Cryopreservation, mature oocyte(s)
89342	CPT, Path and	Other Pathology Services	Storage (per year); embryo(s)
89343	CPT, Path and	Other Pathology Services	Storage (per year); sperm/semen
89344	CPT, Path and	Other Pathology Services	Storage (per year); reproductive tissue, testicular/ovarian

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
89346	CPT, Path and	Other Pathology Services	Storage (per year); oocyte(s)
89352	CPT, Path and	Other Pathology Services	Thawing of cryopreserved; embryo(s)
89353	CPT, Path and	Other Pathology Services	Thawing of cryopreserved; sperm/semen, each aliquot
89354	CPT, Path and	Other Pathology Services	Thawing of cryopreserved; reproductive tissue, testicular/ovarian
89356	CPT, Path and	Other Pathology Services	Thawing of cryopreserved; oocytes, each aliquot
89398	CPT, Path and	Infertility Treatment Servi	Unlisted reproductive medicine laboratory procedure
0001U	CPT, Proprieta	Proprietary Laboratory Ar	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 k
0002M	CPT, Assays w,	Multianalyte Assays with	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT,
0002U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid
0003M	CPT, Assays w,	Multianalyte Assays with	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT,
0003U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulat
0004M	CPT, Assays w,	Multianalyte Assays with	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorith
0005U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), u
0006M	CPT, Assays w,	Multianalyte Assays with	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tun
0007M	CPT, Assays w,	Multianalyte Assays with	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, uti
0007U	CPT, Proprieta	Proprietary Laboratory Ar	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes,
0008U	CPT, Proprieta	Proprietary Laboratory Ar	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and
0009U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin fixed paraffin
00100	CPT, Anesthes	Anesthesia	Anesthesia for procedures on salivary glands, including biopsy
00102	CPT, Anesthes	Anesthesia	Anesthesia for procedures involving plastic repair of cleft lip
00103	CPT, Anesthes	Anesthesia	Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)
00104	CPT, Anesthes	Anesthesia	Anesthesia for electroconvulsive therapy
0010U	CPT, Proprieta	Proprietary Laboratory Ar	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report c
0011M	CPT, Assays w,	Multianalyte Assays with	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-F
0011U	CPT, Proprieta	Proprietary Laboratory Ar	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a
00120	CPT, Anesthes	Anesthesia	Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specifiec
00124	CPT, Anesthes	Anesthesia	Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy
00126	CPT, Anesthes	Anesthesia	Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy
0012M	CPT, Assays w,	Multianalyte Assays with	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (M
0013M	CPT, Assays w,	Multianalyte Assays with	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (M
00140	CPT, Anesthes	Anesthesia	Anesthesia for procedures on eye; not otherwise specified
00142	CPT, Anesthes	Anesthesia	Anesthesia for procedures on eye; lens surgery
00144	CPT, Anesthes	Anesthesia	Anesthesia for procedures on eye; corneal transplant
00145	CPT, Anesthes	Anesthesia	Anesthesia for procedures on eye; vitreoretinal surgery
00147	CPT, Anesthes	Anesthesia	Anesthesia for procedures on eye; iridectomy
00148	CPT, Anesthes	Anesthesia	Anesthesia for procedures on eye; ophthalmoscopy
0015M	CPT, Assays w,	Multianalyte Assays with	Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and
00160	CPT, Anesthes	Anesthesia	Anesthesia for procedures on nose and accessory sinuses; not otherwise specified

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
00162	CPT, Anesthes	Anesthesia	Anesthesia for procedures on nose and accessory sinuses; radical surgery
00164	CPT, Anesthes	Anesthesia	Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue
0016M	CPT, Assays w/	Multianalyte Assays with	Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed
0016U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcript:
00170	CPT, Anesthes	Anesthesia	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
00172	CPT, Anesthes	Anesthesia	Anesthesia for intraoral procedures, including biopsy; repair of cleft palate
00174	CPT, Anesthes	Anesthesia	Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor
00176	CPT, Anesthes	Anesthesia	Anesthesia for intraoral procedures, including biopsy; radical surgery
0017U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sei
0018M	CPT, Assays w/	Multianalyte Assays with	Transplantation medicine (allograft rejection, renal), measurement of donor and third-party-induced (
0019M	CPT, Assays w/	Multianalyte Assays with	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algo
0018U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle asp
00190	CPT, Anesthes	Anesthesia	Anesthesia for procedures on facial bones or skull; not otherwise specified
00192	CPT, Anesthes	Anesthesia	Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)
0019U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedd
00210	CPT, Anesthes	Anesthesia	Anesthesia for intracranial procedures; not otherwise specified
00211	CPT, Anesthes	Anesthesia	Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma
00212	CPT, Anesthes	Anesthesia	Anesthesia for intracranial procedures; subdural taps
00214	CPT, Anesthes	Anesthesia	Anesthesia for intracranial procedures; burr holes, including ventriculography
00215	CPT, Anesthes	Anesthesia	Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradur
00216	CPT, Anesthes	Anesthesia	Anesthesia for intracranial procedures; vascular procedures
00218	CPT, Anesthes	Anesthesia	Anesthesia for intracranial procedures; procedures in sitting position
0021U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Rop
00220	CPT, Anesthes	Anesthesia	Anesthesia for intracranial procedures; cerebrospinal fluid shunting procedures
00222	CPT, Anesthes	Anesthesia	Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve
0022U	CPT, Proprieta	Proprietary Laboratory Ar	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 g
0023U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835,
0024U	CPT, Proprieta	Proprietary Laboratory Ar	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative
0025U	CPT, Proprieta	Proprietary Laboratory Ar	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC - MS/MS), urine,
0026U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (thyroid), DNA and mRNA of 112 genes, next - generation sequencing, fine needle aspirate
0027U	CPT, Proprieta	Proprietary Laboratory Ar	JAK2 (Janus kinase 2) (e.g., myeloproliferative disorder) gene analysis, targeted sequence analysis
0029U	CPT, Proprieta	Proprietary Laboratory Ar	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie,
00300	CPT, Anesthes	Anesthesia	Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and pc
0030U	CPT, Proprieta	Proprietary Laboratory Ar	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2,
0031U	CPT, Proprieta	Proprietary Laboratory Ar	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(e.g., drug metabolism) gene analysis,
00320	CPT, Anesthes	Anesthesia	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; nc
00322	CPT, Anesthes	Anesthesia	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; ne
00326	CPT, Anesthes	Anesthesia	Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0032U	CPT, Proprieta	Proprietary Laboratory Ar C	OMT (catechol - O - methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant
0033U	CPT, Proprieta	Proprietary Laboratory Ar	HTR2A (5 - hydroxytrypta mine receptor 2A), HTR2C (5 - hydroxytrypta mine receptor 2C ) (e.g.,
0034U	CPT, Proprieta	Proprietary Laboratory Ar	TPMT (thiopurine S - methyltransferase), NUDT15 (nudix hydroxylase 15)(e.g., thiopurine
00350	CPT, Anesthes	Anesthesia	Anesthesia for procedures on major vessels of neck; not otherwise specified
00352	CPT, Anesthes	Anesthesia	Anesthesia for procedures on major vessels of neck; simple ligation
0035U	CPT, Proprieta	Proprietary Laboratory Ar	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking - induced
0036U	CPT, Proprieta	Proprietary Laboratory Ar	Exome (ie, somatic mutations), paired formalin - fixed paraffin - embedded tumor tissue and normal
0037U	CPT, Proprieta	Proprietary Laboratory Ar	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation
0038U	CPT, Proprieta	Proprietary Laboratory Ar	Vitamin D, 25 hydroxy D2 and D3, by LC - MS/MS, serum microsample, quantitative
0039U	CPT, Proprieta	Proprietary Laboratory Ar	Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity
00400	CPT, Anesthes	Anesthesia	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perine
00402	CPT, Anesthes	Anesthesia	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perine
00404	CPT, Anesthes	Anesthesia	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perine
00406	CPT, Anesthes	Anesthesia	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perine
0040U	CPT, Proprieta	Proprietary Laboratory Ar	BC R/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint,
00410	CPT, Anesthes	Anesthesia	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perine
0041U	CPT, Proprieta	Proprietary Laboratory Ar	Vitamin D, 25 hydroxy D2 and D3, by LC - MS/MS, serum microsample, quantitative
0042T	CPT, Category	Category III Codes	Cerebral perfusion analysis using computed tomography with contrast administration, including post-
0042U	CPT, Proprieta	Proprietary Laboratory Ar	Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG
0043U	CPT, Proprieta	Proprietary Laboratory Ar	Tick - borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by
0044U	CPT, Proprieta	Proprietary Laboratory Ar	Tick - borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by
00450	CPT, Anesthes	Anesthesia	Anesthesia for procedures on clavicle and scapula; not otherwise specified
00454	CPT, Anesthes	Anesthesia	Anesthesia for procedures on clavicle and scapula; biopsy of clavicle
0045U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real - time RT - PC R
0046U	CPT, Proprieta	Proprietary Laboratory Ar	FLT3 (fms - related tyrosine kinase 3) (e.g., acute myeloid leukemia) internal tandem duplication
00470	CPT, Anesthes	Anesthesia	Anesthesia for partial rib resection; not otherwise specified
00472	CPT, Anesthes	Anesthesia	Anesthesia for partial rib resection; thoracoplasty (any type)
00474	CPT, Anesthes	Anesthesia	Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum)
0047U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (prostate), mRNA, gene expression profiling by real - time RT - PCR of 17 genes (12 content :
0048U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein - coding exons of 468 cancer - :
0049U	CPT, Proprieta	Proprietary Laboratory Ar	NPM1 (nucleophosmin) (e.g., acute myeloid leukemia) gene analysis, quantitative
00500	CPT, Anesthes	Anesthesia	Anesthesia for all procedures on esophagus
0050U	CPT, Proprieta	Proprietary Laboratory Ar	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, in
0051U	CPT, Proprieta	Proprietary Laboratory Ar	Prescription drug monitoring, evaluation of drugs present by liquid chromatography tandem mass spe
00520	CPT, Anesthes	Anesthesia	Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified
00522	CPT, Anesthes	Anesthesia	Anesthesia for closed chest procedures; needle biopsy of pleura
00524	CPT, Anesthes	Anesthesia	Anesthesia for closed chest procedures; pneumocentesis
00528	CPT, Anesthes	Anesthesia	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing 1 l

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
00529	CPT, Anesthes	Anesthesia	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing 1 lung
0052U	CPT, Proprieta	Proprietary Laboratory Ar	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five ma
00530	CPT, Anesthes	Anesthesia	Anesthesia for Cardiac Pacemaker Procedure
00532	CPT, Anesthes	Anesthesia	Anesthesia for access to central venous circulation
00534	CPT, Anesthes	Anesthesia	Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator
00537	CPT, Anesthes	Anesthesia	Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation
00539	CPT, Anesthes	Anesthesia	Anesthesia for tracheobronchial reconstruction
00540	CPT, Anesthes	Anesthesia	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (includi
00541	CPT, Anesthes	Anesthesia	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (includi
00542	CPT, Anesthes	Anesthesia	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (includi
00546	CPT, Anesthes	Anesthesia	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (includi
00548	CPT, Anesthes	Anesthesia	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (includi
0054T	CPT, Category	Category III Codes	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance
0054U	CPT, Proprieta	Proprietary Laboratory Ar	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spe
00550	CPT, Anesthes	Anesthesia	Anesthesia for sternal debridement
0055T	CPT, Category	Category III Codes	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance
0055U	CPT, Proprieta	Proprietary Laboratory Ar	Cardiology (heart transplant), cell - free DNA, PCR assay of 96 DNA target sequences (94 single nucleo
00560	CPT, Anesthes	Anesthesia	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygena
00561	CPT, Anesthes	Anesthesia	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator
00562	CPT, Anesthes	Anesthesia	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator
00563	CPT, Anesthes	Anesthesia	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator
00566	CPT, Anesthes	Anesthesia	Anesthesia for direct coronary artery bypass grafting; without pump oxygenator
00567	CPT, Anesthes	Anesthesia	Anesthesia for direct coronary artery bypass grafting; with pump oxygenator
00580	CPT, Anesthes	Anesthesia	Anesthesia for heart transplant or heart/lung transplant
0058U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyomavirus oncoprotei
0059U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyomavirus capsid prot
00600	CPT, Anesthes	Anesthesia	Anesthesia for procedures on cervical spine and cord; not otherwise specified
00604	CPT, Anesthes	Anesthesia	Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position
0061U	CPT, Proprieta	Proprietary Laboratory Ar	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2
00620	CPT, Anesthes	Anesthesia	Anesthesia for procedures on thoracic spine and cord, not otherwise specified
00625	CPT, Anesthes	Anesthesia	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not
00626	CPT, Anesthes	Anesthesia	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utili
0062U	CPT, Proprieta	Proprietary Laboratory Ar	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum,
00630	CPT, Anesthes	Anesthesia	Anesthesia for procedures in lumbar region; not otherwise specified
00632	CPT, Anesthes	Anesthesia	Anesthesia for procedures in lumbar region; lumbar sympathectomy
00635	CPT, Anesthes	Anesthesia	Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture
0063U	CPT, Proprieta	Proprietary Laboratory Ar	Neurology (autism), 32 amines by LC - MS/MS, using plasma, algorithm reported asmetabolic signatur
00640	CPT, Anesthes	Anesthesia	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar :

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
00670	CPT, Anesthes	Anesthesia	Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular pro
0067U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metall
0069U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (colorectal), microRNA, RT - PCR expression profiling of miR - 31 - 3p, formalin - fixed paraffi
00700	CPT, Anesthes	Anesthesia	Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified
00702	CPT, Anesthes	Anesthesia	Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy
0070U	CPT, Proprieta	Proprietary Laboratory Ar	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drugmetabolism) gene analysis,
0071T	CPT, Category	Category III Codes	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volur
0071U	CPT, Proprieta	Proprietary Laboratory Ar	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis
0072T	CPT, Category	Category III Codes	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volur
0072U	CPT, Proprieta	Proprietary Laboratory Ar	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis
00730	CPT, Anesthes	Anesthesia	Anesthesia for procedures on upper posterior abdominal wall
00731	CPT, Anesthes	Anesthesia	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duoc
00732	CPT, Anesthes	Anesthesia	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duoc
0073U	CPT, Proprieta	Proprietary Laboratory Ar	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis
0074U	CPT, Proprieta	Proprietary Laboratory Ar	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis
00750	CPT, Anesthes	Anesthesia	Anesthesia for hernia repairs in upper abdomen; not otherwise specified
00752	CPT, Anesthes	Anesthesia	Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or woun
00754	CPT, Anesthes	Anesthesia	Anesthesia for hernia repairs in upper abdomen; omphalocele
00756	CPT, Anesthes	Anesthesia	Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia
0075T	CPT, Category	Category III Codes	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and
0075U	CPT, Proprieta	Proprietary Laboratory Ar	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis
0076T	CPT, Category	Category III Codes	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and
0076U	CPT, Proprieta	Proprietary Laboratory Ar	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis
00770	CPT, Anesthes	Anesthesia	Anesthesia for all procedures on major abdominal blood vessels
0077U	CPT, Proprieta	Proprietary Laboratory Ar	Immunoglobulin paraprotein (M - protein), qualitative, immunoprecipitation and mass spectrometry,
0078U	CPT, Proprieta	Proprietary Laboratory Ar	Pain management (opioid - use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, D/
00790	CPT, Anesthes	Anesthesia	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise sp
00792	CPT, Anesthes	Anesthesia	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatecto
00794	CPT, Anesthes	Anesthesia	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatotomy,
00796	CPT, Anesthes	Anesthesia	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (r
00797	CPT, Anesthes	Anesthesia	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive
0079U	CPT, Proprieta	Proprietary Laboratory Ar	Comparative DNA analysis using multiple selected single - nucleotide polymorphisms(SNPs), urine and
00800	CPT, Anesthes	Anesthesia	Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified
00802	CPT, Anesthes	Anesthesia	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy
0080U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (lung), mass spectrometric analysis of galectin - 3 - binding protein and scavenger receptor c
00811	CPT, Anesthes	Anesthesia	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; no
00812	CPT, Anesthes	Anesthesia	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; sci
00813	CPT, Anesthes	Anesthesia	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introdu

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
00820	CPT, Anesthes	Anesthesia	Anesthesia for procedures on lower posterior abdominal wall
00830	CPT, Anesthes	Anesthesia	Anesthesia for hernia repairs in lower abdomen; not otherwise specified
00832	CPT, Anesthes	Anesthesia	Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias
00834	CPT, Anesthes	Anesthesia	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age
00836	CPT, Anesthes	Anesthesia	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants younger than 37 months
0083U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue
00840	CPT, Anesthes	Anesthesia	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified
00842	CPT, Anesthes	Anesthesia	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis
00844	CPT, Anesthes	Anesthesia	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal
00846	CPT, Anesthes	Anesthesia	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy
00848	CPT, Anesthes	Anesthesia	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration
0084U	CPT, Proprieta	Proprietary Laboratory Ar	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens
00851	CPT, Anesthes	Anesthesia	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/trafalgar
00860	CPT, Anesthes	Anesthesia	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified
00862	CPT, Anesthes	Anesthesia	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedure
00864	CPT, Anesthes	Anesthesia	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy
00865	CPT, Anesthes	Anesthesia	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy
00866	CPT, Anesthes	Anesthesia	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy
00868	CPT, Anesthes	Anesthesia	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant
00870	CPT, Anesthes	Anesthesia	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy
00872	CPT, Anesthes	Anesthesia	Anesthesia for lithotripsy, extracorporeal shock wave; with water bath
00873	CPT, Anesthes	Anesthesia	Anesthesia for lithotripsy, extracorporeal shock wave; without water bath
0087U	CPT, Proprieta	Proprietary Laboratory Ar	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplantation
00880	CPT, Anesthes	Anesthesia	Anesthesia for procedures on major lower abdominal vessels; not otherwise specified
00882	CPT, Anesthes	Anesthesia	Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation
0088U	CPT, Proprieta	Proprietary Laboratory Ar	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes
0089U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection
00902	CPT, Anesthes	Anesthesia	Anesthesia for; anorectal procedure
00904	CPT, Anesthes	Anesthesia	Anesthesia for; radical perineal procedure
00906	CPT, Anesthes	Anesthesia	Anesthesia for; vulvectomy
00908	CPT, Anesthes	Anesthesia	Anesthesia for; perineal prostatectomy
0090U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT - PCR of 23 genes (14 content)
00910	CPT, Anesthes	Anesthesia	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified
00912	CPT, Anesthes	Anesthesia	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of bladder
00914	CPT, Anesthes	Anesthesia	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate
00916	CPT, Anesthes	Anesthesia	Anesthesia for transurethral procedures (including urethrocystoscopy); post-transurethral resection bladder
00918	CPT, Anesthes	Anesthesia	Anesthesia for transurethral procedures (including urethrocystoscopy); with fragmentation, manipulation
0091U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
00920	CPT, Anesthes	Anesthesia	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise spec
00921	CPT, Anesthes	Anesthesia	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilate
00922	CPT, Anesthes	Anesthesia	Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles
00924	CPT, Anesthes	Anesthesia	Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis
00926	CPT, Anesthes	Anesthesia	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectom
00928	CPT, Anesthes	Anesthesia	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectom
0092U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plas
00930	CPT, Anesthes	Anesthesia	Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilate
00932	CPT, Anesthes	Anesthesia	Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputati
00934	CPT, Anesthes	Anesthesia	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation
00936	CPT, Anesthes	Anesthesia	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation
00938	CPT, Anesthes	Anesthesia	Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile
0093U	CPT, Proprieta	Proprietary Laboratory Ar	Prescription drug monitoring, evaluation of 65 common drugs by LC - MS/MS, urine, each drug report
00940	CPT, Anesthes	Anesthesia	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not othe
00942	CPT, Anesthes	Anesthesia	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotor
00944	CPT, Anesthes	Anesthesia	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal b
00948	CPT, Anesthes	Anesthesia	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical i
0094U	CPT, Proprieta	Proprietary Laboratory Ar	Genome (e.g., unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis
00950	CPT, Anesthes	Anesthesia	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscc
00952	CPT, Anesthes	Anesthesia	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteros
0095T	CPT, Category	Category III Codes	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervi
0095U	CPT, Proprieta	Proprietary Laboratory Ar	Eosinophilic esophagitis, Eotaxin-3 [CCL26 {C-C motif chemokine ligand 26}] and major basic protein [F
0098T	CPT, Category	Category III Codes	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each addit
0100T	CPT, Category	Category III Codes	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of in
0101T	CPT, Category	Category III Codes	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified
0101U	CPT, Proprieta	Proprietary Laboratory Ar	Hereditary colon cancer disorders (e.g., Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrc
0102T	CPT, Category	Category III Codes	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and
0102U	CPT, Proprieta	Proprietary Laboratory Ar	Hereditary breast cancer - related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer,
0103U	CPT, Proprieta	Proprietary Laboratory Ar	Hereditary ovarian cancer (e.g., hereditary ovarian cancer, hereditary endometrial cancer), genomic si
0105U	CPT, Proprieta	Proprietary Laboratory Ar	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tum
0106T	CPT, Category	Category III Codes	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stim
0107T	CPT, Category	Category III Codes	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to
0108T	CPT, Category	Category III Codes	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to a:
0108U	CPT, Proprieta	Proprietary Laboratory Ar	Gastroenterology (Barrett's esophagus), whole slide - digital imaging, including morphometric analysis
0109T	CPT, Category	Category III Codes	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to
0110T	CPT, Category	Category III Codes	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to ass
01112	CPT, Anesthes	Anesthesia	Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest
0111U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) ger

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
01120	CPT, Anesthes	Anesthesia	Anesthesia for procedures on bony pelvis
01130	CPT, Anesthes	Anesthesia	Anesthesia for body cast application or revision
0113U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (prostate), measurement of PCA3 and TMPRSS2 - ERG in urine and PSA in serum following p
01140	CPT, Anesthes	Anesthesia	Anesthesia for interpelviabdominal (hindquarter) amputation
0114U	CPT, Proprieta	Proprietary Laboratory Ar	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algori
01150	CPT, Anesthes	Anesthesia	Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation
01160	CPT, Anesthes	Anesthesia	Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint
01170	CPT, Anesthes	Anesthesia	Anesthesia for open procedures involving symphysis pubis or sacroiliac joint
01173	CPT, Anesthes	Anesthesia	Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum
0118U	CPT, Proprieta	Proprietary Laboratory Ar	Transplantation medicine, quantification of donor - derived cell - free DNA using whole genome next -
01200	CPT, Anesthes	Anesthesia	Anesthesia for all closed procedures involving hip joint
01202	CPT, Anesthes	Anesthesia	Anesthesia for arthroscopic procedures of hip joint
0120U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (B - cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hylt
01210	CPT, Anesthes	Anesthesia	Anesthesia for open procedures involving hip joint; not otherwise specified
01212	CPT, Anesthes	Anesthesia	Anesthesia for open procedures involving hip joint; hip disarticulation
01214	CPT, Anesthes	Anesthesia	Anesthesia for open procedures involving hip joint; total hip arthroplasty
01215	CPT, Anesthes	Anesthesia	Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty
01220	CPT, Anesthes	Anesthesia	Anesthesia for all closed procedures involving upper two-thirds of femur
01230	CPT, Anesthes	Anesthesia	Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified
01232	CPT, Anesthes	Anesthesia	Anesthesia for open procedures involving upper two-thirds of femur; amputation
01234	CPT, Anesthes	Anesthesia	Anesthesia for open procedures involving upper two-thirds of femur; radical resection
01250	CPT, Anesthes	Anesthesia	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg
01260	CPT, Anesthes	Anesthesia	Anesthesia for all procedures involving veins of upper leg, including exploration
01270	CPT, Anesthes	Anesthesia	Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specifi
01272	CPT, Anesthes	Anesthesia	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligatic
01274	CPT, Anesthes	Anesthesia	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embo
0129U	CPT, Proprieta	Proprietary Laboratory Ar	Hereditary breast cancer - related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer,
0130U	CPT, Proprieta	Proprietary Laboratory Ar	Hereditary breast cancer - related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer,
0131U	CPT, Proprieta	Proprietary Laboratory Ar	Hereditary breast cancer - related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer,
01320	CPT, Anesthes	Anesthesia	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or poplitea
0132U	CPT, Proprieta	Proprietary Laboratory Ar	Hereditary ovarian cancer - related disorders (e.g., hereditary breast cancer, hereditary ovarian cance
0133U	CPT, Proprieta	Proprietary Laboratory Ar	Hereditary prostate cancer - related disorders, targeted mRNA sequence analysis panel (11 genes) (Lis
01340	CPT, Anesthes	Anesthesia	Anesthesia for all closed procedures on lower one-third of femur
0134U	CPT, Proprieta	Proprietary Laboratory Ar	Hereditary pan cancer (e.g., hereditary breast and ovarian cancer, hereditary endometrial cancer, heri
0135U	CPT, Proprieta	Proprietary Laboratory Ar	Hereditary gynecological cancer (e.g., hereditary breast and ovarian cancer, hereditary endometrial ca
01360	CPT, Anesthes	Anesthesia	Anesthesia for all open procedures on lower one-third of femur
0136U	CPT, Proprieta	Proprietary Laboratory Ar	ATM (ataxia telangiectasia mutated) (e.g., ataxia telangiectasia) mRNA sequenceanalysis (List separate
0137U	CPT, Proprieta	Proprietary Laboratory Ar	PALB2 (partner and localizer of BRCA2) (e.g., breast and pancreatic cancer) mRNA sequence analysis (

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
01380	CPT, Anesthes	Anesthesia	Anesthesia for all closed procedures on knee joint
01382	CPT, Anesthes	Anesthesia	Anesthesia for diagnostic arthroscopic procedures of knee joint
0138U	CPT, Proprieta	Proprietary Laboratory Ar	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast
01390	CPT, Anesthes	Anesthesia	Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella
01392	CPT, Anesthes	Anesthesia	Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella
01400	CPT, Anesthes	Anesthesia	Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified
01402	CPT, Anesthes	Anesthesia	Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty
01404	CPT, Anesthes	Anesthesia	Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee
01420	CPT, Anesthes	Anesthesia	Anesthesia for all cast applications, removal, or repair involving knee joint
01430	CPT, Anesthes	Anesthesia	Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified
01432	CPT, Anesthes	Anesthesia	Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula
01440	CPT, Anesthes	Anesthesia	Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified
01442	CPT, Anesthes	Anesthesia	Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, )
01444	CPT, Anesthes	Anesthesia	Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair
01462	CPT, Anesthes	Anesthesia	Anesthesia for all closed procedures on lower leg, ankle, and foot
01464	CPT, Anesthes	Anesthesia	Anesthesia for arthroscopic procedures of ankle and/or foot
01470	CPT, Anesthes	Anesthesia	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not o
01472	CPT, Anesthes	Anesthesia	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repai
01474	CPT, Anesthes	Anesthesia	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastr
01480	CPT, Anesthes	Anesthesia	Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified
01482	CPT, Anesthes	Anesthesia	Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including be
01484	CPT, Anesthes	Anesthesia	Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of ti
01486	CPT, Anesthes	Anesthesia	Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement
01490	CPT, Anesthes	Anesthesia	Anesthesia for lower leg cast application, removal, or repair
01500	CPT, Anesthes	Anesthesia	Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified
01502	CPT, Anesthes	Anesthesia	Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or wit
01520	CPT, Anesthes	Anesthesia	Anesthesia for procedures on veins of lower leg; not otherwise specified
01522	CPT, Anesthes	Anesthesia	Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter
0152U	CPT, Proprieta	Proprietary Laboratory Ar	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma,
0153U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (breast), mRNA, gene expression profiling by next - generation sequencing of 101 genes, util
0154U	CPT, Proprieta	Proprietary Laboratory Ar	FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G]
0155U	CPT, Proprieta	Proprietary Laboratory Ar	PIK3CA (phosphatidylinositol - 4,5 - bisphosphate 3 - kinase, catalytic subunit alpha) (e.g., breast canc
0156U	CPT, Proprieta	Proprietary Laboratory Ar	C opy number (e.g., intellectual disability, dysmorphology), sequence analysis
0157U	CPT, Proprieta	Proprietary Laboratory Ar	APC (APC regulator of WNT signaling pathway) (e.g., familial adenomatosis polyposis [FAP]) mRNA sec
0158U	CPT, Proprieta	Proprietary Laboratory Ar	MLH1 (mutL homolog 1) (e.g., hereditary non - polyposis colorectal cancer, Lynch syndrome) mRNA se
0159U	CPT, Proprieta	Proprietary Laboratory Ar	MSH2 (mutS homolog 2) (e.g., hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (Lis
0160U	CPT, Proprieta	Proprietary Laboratory Ar	MSH6 (mutS homolog 6) (e.g., hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (Lis
01610	CPT, Anesthes	Anesthesia	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0161U	CPT, Proprieta	Proprietary Laboratory Ar	PMS2 (PMS1 homolog 2, mismatch repair system component) (e.g., hereditary non - polyposis colorec
01620	CPT, Anesthes	Anesthesia	Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicu
01622	CPT, Anesthes	Anesthesia	Anesthesia for diagnostic arthroscopic procedures of shoulder joint
0162U	CPT, Proprieta	Proprietary Laboratory Ar	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, M
01630	CPT, Anesthes	Anesthesia	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular j
01634	CPT, Anesthes	Anesthesia	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular j
01636	CPT, Anesthes	Anesthesia	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular j
01638	CPT, Anesthes	Anesthesia	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular j
0163T	CPT, Category	Category III Codes	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace
0163U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma
0164T	CPT, Category	Category III Codes	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lum
0164U	CPT, Proprieta	Proprietary Laboratory Ar	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antib
01650	CPT, Anesthes	Anesthesia	Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified
01652	CPT, Anesthes	Anesthesia	Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm
01654	CPT, Anesthes	Anesthesia	Anesthesia for procedures on arteries of shoulder and axilla; bypass graft
01656	CPT, Anesthes	Anesthesia	Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft
0165T	CPT, Category	Category III Codes	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each addit
01670	CPT, Anesthes	Anesthesia	Anesthesia for all procedures on veins of shoulder and axilla
01680	CPT, Anesthes	Anesthesia	Anesthesia for shoulder cast application, removal or repair, not otherwise specified
0169U	CPT, Proprieta	Proprietary Laboratory Ar	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene
0170U	CPT, Proprieta	Proprietary Laboratory Ar	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic an
01710	CPT, Anesthes	Anesthesia	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; n
01712	CPT, Anesthes	Anesthesia	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; t
01714	CPT, Anesthes	Anesthesia	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; t
01716	CPT, Anesthes	Anesthesia	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; t
0171U	CPT, Proprieta	Proprietary Laboratory Ar	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and r
0172U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA rep
01730	CPT, Anesthes	Anesthesia	Anesthesia for all closed procedures on humerus and elbow
01732	CPT, Anesthes	Anesthesia	Anesthesia for diagnostic arthroscopic procedures of elbow joint
0173U	CPT, Proprieta	Proprietary Laboratory Ar	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes
01740	CPT, Anesthes	Anesthesia	Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified
01742	CPT, Anesthes	Anesthesia	Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus
01744	CPT, Anesthes	Anesthesia	Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion
0174T	CPT, Category	Category III Codes	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detectic
0174U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tiss
01756	CPT, Anesthes	Anesthesia	Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures
01758	CPT, Anesthes	Anesthesia	Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of hur
0175T	CPT, Category	Category III Codes	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detectic

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0175U	CPT, Proprieta	Proprietary Laboratory Ar	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes
01760	CPT, Anesthes	Anesthesia	Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement
0176U	CPT, Proprieta	Proprietary Laboratory Ar	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)
01770	CPT, Anesthes	Anesthesia	Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified
01772	CPT, Anesthes	Anesthesia	Anesthesia for procedures on arteries of upper arm and elbow; embolectomy
0177U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subu
01780	CPT, Anesthes	Anesthesia	Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified
01782	CPT, Anesthes	Anesthesia	Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy
0179U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nu
0180U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conver
01810	CPT, Anesthes	Anesthesia	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and h
0181U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton bloo
01820	CPT, Anesthes	Anesthesia	Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones
01829	CPT, Anesthes	Anesthesia	Anesthesia for diagnostic arthroscopic procedures on the wrist
0182U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cron
01830	CPT, Anesthes	Anesthesia	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist
01832	CPT, Anesthes	Anesthesia	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist
0183U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 m
01840	CPT, Anesthes	Anesthesia	Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified
01842	CPT, Anesthes	Anesthesia	Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy
01844	CPT, Anesthes	Anesthesia	Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis)
0184T	CPT, Category	Category III Codes	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis
0184U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferas
01850	CPT, Anesthes	Anesthesia	Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified
01852	CPT, Anesthes	Anesthesia	Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy
0185U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H bloo
01860	CPT, Anesthes	Anesthesia	Anesthesia for forearm, wrist, or hand cast application, removal, or repair
0186U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2
0187U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine recept
0188U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich b
0189U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS bloc
0190U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS bloc
01916	CPT, Anesthes	Anesthesia	Anesthesia for diagnostic arteriography/venography
0191U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blo
01920	CPT, Anesthes	Anesthesia	Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not in
01922	CPT, Anesthes	Anesthesia	Anesthesia for non-invasive imaging or radiation therapy
01924	CPT, Anesthes	Anesthesia	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not ot
01925	CPT, Anesthes	Anesthesia	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; carotic

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
01926	CPT, Anesthes	Anesthesia	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intrac
0192U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 n
01930	CPT, Anesthes	Anesthesia	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic syst
01931	CPT, Anesthes	Anesthesia	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic syst
01932	CPT, Anesthes	Anesthesia	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic syst
01933	CPT, Anesthes	Anesthesia	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic syst
01937	CPT, Anesthes	Anesthesia	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine
01938	CPT, Anesthes	Anesthesia	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine
01939	CPT, Anesthes	Anesthesia	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine
0193U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfam
01940	CPT, Anesthes	Anesthesia	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine
01941	CPT, Anesthes	Anesthesia	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg,
01942	CPT, Anesthes	Anesthesia	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg,
0194U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [h
01951	CPT, Anesthes	Anesthesia	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, a
01952	CPT, Anesthes	Anesthesia	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, a
01953	CPT, Anesthes	Anesthesia	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, a
01958	CPT, Anesthes	Anesthesia	Anesthesia for external cephalic version procedure
0195U	CPT, Proprieta	Proprietary Laboratory Ar	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)
01960	CPT, Anesthes	Anesthesia	Anesthesia for vaginal delivery only
01961	CPT, Anesthes	Anesthesia	Anesthesia for cesarean delivery only
01962	CPT, Anesthes	Anesthesia	Anesthesia for urgent hysterectomy following delivery
01963	CPT, Anesthes	Anesthesia	Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care
01965	CPT, Anesthes	Anesthesia	Anesthesia for incomplete or missed abortion procedures
01966	CPT, Anesthes	Anesthesia	Anesthesia for induced abortion procedures
01967	CPT, Anesthes	Anesthesia	Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachn
01968	CPT, Anesthes	Anesthesia	Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in add
01969	CPT, Anesthes	Anesthesia	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately i
0196U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion mc
0197U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellul
0198T	CPT, Category	Category III Codes	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation an
0198U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain terminatio
01990	CPT, Anesthes	Anesthesia	Physiological support for harvesting of organ(s) from brain-dead patient
01991	CPT, Anesthes	Anesthesia	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is perfori
01992	CPT, Anesthes	Anesthesia	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is perfori
01996	CPT, Anesthes	Anesthesia	Daily hospital management of epidural or subarachnoid continuous drug administration
01999	CPT, Anesthes	Anesthesia	Unlisted anesthesia procedure(s)
0199U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membran

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0200T	CPT, Category	Category III Codes	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon
0200U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1
0201T	CPT, Category	Category III Codes	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or
0201U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwrig
0202T	CPT, Category	Category III Codes	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, lamine
0203U	CPT, Proprieta	Proprietary Laboratory Ar	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR,
0204U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, an
0205U	CPT, Proprieta	Proprietary Laboratory Ar	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2
0206U	CPT, Proprieta	Proprietary Laboratory Ar	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-ep:
0207T	CPT, Category	Category III Codes	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral
0207U	CPT, Proprieta	Proprietary Laboratory Ar	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to
0208T	CPT, Category	Category III Codes	Pure tone audiometry (threshold), automated; air only
0208U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine r
0209T	CPT, Category	Category III Codes	Pure tone audiometry (threshold), automated; air and bone
0209U	CPT, Proprieta	Proprietary Laboratory Ar	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy numbe
0210T	CPT, Category	Category III Codes	Speech audiometry threshold, automated;
0211T	CPT, Category	Category III Codes	Speech audiometry threshold, automated; with speech recognition
0211U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-
0212T	CPT, Category	Category III Codes	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), a
0212U	CPT, Proprieta	Proprietary Laboratory Ar	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence ar
0213T	CPT, Category	Category III Codes	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves inne
0213U	CPT, Proprieta	Proprietary Laboratory Ar	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence ar
0214T	CPT, Category	Category III Codes	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves inne
0214U	CPT, Proprieta	Proprietary Laboratory Ar	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence an:
0215T	CPT, Category	Category III Codes	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves inne
0215U	CPT, Proprieta	Proprietary Laboratory Ar	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence an:
0216T	CPT, Category	Category III Codes	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves inne
0216U	CPT, Proprieta	Proprietary Laboratory Ar	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small se
0217T	CPT, Category	Category III Codes	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves inne
0217U	CPT, Proprieta	Proprietary Laboratory Ar	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence c
0218T	CPT, Category	Category III Codes	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves inne
0218U	CPT, Proprieta	Proprietary Laboratory Ar	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, del
0219T	CPT, Category	Category III Codes	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placemen
0219U	CPT, Proprieta	Proprietary Laboratory Ar	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie
0220T	CPT, Category	Category III Codes	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placemen
0220U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and im
0221T	CPT, Category	Category III Codes	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placemen
0221U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABC

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0222T	CPT, Category	Category III Codes	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement
0222U	CPT, Proprieta	Proprietary Laboratory Ar	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequen
0228U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsc
0229U	CPT, Proprieta	Proprietary Laboratory Ar	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colore
0230U	CPT, Proprieta	Proprietary Laboratory Ar	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome ina
0231U	CPT, Proprieta	Proprietary Laboratory Ar	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene anal
0232T	CPT, Category	Category III Codes	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation wher
0232U	CPT, Proprieta	Proprietary Laboratory Ar	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene
0233U	CPT, Proprieta	Proprietary Laboratory Ar	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and in
0234T	CPT, Category	Category III Codes	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and in
0234U	CPT, Proprieta	Proprietary Laboratory Ar	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequenc
0235T	CPT, Category	Category III Codes	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and in
0235U	CPT, Proprieta	Proprietary Laboratory Ar	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome),
0236T	CPT, Category	Category III Codes	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and in
0236U	CPT, Proprieta	Proprietary Laboratory Ar	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg
0237T	CPT, Category	Category III Codes	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and in
0237U	CPT, Proprieta	Proprietary Laboratory Ar	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catechol
0238T	CPT, Category	Category III Codes	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and in
0238U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPC/
0239U	CPT, Proprieta	Proprietary Laboratory Ar	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or mc
0242U	CPT, Proprieta	Proprietary Laboratory Ar	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis
0243U	CPT, Proprieta	Proprietary Laboratory Ar	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence
0244U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-
0245U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA
0246U	CPT, Proprieta	Proprietary Laboratory Ar	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype
0247U	CPT, Proprieta	Proprietary Laboratory Ar	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding
0248U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response
0249U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes
0250U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes,
0251U	CPT, Proprieta	Proprietary Laboratory Ar	Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma
0252U	CPT, Proprieta	Proprietary Laboratory Ar	Fetal aneuploidy short tandem-repeat comparative analysis, fetal DNA from products of conception,
0253T	CPT, Category	Category III Codes	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approa
0253U	CPT, Proprieta	Proprietary Laboratory Ar	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by
0254U	CPT, Proprieta	Proprietary Laboratory Ar	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using
0255U	CPT, Proprieta	Proprietary Laboratory Ar	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluor
0256U	CPT, Proprieta	Proprietary Laboratory Ar	Trimethylamine/trimethylamine N-oxide (TMA/TMAO) profile, tandem mass spectrometry (MS/MS), t

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0257U	CPT, Proprieta	Proprietary Laboratory Ar	Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blo
0258U	CPT, Proprieta	Proprietary Laboratory Ar	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 gen
0259U	CPT, Proprieta	Proprietary Laboratory Ar	Nephrology (chronic kidney disease), nuclear magnetic resonance spectroscopy measurement of myo
0260U	CPT, Proprieta	Proprietary Laboratory Ar	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions
0261U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and
0262U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3
0263T	CPT, Category	Category III Codes	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple inje
0263U	CPT, Proprieta	Proprietary Laboratory Ar	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metab
0264T	CPT, Category	Category III Codes	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple inje
0264U	CPT, Proprieta	Proprietary Laboratory Ar	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions
0265T	CPT, Category	Category III Codes	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple inje
0265U	CPT, Proprieta	Proprietary Laboratory Ar	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence an
0266T	CPT, Category	Category III Codes	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes gene
0266U	CPT, Proprieta	Proprietary Laboratory Ar	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression
0267T	CPT, Category	Category III Codes	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includ
0267U	CPT, Proprieta	Proprietary Laboratory Ar	Rare constitutional and other heritable disorders, identification of copy number variations, inversions,
0268T	CPT, Category	Category III Codes	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includ
0268U	CPT, Proprieta	Proprietary Laboratory Ar	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, bl
0269T	CPT, Category	Category III Codes	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator plac
0269U	CPT, Proprieta	Proprietary Laboratory Ar	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 22
0270T	CPT, Category	Category III Codes	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-c
0270U	CPT, Proprieta	Proprietary Laboratory Ar	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal
0271T	CPT, Category	Category III Codes	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-
0271U	CPT, Proprieta	Proprietary Laboratory Ar	Hematology (congenital neutropenia), genomic sequence analysis of 24 genes, blood, buccal swab, or
0272T	CPT, Category	Category III Codes	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including teler
0272U	CPT, Proprieta	Proprietary Laboratory Ar	Hematology (genetic bleeding disorders), genomic sequence analysis of 60 genes and duplication/dele
0273T	CPT, Category	Category III Codes	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including teler
0273U	CPT, Proprieta	Proprietary Laboratory Ar	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13/
0274T	CPT, Category	Category III Codes	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elemen
0274U	CPT, Proprieta	Proprietary Laboratory Ar	Hematology (genetic platelet disorders), genomic sequence analysis of 62 genes and duplication/dele
0275T	CPT, Category	Category III Codes	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elemen
0275U	CPT, Proprieta	Proprietary Laboratory Ar	Hematology (heparin-induced thrombocytopenia), platelet antibody reactivity by flow cytometry, seru
0276U	CPT, Proprieta	Proprietary Laboratory Ar	Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swa
0277U	CPT, Proprieta	Proprietary Laboratory Ar	Hematology (genetic platelet function disorder), genomic sequence analysis of 40 genes and duplicati
0278T	CPT, Category	Category III Codes	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment sessi
0278U	CPT, Proprieta	Proprietary Laboratory Ar	Hematology (genetic thrombosis), genomic sequence analysis of 14 genes, blood, buccal swab, or amr
0279U	CPT, Proprieta	Proprietary Laboratory Ar	Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen III binding by

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0280U	CPT, Proprieta	Proprietary Laboratory Ar Hematology	(von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen IV binding by
0281U	CPT, Proprieta	Proprietary Laboratory Ar Hematology	(von Willebrand disease [VWD]), von Willebrand propeptide, enzyme-linked immunosort
0282U	CPT, Proprieta	Proprietary Laboratory Ar Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red bloo	
0283U	CPT, Proprieta	Proprietary Laboratory Ar von Willebrand factor (VWF), type 2B, platelet-binding evaluation, radioimmunoassay, plasma	
0284U	CPT, Proprieta	Proprietary Laboratory Ar von Willebrand factor (VWF), type 2N, factor VIII and VWF binding evaluation, enzyme-linked immunc	
0285U	CPT, Proprieta	Proprietary Laboratory Ar Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification,	
0286U	CPT, Proprieta	Proprietary Laboratory Ar CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-	
0287U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle	
0288U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1,	
0289U	CPT, Proprieta	Proprietary Laboratory Ar Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes,	
0290U	CPT, Proprieta	Proprietary Laboratory Ar Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood,	
0291U	CPT, Proprieta	Proprietary Laboratory Ar Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes,	
0292U	CPT, Proprieta	Proprietary Laboratory Ar Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole	
0293U	CPT, Proprieta	Proprietary Laboratory Ar Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes,	
0294U	CPT, Proprieta	Proprietary Laboratory Ar Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole	
0295U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of	
0296U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least	
0297U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens,	
0298U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA	
0299U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA	
0300U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant	
0301U	CPT, Proprieta	Proprietary Laboratory Ar Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella	
0302U	CPT, Proprieta	Proprietary Laboratory Ar Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella	
0303U	CPT, Proprieta	Proprietary Laboratory Ar Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules,	
0304U	CPT, Proprieta	Proprietary Laboratory Ar Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules,	
0305U	CPT, Proprieta	Proprietary Laboratory Ar Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole	
0306U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free	
0307U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient	
0308T	CPT, Category	Category III Codes	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosth
0308U	CPT, Proprieta	Proprietary Laboratory Ar Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adipo	
0309U	CPT, Proprieta	Proprietary Laboratory Ar Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor	
0310U	CPT, Proprieta	Proprietary Laboratory Ar Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive	
0312U	CPT, Proprieta	Proprietary Laboratory Ar Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimu	
0313U	CPT, Proprieta	Proprietary Laboratory Ar Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and :	
0314U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of	
0315U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content	
0316U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 gen	
0317U	CPT, Proprieta	Proprietary Laboratory Ar Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine	

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0318U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive
0319U	CPT, Proprieta	Proprietary Laboratory Ar	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50
0320U	CPT, Proprieta	Proprietary Laboratory Ar	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretranspl
0321U	CPT, Proprieta	Proprietary Laboratory Ar	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttranspl
0322U	CPT, Proprieta	Proprietary Laboratory Ar	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20
0323U	CPT, Proprieta	Proprietary Laboratory Ar	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagen
0326U	CPT, Proprieta	Proprietary Laboratory Ar	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of
0327U	CPT, Proprieta	Proprietary Laboratory Ar	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal p
0328U	CPT, Proprieta	Proprietary Laboratory Ar	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography
0329T	CPT, Category	Category III Codes	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation a
0329U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy n
0330T	CPT, Category	Category III Codes	Tear film imaging, unilateral or bilateral, with interpretation and report
0330U	CPT, Proprieta	Proprietary Laboratory Ar	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 c
0331T	CPT, Category	Category III Codes	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;
0331U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gen
0332T	CPT, Category	Category III Codes	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tor
0332U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative poly
0333U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of metf
0334U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE)
0335U	CPT, Proprieta	Proprietary Laboratory Ar	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small s
0336U	CPT, Proprieta	Proprietary Laboratory Ar	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small s
0337U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identifi
0338U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization
0339U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase
0340U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personal
0341U	CPT, Proprieta	Proprietary Laboratory Ar	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, repor
0342U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (
0343U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative
0344U	CPT, Proprieta	Proprietary Laboratory Ar	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers
0345U	CPT, Proprieta	Proprietary Laboratory Ar	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis
0346U	CPT, Proprieta	Proprietary Laboratory Ar	Beta amyloid, AB40 and AB42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS)
0347U	CPT, Proprieta	Proprietary Laboratory Ar	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, :
0348U	CPT, Proprieta	Proprietary Laboratory Ar	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, :
0349U	CPT, Proprieta	Proprietary Laboratory Ar	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, :
0350U	CPT, Proprieta	Proprietary Laboratory Ar	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, :
0351U	CPT, Proprieta	Proprietary Laboratory Ar	Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-ind
0352U	CPT, Proprieta	Proprietary Laboratory Ar	Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detecti
0353U	CPT, Proprieta	Proprietary Laboratory Ar	Infectious agent detection by nucleic acid (DNA), Chlamydia trachomatis and Neisseria gonorrhoeae, r

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0355U	CPT, Proprieta	Proprietary Laboratory Ar	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)
0356U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-fre
0358U	CPT, Proprieta	Proprietary Laboratory Ar	Neurology (mild cognitive impairment), analysis of B-amyloid 1-42 and 1-40, chemiluminescence enzy
0359U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase
0360U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CA
0361U	CPT, Proprieta	Proprietary Laboratory Ar	Neurofilament light chain, digital immunoassay, plasma, quantitative
0362U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment
0363U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK
0364U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-ge
0365U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, P.
0366U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, P.
0367U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, P.
0368U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SI
0369U	CPT, Proprieta	Proprietary Laboratory Ar	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, vir
0370U	CPT, Proprieta	Proprietary Laboratory Ar	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganis
0371U	CPT, Proprieta	Proprietary Laboratory Ar	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative ide
0372U	CPT, Proprieta	Proprietary Laboratory Ar	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplific
0373U	CPT, Proprieta	Proprietary Laboratory Ar	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fu
0374U	CPT, Proprieta	Proprietary Laboratory Ar	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21
0375U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis
0376U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prog
0377U	CPT, Proprieta	Proprietary Laboratory Ar	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear ma
0378U	CPT, Proprieta	Proprietary Laboratory Ar	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-prim
0379U	CPT, Proprieta	Proprietary Laboratory Ar	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 gene
0380U	CPT, Proprieta	Proprietary Laboratory Ar	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene va
0381U	CPT, Proprieta	Proprietary Laboratory Ar	Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurem
0382U	CPT, Proprieta	Proprietary Laboratory Ar	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measuremer
0383U	CPT, Proprieta	Proprietary Laboratory Ar	Tyrosinemia type I monitoring by patient-collected blood card sample, quantitative measurement of t
0384U	CPT, Proprieta	Proprietary Laboratory Ar	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carb
0385U	CPT, Proprieta	Proprietary Laboratory Ar	Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-
0387U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (melanoma), autophagy and beclin 1 regulator 1 (AMBRA1) and loricrin (AMLo) by immunof
0388U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleo
0389U	CPT, Proprieta	Proprietary Laboratory Ar	Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast
0390U	CPT, Proprieta	Proprietary Laboratory Ar	Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding pi
0391U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin
0392U	CPT, Proprieta	Proprietary Laboratory Ar	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug inte
0393U	CPT, Proprieta	Proprietary Laboratory Ar	Neurology (eg, Parkinson disease, dementia with Lewy bodies), cerebrospinal fluid (CSF), detection of
0394U	CPT, Proprieta	Proprietary Laboratory Ar	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 PFAS c

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0395U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (lung), multi-omics (microbial DNA by shotgun next-generation sequencing and carcinoembri	
0396U	CPT, Proprieta	Proprietary Laboratory Ar Obstetrics (pre-implantation genetic testing), evaluation of 300000 DNA single-nucleotide polymorphi	
0398U	CPT, Proprieta	Proprietary Laboratory Ar Gastroenterology (Barrett esophagus), P16, RUNX3, HPP1, and FBN1 DNA methylation analysis using F	
0399U	CPT, Proprieta	Proprietary Laboratory Ar Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor IgG-binding an	
0400U	CPT, Proprieta	Proprietary Laboratory Ar Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis a	
0401U	CPT, Proprieta	Proprietary Laboratory Ar Cardiology (coronary heart disease [CAD]), 9 genes (12 variants), targeted variant genotyping, blood, s	
0403U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post-digital rectal exami	
0404U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serui	
0405U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma,	
0406U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4-carboxyphenyl] porphyrin [TCPP],	
0407U	CPT, Proprieta	Proprietary Laboratory Ar Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay	
0409U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plas	
0410U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, w	
0411U	CPT, Proprieta	Proprietary Laboratory Ar Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis	
0412U	CPT, Proprieta	Proprietary Laboratory Ar Beta amyloid, AB42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with t	
0413U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneupl	
0414U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, E	
0415U	CPT, Proprieta	Proprietary Laboratory Ar Cardiovascular disease (acute coronary syndrome [ACS]), IL-16, FAS, FASLigand, HGF, CTACK, EOTAXIN	
0417U	CPT, Proprieta	Proprietary Laboratory Ar Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heterc	
0418U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic a	
0419U	CPT, Proprieta	Proprietary Laboratory Ar Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 ger	
0420U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC	
0421U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA marke	
0422U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free	
0423U	CPT, Proprieta	Proprietary Laboratory Ar Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, bu	
0424U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (snRNAs) by quantitative r	
0425U	CPT, Proprieta	Proprietary Laboratory Ar Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, i	
0426U	CPT, Proprieta	Proprietary Laboratory Ar Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence ana	
0427U	CPT, Proprieta	Proprietary Laboratory Ar Monocyte distribution width, whole blood (List separately in addition to code for primary procedure)	
0428U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (i	
0429U	CPT, Proprieta	Proprietary Laboratory Ar Human papillomavirus (HPV), oropharyngeal swab, 14 high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51	
0430U	CPT, Proprieta	Proprietary Laboratory Ar Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase a	
0431U	CPT, Proprieta	Proprietary Laboratory Ar Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitat	
0432U	CPT, Proprieta	Proprietary Laboratory Ar Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualita	
0433U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including	
0434U	CPT, Proprieta	Proprietary Laboratory Ar Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis:	
0435U	CPT, Proprieta	Proprietary Laboratory Ar Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs a	
0436U	CPT, Proprieta	Proprietary Laboratory Ar Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predic	

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0437U	CPT, Proprieta	Proprietary Laboratory Ar	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers,
0438U	CPT, Proprieta	Proprietary Laboratory Ar	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interaction
0439U	CPT, Proprieta	Proprietary Laboratory Ar	Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs)
0440U	CPT, Proprieta	Proprietary Laboratory Ar	Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNP)
0441U	CPT, Proprieta	Proprietary Laboratory Ar	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (vi
0442U	CPT, Proprieta	Proprietary Laboratory Ar	Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive proteir
0443U	CPT, Proprieta	Proprietary Laboratory Ar	Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid
0444U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogati
0445U	CPT, Proprieta	Proprietary Laboratory Ar	B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECL
0446U	CPT, Proprieta	Proprietary Laboratory Ar	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 10 cytokine soluble mediator
0447U	CPT, Proprieta	Proprietary Laboratory Ar	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 11 cytokine soluble mediator
0448U	CPT, Proprieta	Proprietary Laboratory Ar	Oncology (lung and colon cancer), DNA, qualitative, next-generation sequencing detection of single-nu
0449U	CPT, Proprieta	Proprietary Laboratory Ar	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hen
0333T	CPT, Category	Category III Codes	Visual evoked potential, screening of visual acuity, automated, with report
0335T	CPT, Category	Category III Codes	Insertion of sinus tarsi implant
0338T	CPT, Category	Category III Codes	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, sel
0339T	CPT, Category	Category III Codes	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, sel
0342T	CPT, Category	Category III Codes	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion
0345T	CPT, Category	Category III Codes	Transcatheter mitral valve repair percutaneous approach via the coronary sinus
0347T	CPT, Category	Category III Codes	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)
0348T	CPT, Category	Category III Codes	Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbc
0349T	CPT, Category	Category III Codes	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elk
0350T	CPT, Category	Category III Codes	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proxima
0351T	CPT, Category	Category III Codes	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-ti
0352T	CPT, Category	Category III Codes	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interp
0353T	CPT, Category	Category III Codes	Optical coherence tomography of breast, surgical cavity; real-time intraoperative
0354T	CPT, Category	Category III Codes	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referr
0358T	CPT, Category	Category III Codes	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report
0378T	CPT, Category	Category III Codes	Visual field assessment, with concurrent real time data analysis and accessible data storage with patie
0379T	CPT, Category	Category III Codes	Visual field assessment, with concurrent real time data analysis and accessible data storage with patie
0394T	CPT, Category	Category III Codes	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimet
0395T	CPT, Category	Category III Codes	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes l
0397T	CPT, Category	Category III Codes	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separatel
0398T	CPT, Category	Category III Codes	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation l
0402T	CPT, Category	Category III Codes	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and ir
0403T	CPT, Category	Category III Codes	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabete
0408T	CPT, Category	Category III Codes	Insertion or replacement of permanent cardiac contractility modulation system, including contractility
0409T	CPT, Category	Category III Codes	Insertion or replacement of permanent cardiac contractility modulation system, including contractility

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0410T	CPT, Category	Category III Codes	Insertion or replacement of permanent cardiac contractility modulation system, including contractility
0411T	CPT, Category	Category III Codes	Insertion or replacement of permanent cardiac contractility modulation system, including contractility
0412T	CPT, Category	Category III Codes	Removal of permanent cardiac contractility modulation system; pulse generator only
0413T	CPT, Category	Category III Codes	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventr
0414T	CPT, Category	Category III Codes	Removal and replacement of permanent cardiac contractility modulation system pulse generator only
0415T	CPT, Category	Category III Codes	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial c
0416T	CPT, Category	Category III Codes	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator
0417T	CPT, Category	Category III Codes	Programming device evaluation (in person) with iterative adjustment of the implantable device to test
0418T	CPT, Category	Category III Codes	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recc
0419T	CPT, Category	Category III Codes	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); face, head
0420T	CPT, Category	Category III Codes	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); trunk and e
0421T	CPT, Category	Category III Codes	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ult
0422T	CPT, Category	Category III Codes	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral
0437T	CPT, Category	Category III Codes	Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the
0439T	CPT, Category	Category III Codes	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial
0440T	CPT, Category	Category III Codes	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral ne
0441T	CPT, Category	Category III Codes	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral ne
0442T	CPT, Category	Category III Codes	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve
0443T	CPT, Category	Category III Codes	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidanc
0444T	CPT, Category	Category III Codes	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, a
0445T	CPT, Category	Category III Codes	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training
0446T	CPT, Category	Category III Codes	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including sy
0447T	CPT, Category	Category III Codes	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision
0448T	CPT, Category	Category III Codes	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different a
0449T	CPT, Category	Category III Codes	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subco
0450T	CPT, Category	Category III Codes	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subco
0464T	CPT, Category	Category III Codes	Visual evoked potential, testing for glaucoma, with interpretation and report
0469T	CPT, Category	Category III Codes	Retinal polarization scan, ocular screening with on-site automated results, bilateral
0472T	CPT, Category	Category III Codes	Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, re
0473T	CPT, Category	Category III Codes	Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in pe
0474T	CPT, Category	Category III Codes	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal
0479T	CPT, Category	Category III Codes	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 10l
0480T	CPT, Category	Category III Codes	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each ac
0481T	CPT, Category	Category III Codes	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including
0483T	CPT, Category	Category III Codes	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous appi
0484T	CPT, Category	Category III Codes	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic expo
0485T	CPT, Category	Category III Codes	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral
0486T	CPT, Category	Category III Codes	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0488T	CPT, Category	Category III Codes	Preventive behavior change, online/electronic structured intensive program for prevention of diabetes
0489T	CPT, Category	Category III Codes	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvest
0490T	CPT, Category	Category III Codes	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injection
0494T	CPT, Category	Category III Codes	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient
0495T	CPT, Category	Category III Codes	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician
0496T	CPT, Category	Category III Codes	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician
0500T	CPT, Category	Category III Codes	Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more
0505T	CPT, Category	Category III Codes	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular
0506T	CPT, Category	Category III Codes	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral
0507T	CPT, Category	Category III Codes	Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian gland
0509T	CPT, Category	Category III Codes	Electroretinography (ERG) with interpretation and report, pattern (PERG)
0510T	CPT, Category	Category III Codes	Removal of sinus tarsi implant
0511T	CPT, Category	Category III Codes	Removal and reinsertion of sinus tarsi implant
0512T	CPT, Category	Category III Codes	Extracorporeal shock wave for integumentary wound healing, including topical application and
0513T	CPT, Category	Category III Codes	Extracorporeal shock wave for integumentary wound healing, including topical application and
0515T	CPT, Category	Category III Codes	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and
0516T	CPT, Category	Category III Codes	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and
0517T	CPT, Category	Category III Codes	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and
0518T	CPT, Category	Category III Codes	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator
0519T	CPT, Category	Category III Codes	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component
0520T	CPT, Category	Category III Codes	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component
0521T	CPT, Category	Category III Codes	Interrogation device evaluation (in person) with analysis, review and report, includes connection, reconnection
0522T	CPT, Category	Category III Codes	Programming device evaluation (in person) with iterative adjustment of the implantable device to test
0523T	CPT, Category	Category III Codes	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR
0524T	CPT, Category	Category III Codes	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein,
0525T	CPT, Category	Category III Codes	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and
0526T	CPT, Category	Category III Codes	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and
0527T	CPT, Category	Category III Codes	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and
0528T	CPT, Category	Category III Codes	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative
0529T	CPT, Category	Category III Codes	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review
0530T	CPT, Category	Category III Codes	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation
0531T	CPT, Category	Category III Codes	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation
0532T	CPT, Category	Category III Codes	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation
0537T	CPT, Category	Category III Codes	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development
0538T	CPT, Category	Category III Codes	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transplantation
0539T	CPT, Category	Category III Codes	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration
0540T	CPT, Category	Category III Codes	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous
0541T	CPT, Category	Category III Codes	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0542T	CPT, Category	Category III Codes	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acqui
0543T	CPT, Category	Category III Codes	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with place
0544T	CPT, Category	Category III Codes	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstr
0545T	CPT, Category	Category III Codes	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstr
0546T	CPT, Category	Category III Codes	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mas
0547T	CPT, Category	Category III Codes	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score
0552T	CPT, Category	Category III Codes	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physici
0553T	CPT, Category	Category III Codes	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radi
0554T	CPT, Category	Category III Codes	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral den
0555T	CPT, Category	Category III Codes	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral den
0556T	CPT, Category	Category III Codes	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral den
0557T	CPT, Category	Category III Codes	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral den
0558T	CPT, Category	Category III Codes	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis
0559T	CPT, Category	Category III Codes	Anatomic model 3D-printed from image data set(s); first individually prepared and processed compon
0560T	CPT, Category	Category III Codes	Anatomic model 3D-printed from image data set(s); each additional individually prepared and process
0561T	CPT, Category	Category III Codes	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide
0562T	CPT, Category	Category III Codes	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List
0563T	CPT, Category	Category III Codes	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment c
0564T	CPT, Category	Category III Codes	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs a
0565T	CPT, Category	Category III Codes	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the kne
0566T	CPT, Category	Category III Codes	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the kne
0567T	CPT, Category	Category III Codes	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, incl
0568T	CPT, Category	Category III Codes	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tube
0569T	CPT, Category	Category III Codes	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis
0570T	CPT, Category	Category III Codes	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same :
0571T	CPT, Category	Category III Codes	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s)
0572T	CPT, Category	Category III Codes	Insertion of substernal implantable defibrillator electrode
0573T	CPT, Category	Category III Codes	Removal of substernal implantable defibrillator electrode
0574T	CPT, Category	Category III Codes	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode
0575T	CPT, Category	Category III Codes	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with subs
0576T	CPT, Category	Category III Codes	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with subst
0577T	CPT, Category	Category III Codes	Electrophysiologic evaluation of implantable cardioverter defibrillator system with substernal electroc
0578T	CPT, Category	Category III Codes	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-d
0579T	CPT, Category	Category III Codes	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-d
0580T	CPT, Category	Category III Codes	Removal of substernal implantable defibrillator pulse generator only
0581T	CPT, Category	Category III Codes	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when pe
0582T	CPT, Category	Category III Codes	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, includ
0583T	CPT, Category	Category III Codes	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, ion

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0584T	CPT, Category III	Category III Codes	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including g
0585T	CPT, Category III	Category III Codes	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including g
0586T	CPT, Category III	Category III Codes	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including g
0587T	CPT, Category III	Category III Codes	Percutaneous implantation or replacement of integrated single device neurostimulation system includ
0588T	CPT, Category III	Category III Codes	Revision or removal of integrated single device neurostimulation system including electrode array anc
0589T	CPT, Category III	Category III Codes	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, el
0590T	CPT, Category III	Category III Codes	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, e
0594T	CPT, Category III	Category III Codes	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, inc
0596T	CPT, Category III	Category III Codes	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethra
0597T	CPT, Category III	Category III Codes	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement
0601T	CPT, Category III	Category III Codes	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidar
0604T	CPT, Category III	Category III Codes	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmiss
0605T	CPT, Category III	Category III Codes	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmiss
0606T	CPT, Category III	Category III Codes	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmiss
0607T	CPT, Category III	Category III Codes	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurer
0608T	CPT, Category III	Category III Codes	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurer
0609T	CPT, Category III	Category III Codes	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoraci
0610T	CPT, Category III	Category III Codes	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoraci
0611T	CPT, Category III	Category III Codes	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical,
0612T	CPT, Category III	Category III Codes	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoraci
0613T	CPT, Category III	Category III Codes	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left hea
0614T	CPT, Category III	Category III Codes	Removal and replacement of substernal implantable defibrillator pulse generator
0615T	CPT, Category III	Category III Codes	Eye-movement analysis without spatial calibration, with interpretation and report
0616T	CPT, Category III	Category III Codes	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; wi
0617T	CPT, Category III	Category III Codes	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; wi
0618T	CPT, Category III	Category III Codes	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; wi
0619T	CPT, Category III	Category III Codes	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including
0620T	CPT, Category III	Category III Codes	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravasc
0621T	CPT, Category III	Category III Codes	Trabeculostomy ab interno by laser
0622T	CPT, Category III	Category III Codes	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope
0623T	CPT, Category III	Category III Codes	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity o
0624T	CPT, Category III	Category III Codes	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity o
0625T	CPT, Category III	Category III Codes	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity o
0626T	CPT, Category III	Category III Codes	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity o
0627T	CPT, Category III	Category III Codes	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilater
0628T	CPT, Category III	Category III Codes	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilater
0629T	CPT, Category III	Category III Codes	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilater
0630T	CPT, Category III	Category III Codes	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilater

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0631T	CPT, Category III	Category III Codes	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin
0632T	CPT, Category III	Category III Codes	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including
0633T	CPT, Category III	Category III Codes	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast
0634T	CPT, Category III	Category III Codes	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast ma
0635T	CPT, Category III	Category III Codes	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast
0636T	CPT, Category III	Category III Codes	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast r
0637T	CPT, Category III	Category III Codes	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast ma
0638T	CPT, Category III	Category III Codes	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, 1
0639T	CPT, Category III	Category III Codes	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid
0640T	CPT, Category III	Category III Codes	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemo
0643T	CPT, Category III	Category III Codes	Transcatheter left ventricular restoration device implantation including right and left heart catheteriz
0644T	CPT, Category III	Category III Codes	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, v
0645T	CPT, Category III	Category III Codes	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, r
0646T	CPT, Category III	Category III Codes	Transcatheter tricuspid valve implantation/replacement (TTVI) with prosthetic valve, percutaneous ap
0647T	CPT, Category III	Category III Codes	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, i
0648T	CPT, Category III	Category III Codes	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content),
0649T	CPT, Category III	Category III Codes	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content),
0650T	CPT, Category III	Category III Codes	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterat
0651T	CPT, Category III	Category III Codes	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural pc
0652T	CPT, Category III	Category III Codes	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by l
0653T	CPT, Category III	Category III Codes	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple
0654T	CPT, Category III	Category III Codes	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter
0655T	CPT, Category III	Category III Codes	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance
0656T	CPT, Category III	Category III Codes	Vertebral body tethering, anterior; up to 7 vertebral segments
0657T	CPT, Category III	Category III Codes	Vertebral body tethering, anterior; 8 or more vertebral segments
0658T	CPT, Category III	Category III Codes	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score
0659T	CPT, Category III	Category III Codes	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous corc
0660T	CPT, Category III	Category III Codes	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approac
0661T	CPT, Category III	Category III Codes	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant
0662T	CPT, Category III	Category III Codes	Scalp cooling, mechanical; initial measurement and calibration of cap
0663T	CPT, Category III	Category III Codes	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in :
0664T	CPT, Category III	Category III Codes	Donor hysterectomy (including cold preservation); open, from cadaver donor
0665T	CPT, Category III	Category III Codes	Donor hysterectomy (including cold preservation); open, from living donor
0666T	CPT, Category III	Category III Codes	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor
0667T	CPT, Category III	Category III Codes	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cad
0668T	CPT, Category III	Category III Codes	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, i
0669T	CPT, Category III	Category III Codes	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous :
0670T	CPT, Category III	Category III Codes	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial :

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0671T	CPT, Category	Category III Codes	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without extern:
0672T	CPT, Category	Category III Codes	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the fe
0673T	CPT, Category	Category III Codes	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance
0674T	CPT, Category	Category III Codes	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic
0675T	CPT, Category	Category III Codes	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synch
0676T	CPT, Category	Category III Codes	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synch
0677T	CPT, Category	Category III Codes	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragm
0678T	CPT, Category	Category III Codes	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragm
0679T	CPT, Category	Category III Codes	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic s
0680T	CPT, Category	Category III Codes	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmati
0681T	CPT, Category	Category III Codes	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation s
0682T	CPT, Category	Category III Codes	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation sys
0683T	CPT, Category	Category III Codes	Programming device evaluation (in-person) with iterative adjustment of the implantable device to tes
0684T	CPT, Category	Category III Codes	Peri-procedural device evaluation (in-person) and programming of device system parameters before c
0685T	CPT, Category	Category III Codes	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qu
0686T	CPT, Category	Category III Codes	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, i
0687T	CPT, Category	Category III Codes	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial
0688T	CPT, Category	Category III Codes	Treatment of amblyopia using an online digital program; assessment of patient performance and prog
0689T	CPT, Category	Category III Codes	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and repo
0690T	CPT, Category	Category III Codes	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and repo
0691T	CPT, Category	Category III Codes	Automated analysis of an existing computed tomography study for vertebral fracture(s), including ass
0692T	CPT, Category	Category III Codes	Therapeutic ultrafiltration
0693T	CPT, Category	Category III Codes	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and re
0694T	CPT, Category	Category III Codes	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each exc
0695T	CPT, Category	Category III Codes	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize
0696T	CPT, Category	Category III Codes	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize
0697T	CPT, Category	Category III Codes	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), inclu
0698T	CPT, Category	Category III Codes	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), inclu
0699T	CPT, Category	Category III Codes	Injection, posterior chamber of eye, medication
0700T	CPT, Category	Category III Codes	Molecular fluorescent imaging of suspicious nevus; first lesion
0701T	CPT, Category	Category III Codes	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition t
0704T	CPT, Category	Category III Codes	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and pat
0705T	CPT, Category	Category III Codes	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support in
0706T	CPT, Category	Category III Codes	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician c
0707T	CPT, Category	Category III Codes	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone
0708T	CPT, Category	Category III Codes	Intradermal cancer immunotherapy; preparation and initial injection
0709T	CPT, Category	Category III Codes	Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for p
0710T	CPT, Category	Category III Codes	Noninvasive arterial plaque analysis using software processing of data from non-coronary computeriz

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0711T	CPT, Category III	Category III Codes	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized
0712T	CPT, Category III	Category III Codes	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized
0713T	CPT, Category III	Category III Codes	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized
0714T	CPT, Category III	Category III Codes	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance
0716T	CPT, Category III	Category III Codes	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease
0717T	CPT, Category III	Category III Codes	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; ac
0718T	CPT, Category III	Category III Codes	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; in
0719T	CPT, Category III	Category III Codes	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy
0720T	CPT, Category III	Category III Codes	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation
0721T	CPT, Category III	Category III Codes	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, cr
0722T	CPT, Category III	Category III Codes	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, cr
0723T	CPT, Category III	Category III Codes	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and
0724T	CPT, Category III	Category III Codes	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and
0725T	CPT, Category III	Category III Codes	Vestibular device implantation, unilateral
0726T	CPT, Category III	Category III Codes	Removal of implanted vestibular device, unilateral
0727T	CPT, Category III	Category III Codes	Removal and replacement of implanted vestibular device, unilateral
0728T	CPT, Category III	Category III Codes	Diagnostic analysis of vestibular implant, unilateral; with initial programming
0729T	CPT, Category III	Category III Codes	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming
0730T	CPT, Category III	Category III Codes	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance
0731T	CPT, Category III	Category III Codes	Augmentative AI-based facial phenotype analysis with report
0732T	CPT, Category III	Category III Codes	Immunotherapy administration with electroporation, intramuscular
0733T	CPT, Category III	Category III Codes	Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other
0734T	CPT, Category III	Category III Codes	Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other
0735T	CPT, Category III	Category III Codes	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation
0736T	CPT, Category III	Category III Codes	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of
0737T	CPT, Category III	Category III Codes	Xenograft implantation into the articular surface
0738T	CPT, Category III	Category III Codes	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from
0739T	CPT, Category III	Category III Codes	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal
0740T	CPT, Category III	Category III Codes	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration
0741T	CPT, Category III	Category III Codes	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration
0742T	CPT, Category III	Category III Codes	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography
0743T	CPT, Category III	Category III Codes	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density
0744T	CPT, Category III	Category III Codes	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, with
0745T	CPT, Category III	Category III Codes	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and
0746T	CPT, Category III	Category III Codes	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization
0747T	CPT, Category III	Category III Codes	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia
0748T	CPT, Category III	Category III Codes	Injections of stem cell product into perianal perirectal soft tissue, including fistula preparation (eg, rectal)
0749T	CPT, Category III	Category III Codes	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0750T	CPT, Category	Category III Codes	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (
0751T	CPT, Category	Category III Codes	Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examinati
0752T	CPT, Category	Category III Codes	Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examinati
0753T	CPT, Category	Category III Codes	Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examinati
0754T	CPT, Category	Category III Codes	Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examinati
0755T	CPT, Category	Category III Codes	Digitization of glass microscope slides for level VI, surgical pathology, gross and microscopic examinati
0756T	CPT, Category	Category III Codes	Digitization of glass microscope slides for special stain, including interpretation and report, group I, fo
0757T	CPT, Category	Category III Codes	Digitization of glass microscope slides for special stain, including interpretation and report, group II, al
0758T	CPT, Category	Category III Codes	Digitization of glass microscope slides for special stain, including interpretation and report, histochem
0759T	CPT, Category	Category III Codes	Digitization of glass microscope slides for special stain, including interpretation and report, group III, f
0760T	CPT, Category	Category III Codes	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specin
0761T	CPT, Category	Category III Codes	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specin
0762T	CPT, Category	Category III Codes	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specin
0763T	CPT, Category	Category III Codes	Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, H
0764T	CPT, Category	Category III Codes	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejectio
0765T	CPT, Category	Category III Codes	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejectio
0766T	CPT, Category	Category III Codes	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nei
0767T	CPT, Category	Category III Codes	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nei
0770T	CPT, Category	Category III Codes	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)
0771T	CPT, Category	Category III Codes	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified
0772T	CPT, Category	Category III Codes	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified
0773T	CPT, Category	Category III Codes	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health c
0774T	CPT, Category	Category III Codes	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health c
0776T	CPT, Category	Category III Codes	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-c
0777T	CPT, Category	Category III Codes	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary p
0778T	CPT, Category	Category III Codes	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU)
0779T	CPT, Category	Category III Codes	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report
0780T	CPT, Category	Category III Codes	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract
0781T	CPT, Category	Category III Codes	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential rad
0782T	CPT, Category	Category III Codes	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential rad
0783T	CPT, Category	Category III Codes	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equip
0784T	CPT, Category	Category III Codes	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, in
0785T	CPT, Category	Category III Codes	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator
0786T	CPT, Category	Category III Codes	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, in
0787T	CPT, Category	Category III Codes	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator
0788T	CPT, Category	Category III Codes	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, el
0789T	CPT, Category	Category III Codes	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, e
0790T	CPT, Category	Category III Codes	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0791T	CPT, Category III	Category III Codes	Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separate
0792T	CPT, Category III	Category III Codes	Application of silver diamine fluoride 38%, by a physician or other qualified health care professional
0793T	CPT, Category III	Category III Codes	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including
0794T	CPT, Category III	Category III Codes	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options b
0795T	CPT, Category III	Category III Codes	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance
0796T	CPT, Category III	Category III Codes	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance
0797T	CPT, Category III	Category III Codes	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance
0798T	CPT, Category III	Category III Codes	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance
0799T	CPT, Category III	Category III Codes	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance
0800T	CPT, Category III	Category III Codes	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance
0801T	CPT, Category III	Category III Codes	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including in
0802T	CPT, Category III	Category III Codes	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including in
0803T	CPT, Category III	Category III Codes	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including in
0804T	CPT, Category III	Category III Codes	Programming device evaluation (in person) with iterative adjustment of implantable device to test the
0805T	CPT, Category III	Category III Codes	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantati
0806T	CPT, Category III	Category III Codes	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantati
0807T	CPT, Category III	Category III Codes	Pulmonary tissue ventilation analysis using software-based processing of data from separately captur
0808T	CPT, Category III	Category III Codes	Pulmonary tissue ventilation analysis using software-based processing of data from separately captur
0810T	CPT, Category III	Category III Codes	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies
0811T	CPT, Category III	Category III Codes	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient ed
0812T	CPT, Category III	Category III Codes	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with au
0813T	CPT, Category III	Category III Codes	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric bal
0814T	CPT, Category III	Category III Codes	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, in
0815T	CPT, Category III	Category III Codes	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fr
0816T	CPT, Category III	Category III Codes	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction includir
0817T	CPT, Category III	Category III Codes	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction includir
0818T	CPT, Category III	Category III Codes	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis
0819T	CPT, Category III	Category III Codes	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis
0820T	CPT, Category III	Category III Codes	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed,
0821T	CPT, Category III	Category III Codes	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed,
0822T	CPT, Category III	Category III Codes	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed,
0823T	CPT, Category III	Category III Codes	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imagi
0824T	CPT, Category III	Category III Codes	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imagir
0825T	CPT, Category III	Category III Codes	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atria
0826T	CPT, Category III	Category III Codes	Programming device evaluation (in person) with iterative adjustment of the implantable device to test
0827T	CPT, Category III	Category III Codes	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervica
0828T	CPT, Category III	Category III Codes	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervica
0829T	CPT, Category III	Category III Codes	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interp

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
0830T	CPT, Category	Category III Codes	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique wi
0831T	CPT, Category	Category III Codes	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), re
0832T	CPT, Category	Category III Codes	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and inte
0833T	CPT, Category	Category III Codes	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, scree
0834T	CPT, Category	Category III Codes	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study in
0835T	CPT, Category	Category III Codes	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediat
0836T	CPT, Category	Category III Codes	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediat
0837T	CPT, Category	Category III Codes	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpreta
0838T	CPT, Category	Category III Codes	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhe
0839T	CPT, Category	Category III Codes	Digitization of glass microscope slides for consultation and report on referred material requiring prep;
0840T	CPT, Category	Category III Codes	Digitization of glass microscope slides for consultation, comprehensive, with review of records and sp
0841T	CPT, Category	Category III Codes	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, wit
0842T	CPT, Category	Category III Codes	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissu
0843T	CPT, Category	Category III Codes	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examinatio
0844T	CPT, Category	Category III Codes	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examinatio
0845T	CPT, Category	Category III Codes	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody s
0846T	CPT, Category	Category III Codes	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single a
0847T	CPT, Category	Category III Codes	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previous
0848T	CPT, Category	Category III Codes	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single pr
0849T	CPT, Category	Category III Codes	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additiona
0850T	CPT, Category	Category III Codes	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex
0851T	CPT, Category	Category III Codes	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or
0852T	CPT, Category	Category III Codes	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or
0853T	CPT, Category	Category III Codes	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or
0854T	CPT, Category	Category III Codes	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with wr
0855T	CPT, Category	Category III Codes	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in additi
0856T	CPT, Category	Category III Codes	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition t
0857T	CPT, Category	Category III Codes	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image docu
0858T	CPT, Category	Category III Codes	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortic
0859T	CPT, Category	Category III Codes	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, a
0860T	CPT, Category	Category III Codes	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, a
0861T	CPT, Category	Category III Codes	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both componen
0862T	CPT, Category	Category III Codes	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including devic
0863T	CPT, Category	Category III Codes	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including devic
0864T	CPT, Category	Category III Codes	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy
0865T	CPT, Category	Category III Codes	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic
0866T	CPT, Category	Category III Codes	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic
14301	CPT, Surgery	Integumentary System	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
15050	CPT, Surgery	Integumentary System	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on
15121	CPT, Surgery	Integumentary System	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or r
15200	CPT, Surgery	Integumentary System	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	CPT, Surgery	Integumentary System	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or par
15271	CPT, Surgery	Integumentary System	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; fir
15570	CPT, Surgery	Integumentary System	Formation of direct or tubed pedicle, with or without transfer; trunk
15610	CPT, Surgery	Integumentary System	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs
15620	CPT, Surgery	Integumentary System	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia
15734	CPT, Surgery	Integumentary System	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15736	CPT, Surgery	Integumentary System	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
15740	CPT, Surgery	Integumentary System	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel
15757	CPT, Surgery	Integumentary System	Free skin flap with microvascular anastomosis
15770	CPT, Surgery	Integumentary System	Graft; derma-fat-fascia
15771	CPT, Surgery	Integumentary System	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or le
15775	CPT, Surgery	Integumentary System	Punch graft for hair transplant; 1 to 15 punch grafts
15778	CPT, Surgery	Integumentary System	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external geni
15780	CPT, Surgery	Integumentary System	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15787	CPT, Surgery	Integumentary System	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788	CPT, Surgery	Integumentary System	Chemical peel, facial; epidermal
15789	CPT, Surgery	Integumentary System	Chemical peel, facial; dermal
15828	CPT, Surgery	Integumentary System	Rhytidectomy; cheek, chin, and neck
15829	CPT, Surgery	Integumentary System	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830	CPT, Surgery	Integumentary System	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical pannic
15832	CPT, Surgery	Integumentary System	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	CPT, Surgery	Integumentary System	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	CPT, Surgery	Integumentary System	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	CPT, Surgery	Integumentary System	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	CPT, Surgery	Integumentary System	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	CPT, Surgery	Integumentary System	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	CPT, Surgery	Integumentary System	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15840	CPT, Surgery	Integumentary System	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15876	CPT, Surgery	Integumentary System	Suction assisted lipectomy; head and neck
15877	CPT, Surgery	Integumentary System	Suction assisted lipectomy; trunk
15878	CPT, Surgery	Integumentary System	Suction assisted lipectomy; upper extremity
15920	CPT, Surgery	Integumentary System	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
15946	CPT, Surgery	Integumentary System	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or ski
15950	CPT, Surgery	Integumentary System	Excision, trochanteric pressure ulcer, with primary suture;
15951	CPT, Surgery	Integumentary System	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
15956	CPT, Surgery	Integumentary System	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure
15958	CPT, Surgery	Integumentary System	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure
16035	CPT, Surgery	Integumentary System	Escharotomy; initial incision
17106	CPT, Surgery	Integumentary System	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
17108	CPT, Surgery	Integumentary System	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
17110	CPT, Surgery	Integumentary System	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), of benign lesions
19281	CPT, Surgery	Integumentary System	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), preoperatively
19294	CPT, Surgery	Integumentary System	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy
19296	CPT, Surgery	Integumentary System	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for intraoperative radiation therapy
19297	CPT, Surgery	Integumentary System	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for external beam radiation therapy
19300	CPT, Surgery	Integumentary System	Mastectomy for gynecomastia
19305	CPT, Surgery	Integumentary System	Mastectomy, radical, including pectoral muscles, axillary lymph nodes
20526	CPT, Surgery	Musculoskeletal System	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel
20555	CPT, Surgery	Musculoskeletal System	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement therapy
20610	CPT, Surgery	Musculoskeletal System	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa)
20900	CPT, Surgery	Musculoskeletal System	Bone graft, any donor area; minor or small (eg, dowel or button)
20912	CPT, Surgery	Musculoskeletal System	Cartilage graft; nasal septum
20930	CPT, Surgery	Musculoskeletal System	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately)
20974	CPT, Surgery	Musculoskeletal System	Electrical stimulation to aid bone healing; noninvasive (nonoperative)
21015	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm
21047	CPT, Surgery	Musculoskeletal System	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy
21100	CPT, Surgery	Musculoskeletal System	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21116	CPT, Surgery	Musculoskeletal System	Injection procedure for temporomandibular joint arthrography
21120	CPT, Surgery	Musculoskeletal System	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21139	CPT, Surgery	Musculoskeletal System	Reduction forehead; contouring and setback of anterior frontal sinus wall
21194	CPT, Surgery	Musculoskeletal System	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes osteotomy)
21195	CPT, Surgery	Musculoskeletal System	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21244	CPT, Surgery	Musculoskeletal System	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21246	CPT, Surgery	Musculoskeletal System	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21249	CPT, Surgery	Musculoskeletal System	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21335	CPT, Surgery	Musculoskeletal System	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
21340	CPT, Surgery	Musculoskeletal System	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including septum
21356	CPT, Surgery	Musculoskeletal System	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
21366	CPT, Surgery	Musculoskeletal System	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of maxilla
21406	CPT, Surgery	Musculoskeletal System	Open treatment of fracture of orbit, except blowout; without implant
21421	CPT, Surgery	Musculoskeletal System	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation
21454	CPT, Surgery	Musculoskeletal System	Open treatment of mandibular fracture with external fixation
21480	CPT, Surgery	Musculoskeletal System	Closed treatment of temporomandibular dislocation; initial or subsequent

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
21552	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater
21600	CPT, Surgery	Musculoskeletal System	Excision of rib, partial
21602	CPT, Surgery	Musculoskeletal System	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphad
21603	CPT, Surgery	Musculoskeletal System	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadene
21811	CPT, Surgery	Musculoskeletal System	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when per
22100	CPT, Surgery	Musculoskeletal System	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bc
22220	CPT, Surgery	Musculoskeletal System	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
22586	CPT, Surgery	Musculoskeletal System	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with
22614	CPT, Surgery	Musculoskeletal System	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List
22857	CPT, Surgery	Musculoskeletal System	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace
22862	CPT, Surgery	Musculoskeletal System	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single inte
22867	CPT, Surgery	Musculoskeletal System	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, includir
22870	CPT, Surgery	Musculoskeletal System	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompr
22902	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm
23071	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater
23073	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater
23076	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm
23140	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;
23210	CPT, Surgery	Musculoskeletal System	Radical resection of tumor; scapula
23397	CPT, Surgery	Musculoskeletal System	Muscle transfer, any type, shoulder or upper arm; multiple
23410	CPT, Surgery	Musculoskeletal System	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23415	CPT, Surgery	Musculoskeletal System	Coracoacromial ligament release, with or without acromioplasty
23474	CPT, Surgery	Musculoskeletal System	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid com
23935	CPT, Surgery	Musculoskeletal System	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow
24160	CPT, Surgery	Musculoskeletal System	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar c
24320	CPT, Surgery	Musculoskeletal System	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brook
24342	CPT, Surgery	Musculoskeletal System	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24435	CPT, Surgery	Musculoskeletal System	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)
24500	CPT, Surgery	Musculoskeletal System	Closed treatment of humeral shaft fracture; without manipulation
24530	CPT, Surgery	Musculoskeletal System	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar e
24545	CPT, Surgery	Musculoskeletal System	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when
24800	CPT, Surgery	Musculoskeletal System	Arthrodesis, elbow joint; local
24931	CPT, Surgery	Musculoskeletal System	Amputation, arm through humerus; with implant
24940	CPT, Surgery	Musculoskeletal System	Cineplasty, upper extremity, complete procedure
25023	CPT, Surgery	Musculoskeletal System	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridemen
25101	CPT, Surgery	Musculoskeletal System	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loo
25265	CPT, Surgery	Musculoskeletal System	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining
25270	CPT, Surgery	Musculoskeletal System	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
25274	CPT, Surgery	Musculoskeletal System	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaini
25320	CPT, Surgery	Musculoskeletal System	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or g
25431	CPT, Surgery	Musculoskeletal System	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and
25607	CPT, Surgery	Musculoskeletal System	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
25820	CPT, Surgery	Musculoskeletal System	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)
26117	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm
26121	CPT, Surgery	Musculoskeletal System	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (in
26341	CPT, Surgery	Musculoskeletal System	Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), sing
26420	CPT, Surgery	Musculoskeletal System	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each t
26450	CPT, Surgery	Musculoskeletal System	Tenotomy, flexor, palm, open, each tendon
26550	CPT, Surgery	Musculoskeletal System	Pollicization of a digit
26560	CPT, Surgery	Musculoskeletal System	Repair of syndactyly (web finger) each web space; with skin flaps
26591	CPT, Surgery	Musculoskeletal System	Repair, intrinsic muscles of hand, each muscle
26720	CPT, Surgery	Musculoskeletal System	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without r
26756	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
26951	CPT, Surgery	Musculoskeletal System	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomi
27003	CPT, Surgery	Musculoskeletal System	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27093	CPT, Surgery	Musculoskeletal System	Injection procedure for hip arthrography; without anesthesia
27140	CPT, Surgery	Musculoskeletal System	Osteotomy and transfer of greater trochanter of femur (separate procedure)
27303	CPT, Surgery	Musculoskeletal System	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)
27333	CPT, Surgery	Musculoskeletal System	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
27380	CPT, Surgery	Musculoskeletal System	Suture of infrapatellar tendon; primary
27407	CPT, Surgery	Musculoskeletal System	Repair, primary, torn ligament and/or capsule, knee; cruciate
27418	CPT, Surgery	Musculoskeletal System	Anterior tibial tubercleplasty (eg, Maquet type procedure)
27441	CPT, Surgery	Musculoskeletal System	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27445	CPT, Surgery	Musculoskeletal System	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
27468	CPT, Surgery	Musculoskeletal System	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer
27506	CPT, Surgery	Musculoskeletal System	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramec
27570	CPT, Surgery	Musculoskeletal System	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation
27601	CPT, Surgery	Musculoskeletal System	Decompression fasciotomy, leg; posterior compartment(s) only
27637	CPT, Surgery	Musculoskeletal System	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining g
27665	CPT, Surgery	Musculoskeletal System	Repair, extensor tendon, leg; secondary, with or without graft, each tendon
27692	CPT, Surgery	Musculoskeletal System	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon
27732	CPT, Surgery	Musculoskeletal System	Arrest, epiphyseal (epiphysiodesis), open; distal fibula
27756	CPT, Surgery	Musculoskeletal System	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or scre
27824	CPT, Surgery	Musculoskeletal System	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafor
28005	CPT, Surgery	Musculoskeletal System	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot
28043	CPT, Surgery	Musculoskeletal System	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
28046	CPT, Surgery	Musculoskeletal System	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm
28052	CPT, Surgery	Musculoskeletal System	Arthrotomy with biopsy; metatarsophalangeal joint
28086	CPT, Surgery	Musculoskeletal System	Synovectomy, tendon sheath, foot; flexor
28092	CPT, Surgery	Musculoskeletal System	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); tc
28114	CPT, Surgery	Musculoskeletal System	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding fi
28130	CPT, Surgery	Musculoskeletal System	Talectomy (astragalectomy)
28173	CPT, Surgery	Musculoskeletal System	Radical resection of tumor; metatarsal
28260	CPT, Surgery	Musculoskeletal System	Capsulotomy, midfoot; medial release only (separate procedure)
28292	CPT, Surgery	Musculoskeletal System	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of p
28308	CPT, Surgery	Musculoskeletal System	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first
29880	CPT, Surgery	Musculoskeletal System	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) i
29892	CPT, Surgery	Musculoskeletal System	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial pl
30300	CPT, Surgery	Respiratory System	Removal foreign body, intranasal; office type procedure
30545	CPT, Surgery	Respiratory System	Repair choanal atresia; transpalatine
31030	CPT, Surgery	Respiratory System	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps
31238	CPT, Surgery	Respiratory System	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
31520	CPT, Surgery	Respiratory System	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn
31536	CPT, Surgery	Respiratory System	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope
31545	CPT, Surgery	Respiratory System	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of
31561	CPT, Surgery	Respiratory System	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope
32408	CPT, Surgery	Respiratory System	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performe
32445	CPT, Surgery	Respiratory System	Removal of lung, pneumonectomy; extrapleural
32480	CPT, Surgery	Respiratory System	Removal of lung, other than pneumonectomy; single lobe (lobectomy)
33230	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of implantable defibrillator pulse generator only; with existing dual leads
33254	CPT, Surgery	Cardiovascular, Hemic, an	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)
33267	CPT, Surgery	Cardiovascular, Hemic, an	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing,
33268	CPT, Surgery	Cardiovascular, Hemic, an	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy
33269	CPT, Surgery	Cardiovascular, Hemic, an	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling,
33320	CPT, Surgery	Cardiovascular, Hemic, an	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass
33370	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including
33416	CPT, Surgery	Cardiovascular, Hemic, an	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septa
33509	CPT, Surgery	Cardiovascular, Hemic, an	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic
33621	CPT, Surgery	Cardiovascular, Hemic, an	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid
33741	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow,
33745	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to
33746	CPT, Surgery	Cardiovascular, Hemic, an	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to
33894	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or
33895	CPT, Surgery	Cardiovascular, Hemic, an	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
33897	CPT, Surgery	Cardiovascular, Hemic, an	Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta
33900	CPT, Surgery	Cardiovascular, Hemic, an	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connectio
33901	CPT, Surgery	Cardiovascular, Hemic, an	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connectio
33902	CPT, Surgery	Cardiovascular, Hemic, an	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, u
33903	CPT, Surgery	Cardiovascular, Hemic, an	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, b
33963	CPT, Surgery	Cardiovascular, Hemic, an	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physi
33971	CPT, Surgery	Cardiovascular, Hemic, an	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft
33995	CPT, Surgery	Cardiovascular, Hemic, an	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretati
33997	CPT, Surgery	Cardiovascular, Hemic, an	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinc
38207	CPT, Surgery	Hemic/Lymphatic	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage
38790	CPT, Surgery	Hemic/Lymphatic	Injection procedure; lymphangiography
40810	CPT, Surgery	Digestive System	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
40812	CPT, Surgery	Digestive System	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
40816	CPT, Surgery	Digestive System	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying
40818	CPT, Surgery	Digestive System	Excision of mucosa of vestibule of mouth as donor graft
41017	CPT, Surgery	Digestive System	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular
42300	CPT, Surgery	Digestive System	Drainage of abscess; parotid, simple
42700	CPT, Surgery	Digestive System	Incision and drainage abscess; peritonsillar
42975	CPT, Surgery	Digestive System	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx
43497	CPT, Surgery	Digestive System	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])
43752	CPT, Surgery	Digestive System	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes flu
49180	CPT, Surgery	Digestive System	Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49185	CPT, Surgery	Digestive System	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast
49250	CPT, Surgery	Digestive System	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
49446	CPT, Surgery	Digestive System	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidar
49450	CPT, Surgery	Digestive System	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic i
49491	CPT, Surgery	Digestive System	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed fr
50250	CPT, Surgery	Urinary system	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guida
50387	CPT, Surgery	Urinary system	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal sten
53451	CPT, Surgery	Urinary system	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including
53452	CPT, Surgery	Urinary system	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including
53453	CPT, Surgery	Urinary system	Periurethral transperineal adjustable balloon continence device; removal, each balloon
53454	CPT, Surgery	Urinary system	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of
53600	CPT, Surgery	Urinary system	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial
55880	CPT, Surgery	Male Genital System	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), inclu
61736	CPT, Surgery	Nervous System	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic
61737	CPT, Surgery	Nervous System	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic
63052	CPT, Surgery	Nervous System	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
63053	CPT, Surgery	Nervous System	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal
64582	CPT, Surgery	Nervous System	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal
64583	CPT, Surgery	Nervous System	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor
64584	CPT, Surgery	Nervous System	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor
64628	CPT, Surgery	Nervous System	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2
64629	CPT, Surgery	Nervous System	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each
66989	CPT, Surgery	Eye, Ocular Adnexa, and E	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure),
66991	CPT, Surgery	Eye, Ocular Adnexa, and E	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure),
68841	CPT, Surgery	Eye, Ocular Adnexa, and E	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal
69705	CPT, Surgery	Auditory System	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral
69706	CPT, Surgery	Auditory System	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral
69716	CPT, Surgery	Auditory System	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external
69717	CPT, Surgery	Auditory System	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous
69719	CPT, Surgery	Auditory System	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic trar
69726	CPT, Surgery	Auditory System	Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech pro
69727	CPT, Surgery	Auditory System	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external
71271	CPT, Radiology	Radiology, CT	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
76145	CPT, Radiology	Radiology	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, in
77089	CPT, Radiology	Radiology	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray
77090	CPT, Radiology	Radiology	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical
77091	CPT, Radiology	Radiology	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation
77092	CPT, Radiology	Radiology	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and
81105	CPT, Path and	Molecular Pathology Proc	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen
81106	CPT, Path and	Molecular Pathology Proc	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [G
81168	CPT, Path and	Molecular Pathology Proc	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative
81191	CPT, Path and	Molecular Pathology Proc	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis
81192	CPT, Path and	Molecular Pathology Proc	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis
81193	CPT, Path and	Molecular Pathology Proc	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis
81194	CPT, Path and	Molecular Pathology Proc	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation
81278	CPT, Path and	Molecular Pathology Proc	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR)
81279	CPT, Path and	Molecular Pathology Proc	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 1
81338	CPT, Path and	Molecular Pathology Proc	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis;
81339	CPT, Path and	Molecular Pathology Proc	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis;
81347	CPT, Path and	Molecular Pathology Proc	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene a
81348	CPT, Path and	Molecular Pathology Proc	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leuken
81349	CPT, Path and	Molecular Pathology Proc	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of
81351	CPT, Path and	Molecular Pathology Proc	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence
81352	CPT, Path and	Molecular Pathology Proc	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 c

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
81353	CPT, Path and	Molecular Pathology Proc	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant
81357	CPT, Path and	Molecular Pathology Proc	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukem
81360	CPT, Path and	Molecular Pathology Proc	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic synd
81419	CPT, Path and	Molecular Pathology Proc	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHI
81523	CPT, Path and	Molecular Pathology Proc	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes
81529	CPT, Path and	Molecular Pathology Proc	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (2
81546	CPT, Path and	Molecular Pathology Proc	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, alg
81554	CPT, Path and	Molecular Pathology Proc	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes
81560	CPT, Path and	Molecular Pathology Proc	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of
90399	CPT, Medicine	Immunization Administra	Immunoglobulin Products - Unlisted immune globulin
90867	CPT, Medicine	Medicine	Therapeutic repetitive transcranial magnetic stimulation (TMS)
90868	CPT, Medicine	Medicine	Therapeutic repetitive transcranial magnetic stimulation (TMS)
90869	CPT, Medicine	Medicine	Therapeutic repetitive transcranial magnetic stimulation (TMS)
90870	CPT, Medicine	Medicine	Electroconvulsive therapy (includes necessary monitoring)
90901	CPT, Medicine	Medicine	Biofeedback Therapy
90912	CPT, Medicine	Medicine	Biofeedback Therapy
90913	CPT, Medicine	Medicine	Biofeedback Therapy
90935	CPT, Medicine	Medicine	Hemodialysis Services: Inpatient ESRD and Outpatient Non-ESRD - Hemodialysis procedure with single
90937	CPT, Medicine	Medicine	Hemodialysis Services: Inpatient ESRD and Outpatient Non-ESRD - Hemodialysis procedure requiring r
90940	CPT, Medicine	Medicine	Hemodialysis Services: Inpatient ESRD and Outpatient Non-ESRD - Hemodialysis access flow study to c
90945	CPT, Medicine	Medicine	Dialysis Techniques Other Than Hemodialysis - Dialysis procedure other than hemodialysis (eg, peritor
90947	CPT, Medicine	Medicine	Dialysis Techniques Other Than Hemodialysis - Dialysis procedure other than hemodialysis (eg, peritor
90963	CPT, Medicine	Medicine	End-stage Renal Disease Monthly Home Dialysis Services - End-stage renal disease (ESRD) related serv
90964	CPT, Medicine	Medicine	End-stage Renal Disease Monthly Home Dialysis Services - End-stage renal disease (ESRD) related serv
90965	CPT, Medicine	Medicine	End-stage Renal Disease Monthly Home Dialysis Services - End-stage renal disease (ESRD) related serv
90966	CPT, Medicine	Medicine	End-stage Renal Disease Monthly Home Dialysis Services - End-stage renal disease (ESRD) related serv
90967	CPT, Medicine	Medicine	End-stage Renal Disease Services: Partial Month - End-stage renal disease (ESRD) related services for c
90968	CPT, Medicine	Medicine	End-stage Renal Disease Services: Partial Month - End-stage renal disease (ESRD) related services for c
90969	CPT, Medicine	Medicine	End-stage Renal Disease Services: Partial Month - End-stage renal disease (ESRD) related services for c
90970	CPT, Medicine	Medicine	End-stage Renal Disease Services: Partial Month - End-stage renal disease (ESRD) related services for c
90997	CPT, Medicine	Medicine	Hemoperfusion and Unlisted Dialysis Procedures - Hemoperfusion (eg, with activated charcoal or resir
90999	CPT, Medicine	Medicine	Hemoperfusion and Unlisted Dialysis Procedures
91010	CPT, Medicine	Medicine	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study wit
91013	CPT, Medicine	Medicine	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study wit
91020	CPT, Medicine	Medicine	Gastric motility (manometric) studies
91022	CPT, Medicine	Medicine	Duodenal motility (manometric) study
91030	CPT, Medicine	Medicine	Esophagus, acid perfusion (Bernstein) test for esophagitis
91034	CPT, Medicine	Medicine	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, ar

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
91035	CPT, Medicine	Medicine	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, re
91037	CPT, Medicine	Medicine	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance ele
91038	CPT, Medicine	Medicine	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance ele
91040	CPT, Medicine	Medicine	Esophageal balloon distension study, diagnostic, with provocation when performed
91065	CPT, Medicine	Medicine	Breath Analysis
91110	CPT, Medicine	Medicine	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with
91111	CPT, Medicine	Medicine	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation
91112	CPT, Medicine	Medicine	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with int
91113	CPT, Medicine	Medicine	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and
91117	CPT, Medicine	Medicine	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tes
91120	CPT, Medicine	Medicine	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)
91122	CPT, Medicine	Medicine	Anorectal manometry
91132	CPT, Medicine	Medicine	Electrogastrography, diagnostic, transcutaneous
91133	CPT, Medicine	Medicine	Electrogastrography, diagnostic, transcutaneous; with provocative testing
91200	CPT, Medicine	Medicine	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpreta
91299	CPT, Medicine	Medicine	Unlisted diagnostic gastroenterology procedure
92018	CPT, Medicine	Medicine	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulati
92019	CPT, Medicine	Medicine	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulati
92020	CPT, Medicine	Medicine	Ophthalmic Special Services - Gonioscopy (separate procedure)
92065	CPT, Medicine	Medicine	Ophthalmic Special Services - Orthoptic training; performed by a physician or other qualified health
92066	cpT, Medicine	Medicine	Ophthalmic Medical Services - Orthoptic training; under supervision of a physician or other qualified
92145	CPT, Medicine	Medicine	Ophthalmic Special Services - Corneal hysteresis determination, by air impulse stimulation, unilateral
92260	CPT, Medicine	Medicine	Other Ophthalmology Services - Ophthalmodynamometry
92265	CPT, Medicine	Medicine	Other Ophthalmology Services - Needle oculoelectromyography, 1 or more extraocular muscles, 1 or l
92502	CPT, Medicine	Medicine	Otolaryngologic examination under general anesthesia
92511	CPT, Medicine	Medicine	Nasopharyngoscopy with endoscope (separate procedure)
92512	CPT, Medicine	Medicine	Nasal function studies (eg, rhinomanometry)
92516	CPT, Medicine	Medicine	Facial nerve function studies (eg, electroneuronography)
92517	CPT, Medicine	Otolaryngologic Services	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)
92518	CPT, Medicine	Otolaryngologic Services	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)
92519	CPT, Medicine	Otolaryngologic Services	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)
92520	CPT, Medicine	Medicine	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
92531	CPT, Medicine	Medicine	Vestibular Function Tests - Spontaneous nystagmus, including gaze
92532	CPT, Medicine	Medicine	Vestibular Function Tests - Positional nystagmus test
92533	CPT, Medicine	Medicine	Vestibular Function Tests - Caloric vestibular test, each irrigation (binaural, bithermal stimulation con
92534	CPT, Medicine	Medicine	Vestibular Function Tests - Optokinetic nystagmus test
92537	CPT, Medicine	Medicine	Vestibular Function Tests - Caloric vestibular test with recording, bilateral; bithermal (ie, one warm an
92538	CPT, Medicine	Medicine	Vestibular Function Tests - Caloric vestibular test with recording, bilateral; monothermal (ie, one irriga

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
92540	CPT, Medicine	Medicine	Vestibular Function Tests - Basic vestibular evaluation, includes spontaneous nystagmus test with ecc
92541	CPT, Medicine	Medicine	Vestibular Function Tests - Spontaneous nystagmus test, including gaze and fixation nystagmus, with r
92542	CPT, Medicine	Medicine	Vestibular Function Tests - Positional nystagmus test, minimum of 4 positions, with recording
92544	CPT, Medicine	Medicine	Vestibular Function Tests - Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation,
92545	CPT, Medicine	Medicine	Vestibular Function Tests - Oscillating tracking test, with recording
92546	CPT, Medicine	Medicine	Vestibular Function Tests - Sinusoidal vertical axis rotational testing
92547	CPT, Medicine	Medicine	Vestibular Function Tests - Use of vertical electrodes (List separately in addition to code for primary pr
92548	CPT, Medicine	Medicine	Vestibular Function Tests - Computerized dynamic posturography sensory organization test (CDP-SOT)
92549	CPT, Medicine	Medicine	Vestibular Function Tests - Computerized dynamic posturography sensory organization test (CDP-SOT)
92601	CPT, Medicine	Medicine	Services Related to Hearing and Speech Devices - Diagnostic analysis of cochlear implant, patient your
92602	CPT, Medicine	Medicine	Services Related to Hearing and Speech Devices - Diagnostic analysis of cochlear implant, patient your
92603	CPT, Medicine	Medicine	Services Related to Hearing and Speech Devices - Diagnostic analysis of cochlear implant, age 7 years (
92604	CPT, Medicine	Medicine	Services Related to Hearing and Speech Devices - Diagnostic analysis of cochlear implant, age 7 years (
92606	CPT, Medicine	Medicine	Services Related to Hearing and Speech Devices - Therapeutic service(s) for the use of non-speech-ger
92609	CPT, Medicine	Medicine	Services Related to Hearing and Speech Devices - Therapeutic services for the use of speech-generatin
92640	CPT, Medicine	Medicine	Diagnostic Hearing Evaluations and Rehabilitation - Diagnostic analysis with programming of auditory
92700	CPT, Medicine	Diagnostic Hearing Evalua	Diagnostic Hearing Evaluations and Rehabilitation - Unlisted otorhinolaryngological service or procedu
92920	CPT, Medicine	Medicine	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
92921	CPT, Medicine	Medicine	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (L
92924	CPT, Medicine	Medicine	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single
92925	CPT, Medicine	Medicine	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each a
92928	CPT, Medicine	Medicine	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when perf
92929	CPT, Medicine	Medicine	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when perf
92933	CPT, Medicine	Medicine	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty
92934	CPT, Medicine	Medicine	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty
92937	CPT, Medicine	Medicine	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mam
92938	CPT, Medicine	Medicine	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mam
92941	CPT, Medicine	Medicine	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardia
92943	CPT, Medicine	Medicine	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary arte
92944	CPT, Medicine	Medicine	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary arte
92970	CPT, Medicine	Medicine	Cardioassist-method of circulatory assist; internal
92971	CPT, Medicine	Medicine	Cardioassist-method of circulatory assist; external
92973	CPT, Medicine	Medicine	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code fo
92974	CPT, Medicine	Medicine	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachythe
92975	CPT, Medicine	Medicine	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
92977	CPT, Medicine	Medicine	Thrombolysis, coronary; by intravenous infusion
92978	CPT, Medicine	Medicine	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coher
92979	CPT, Medicine	Medicine	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coher

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
92986	CPT, Medicine	Medicine	Percutaneous Procedures of Heart Valves and Septum
92987	CPT, Medicine	Medicine	Percutaneous Procedures of Heart Valves and Septum
92990	CPT, Medicine	Medicine	Percutaneous Procedures of Heart Valves and Septum
92997	CPT, Medicine	Medicine	Percutaneous Angioplasty: Pulmonary Artery
92998	CPT, Medicine	Medicine	Percutaneous Angioplasty: Pulmonary Artery
93015	CPT, Medicine	Medicine	Stress Test
93016	CPT, Medicine	Medicine	Stress Test
93017	CPT, Medicine	Medicine	Stress Test
93018	CPT, Medicine	Medicine	Stress Test
93024	CPT, Medicine	Medicine	Provocation Test for Coronary Vasospasm
93025	CPT, Medicine	Medicine	Microvolt T-Wave Alternans
93224	CPT, Medicine	Medicine	Holter Monitor
93225	CPT, Medicine	Medicine	Holter Monitor
93226	CPT, Medicine	Medicine	Holter Monitor
93227	CPT, Medicine	Medicine	Holter Monitor
93228	CPT, Medicine	Medicine	Remote Cardiovascular Telemetry
93229	CPT, Medicine	Medicine	Remote Cardiovascular Telemetry
93241	CPT, Medicine	Cardiovascular Procedure	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm re
93242	CPT, Medicine	Cardiovascular Procedure	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm re
93243	CPT, Medicine	Cardiovascular Procedure	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm re
93244	CPT, Medicine	Cardiovascular Procedure	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm re
93245	CPT, Medicine	Cardiovascular Procedure	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm rec
93246	CPT, Medicine	Cardiovascular Procedure	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm rec
93247	CPT, Medicine	Cardiovascular Procedure	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm rec
93248	CPT, Medicine	Cardiovascular Procedure	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm rec
93260	CPT, Medicine	Medicine	Monitoring of Cardiovascular Devices
93261	CPT, Medicine	Medicine	Monitoring of Cardiovascular Devices
93264	CPT, Medicine	Medicine	Wireless Pulmonary Artery Pressure Sensor Monitoring
93268	CPT, Medicine	Medicine	Event Monitors
93270	CPT, Medicine	Medicine	Event Monitors
93271	CPT, Medicine	Medicine	Event Monitors
93272	CPT, Medicine	Medicine	Event Monitors
93278	CPT, Medicine	Medicine	Signal-averaged Electrocardiography
93303	CPT, Medicine	Medicine	Transthoracic echocardiography for congenital cardiac anomalies; complete
93304	CPT, Medicine	Medicine	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
93306	CPT, Medicine	Medicine	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recordii
93307	CPT, Medicine	Medicine	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recordii
93308	CPT, Medicine	Medicine	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recordii

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
93312	CPT, Medicine	Medicine	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode)
93313	CPT, Medicine	Medicine	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode)
93314	CPT, Medicine	Medicine	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode)
93315	CPT, Medicine	Medicine	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation
93316	CPT, Medicine	Medicine	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe
93317	CPT, Medicine	Medicine	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation
93318	CPT, Medicine	Medicine	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real-time
93319	CPT, Medicine	Medicine	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or
93320	CPT, Medicine	Medicine	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately
93321	CPT, Medicine	Medicine	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately
93325	CPT, Medicine	Medicine	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)
93350	CPT, Medicine	Medicine	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording
93351	CPT, Medicine	Medicine	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording
93352	CPT, Medicine	Medicine	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to
93355	CPT, Medicine	Medicine	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel
93356	CPT, Medicine	Medicine	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately)
93451	CPT, Medicine	Medicine	Heart Catheterization
93452	CPT, Medicine	Medicine	Heart Catheterization
93453	CPT, Medicine	Medicine	Heart Catheterization
93454	CPT, Medicine	Medicine	Heart Catheterization
93455	CPT, Medicine	Medicine	Heart Catheterization
93456	CPT, Medicine	Medicine	Heart Catheterization
93457	CPT, Medicine	Medicine	Heart Catheterization
93458	CPT, Medicine	Medicine	Heart Catheterization
93459	CPT, Medicine	Medicine	Heart Catheterization
93460	CPT, Medicine	Medicine	Heart Catheterization
93461	CPT, Medicine	Medicine	Heart Catheterization
93462	CPT, Medicine	Medicine	Heart Catheterization
93463	CPT, Medicine	Medicine	Heart Catheterization; Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion)
93464	CPT, Medicine	Medicine	Heart Catheterization; Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamics
93503	CPT, Medicine	Medicine	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes
93505	CPT, Medicine	Medicine	Endomyocardial biopsy
93563	CPT, Medicine	Medicine	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and recording
93564	CPT, Medicine	Medicine	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and recording
93565	CPT, Medicine	Medicine	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and recording
93566	CPT, Medicine	Medicine	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and recording
93567	CPT, Medicine	Medicine	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and recording
93568	CPT, Medicine	Medicine	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and recording

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
93569	CPT, Medicine	Medicine	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and r
93571	CPT, Medicine	Medicine	Coronary Artery Doppler Studies
93572	CPT, Medicine	Medicine	Coronary Artery Doppler Studies
93573	CPT, Medicine	Medicine	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and r
93574	CPT, Medicine	Medicine	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and r
93575	CPT, Medicine	Medicine	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and r
93580	CPT, Medicine	Medicine	Percutaneous Repair of Congenital Heart Defects
93581	CPT, Medicine	Medicine	Percutaneous Repair of Congenital Heart Defects
93582	CPT, Medicine	Medicine	Percutaneous Repair of Congenital Heart Defects
93583	CPT, Medicine	Medicine	Percutaneous Repair of Congenital Heart Defects
93584	CPT, Medicine	Medicine	Venography for congenital heart defect(s), including catheter placement, and radiological supervision
93584	CPT, Medicine	Medicine	Venography for congenital heart defect(s), including catheter placement, and radiological supervision
93585	CPT, Medicine	Medicine	Venography for congenital heart defect(s), including catheter placement, and radiological supervision
93586	CPT, Medicine	Medicine	Venography for congenital heart defect(s), including catheter placement, and radiological supervision
93587	CPT, Medicine	Medicine	Venography for congenital heart defect(s), including catheter placement, and radiological supervision
93588	CPT, Medicine	Medicine	Venography for congenital heart defect(s), including catheter placement, and radiological supervision
93590	CPT, Medicine	Medicine	Percutaneous Repair Paravalvular Leak
93591	CPT, Medicine	Medicine	Percutaneous Repair Paravalvular Leak
93592	CPT, Medicine	Medicine	Percutaneous Repair Paravalvular Leak
93593	CPT, Medicine	Medicine	Right heart catheterization for congenital heart defect(s) including imaging guidance by the
93594	CPT, Medicine	Medicine	Right heart catheterization for congenital heart defect(s) including imaging guidance by the procedura
93595	CPT, Medicine	Medicine	Left heart catheterization for congenital heart defect(s) including imaging guidance by the procedurali
93596	CPT, Medicine	Medicine	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the pi
93597	CPT, Medicine	Medicine	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the pi
93598	CPT, Medicine	Medicine	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during
93600	CPT, Medicine	Medicine	Recording of Intracardiac Electrograms
93602	CPT, Medicine	Medicine	Recording of Intracardiac Electrograms
93603	CPT, Medicine	Medicine	Recording of Intracardiac Electrograms
93609	CPT, Medicine	Medicine	Intracardiac Mapping and Pacing
93610	CPT, Medicine	Medicine	Intracardiac Mapping and Pacing
93612	CPT, Medicine	Medicine	Intracardiac Mapping and Pacing
93613	CPT, Medicine	Medicine	Intracardiac Mapping and Pacing
93615	CPT, Medicine	Medicine	Recording and Pacing via Esophagus
93616	CPT, Medicine	Medicine	Recording and Pacing via Esophagus
93618	CPT, Medicine	Medicine	Pacing to Produce an Arrhythmia
93619	CPT, Medicine	Medicine	Comprehensive Electrophysiological Studies
93620	CPT, Medicine	Medicine	Comprehensive Electrophysiological Studies
93621	CPT, Medicine	Medicine	Comprehensive Electrophysiological Studies

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
93622	CPT, Medicine	Medicine	Comprehensive Electrophysiological Studies
93623	CPT, Medicine	Medicine	Comprehensive Electrophysiological Studies
93624	CPT, Medicine	Medicine	Followup and Intraoperative Electrophysiologic Studies
93631	CPT, Medicine	Medicine	Followup and Intraoperative Electrophysiologic Studies
93640	CPT, Medicine	Medicine	Electrophysiologic Studies of Cardioverter-Defibrillators
93641	CPT, Medicine	Medicine	Electrophysiologic Studies of Cardioverter-Defibrillators
93642	CPT, Medicine	Medicine	Electrophysiologic Studies of Cardioverter-Defibrillators
93644	CPT, Medicine	Medicine	Electrophysiologic Studies of Cardioverter-Defibrillators
93650	CPT, Medicine	Medicine	Intracardiac Ablation
93653	CPT, Medicine	Medicine	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode
93654	CPT, Medicine	Medicine	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode
93655	CPT, Medicine	Medicine	Intracardiac Ablation
93656	CPT, Medicine	Medicine	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and
93657	CPT, Medicine	Medicine	Intracardiac Ablation
93660	CPT, Medicine	Medicine	Other Tests for Cardiac Function
93662	CPT, Medicine	Medicine	Other Tests for Cardiac Function
93668	CPT, Medicine	Medicine	Rehabilitation Services: Peripheral Arterial Disease
93701	CPT, Medicine	Medicine	Thoracic Electrical Bioimpedance
93702	CPT, Medicine	Medicine	Thoracic Electrical Bioimpedance
93724	CPT, Medicine	Medicine	Electronic Analysis of Pacemaker Function
93740	CPT, Medicine	Medicine	Temperature Gradient Assessment
93745	CPT, Medicine	Medicine	Wearable Cardioverter-Defibrillator System Services
93750	CPT, Medicine	Medicine	Ventricular Assist Device (VAD) Interrogation
93797	CPT, Medicine	Medicine	Cardiac Rehabilitation
93798	CPT, Medicine	Medicine	Cardiac Rehabilitation
93799	CPT, Medicine	Medicine	Cardiac Rehabilitation
94375	CPT, Medicine	Medicine	Respiratory flow volume loop
94450	CPT, Medicine	Medicine	Breathing response to hypoxia (hypoxia response curve)
94452	CPT, Medicine	Medicine	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified h
94453	CPT, Medicine	Medicine	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified h
94610	CPT, Medicine	Medicine	Intrapulmonary surfactant administration by a physician or other qualified health care professional th
94618	CPT, Medicine	Medicine	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and
94619	CPT, Medicine	Pulmonary Services	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electi
94621	CPT, Medicine	Medicine	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2
94625	CPT, Medicine	Pulmonary Services	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation;
94626	CPT, Medicine	Pulmonary Services	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation;
94640	CPT, Medicine	Medicine	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purp
94642	CPT, Medicine	Medicine	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
94644	CPT, Medicine	Medicine	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour
94645	CPT, Medicine	Medicine	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour
94660	CPT, Medicine	Medicine	Continuous positive airway pressure ventilation (CPAP), initiation and management
94662	CPT, Medicine	Medicine	Continuous negative pressure ventilation (CNP), initiation and management
94774	CPT, Medicine	Medicine	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per hour
94775	CPT, Medicine	Medicine	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per hour
94776	CPT, Medicine	Medicine	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per hour
94777	CPT, Medicine	Medicine	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per hour
94799	CPT, Medicine	Medicine	Unlisted pulmonary service or procedure
95076	CPT, Medicine	Medicine	Challenge Ingestion Testing
95079	CPT, Medicine	Medicine	Challenge Ingestion Testing
95249	CPT, Medicine	Medicine	Glucose Monitoring By Subcutaneous Device - Ambulatory continuous glucose monitoring of interstitial glucose
95250	CPT, Medicine	Medicine	Glucose Monitoring By Subcutaneous Device - Ambulatory continuous glucose monitoring of interstitial glucose
95251	CPT, Medicine	Medicine	Glucose Monitoring By Subcutaneous Device - Ambulatory continuous glucose monitoring of interstitial glucose
95700	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95705	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95706	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95707	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95708	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95709	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95710	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95711	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95712	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95713	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95714	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95715	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95716	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95717	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95718	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95719	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95720	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95721	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95722	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95723	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95724	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95725	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95726	CPT, Medicine	Medicine	Electroencephalogram (EEG)
95782	CPT, Medicine	Medicine	Sleep Studies

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
95783	CPT, Medicine	Medicine	Sleep Studies
95800	CPT, Medicine	Medicine	Sleep Studies
95801	CPT, Medicine	Medicine	Sleep Studies
95803	CPT, Medicine	Medicine	Sleep Studies
95805	CPT, Medicine	Medicine	Sleep Studies
95806	CPT, Medicine	Medicine	Sleep Studies
95807	CPT, Medicine	Medicine	Sleep Studies
95808	CPT, Medicine	Medicine	Sleep Studies
95810	CPT, Medicine	Medicine	Sleep Studies
95811	CPT, Medicine	Medicine	Sleep Studies
95812	CPT, Medicine	Medicine	Evaluation of Brain Activity by Electroencephalogram
95813	CPT, Medicine	Medicine	Evaluation of Brain Activity by Electroencephalogram
95816	CPT, Medicine	Medicine	Evaluation of Brain Activity by Electroencephalogram
95819	CPT, Medicine	Medicine	Evaluation of Brain Activity by Electroencephalogram
95822	CPT, Medicine	Medicine	Evaluation of Brain Activity by Electroencephalogram
95824	CPT, Medicine	Medicine	Evaluation of Brain Activity by Electroencephalogram
95829	CPT, Medicine	Medicine	Evaluation of Brain Activity by Electroencephalogram
95830	CPT, Medicine	Medicine	Evaluation of Brain Activity by Electroencephalogram
95836	CPT, Medicine	Medicine	Evaluation of Brain Activity by Electroencephalogram
95860	CPT, Medicine	Medicine	Evaluation of Nerve and Muscle Function: EMGs with/without Nerve Conduction Studies
95861	CPT, Medicine	Medicine	Evaluation of Nerve and Muscle Function: EMGs with/without Nerve Conduction Studies
95863	CPT, Medicine	Medicine	Evaluation of Nerve and Muscle Function: EMGs with/without Nerve Conduction Studies
95864	CPT, Medicine	Medicine	Evaluation of Nerve and Muscle Function: EMGs with/without Nerve Conduction Studies
95865	CPT, Medicine	Medicine	Evaluation of Nerve and Muscle Function: EMGs with/without Nerve Conduction Studies
95866	CPT, Medicine	Medicine	Evaluation of Nerve and Muscle Function: EMGs with/without Nerve Conduction Studies
95867	CPT, Medicine	Medicine	Evaluation of Nerve and Muscle Function: EMGs with/without Nerve Conduction Studies
95868	CPT, Medicine	Medicine	Evaluation of Nerve and Muscle Function: EMGs with/without Nerve Conduction Studies
95869	CPT, Medicine	Medicine	Evaluation of Nerve and Muscle Function: EMGs with/without Nerve Conduction Studies
95870	CPT, Medicine	Medicine	Evaluation of Nerve and Muscle Function: EMGs with/without Nerve Conduction Studies
95872	CPT, Medicine	Medicine	Evaluation of Nerve and Muscle Function: EMGs with/without Nerve Conduction Studies
95873	CPT, Medicine	Medicine	Evaluation of Nerve and Muscle Function: EMGs with/without Nerve Conduction Studies
95874	CPT, Medicine	Medicine	Evaluation of Nerve and Muscle Function: EMGs with/without Nerve Conduction Studies
95875	CPT, Medicine	Medicine	Evaluation of Nerve and Muscle Function: EMGs with/without Nerve Conduction Studies
95885	CPT, Medicine	Medicine	Evaluation of Nerve and Muscle Function: EMGs with/without Nerve Conduction Studies
95886	CPT, Medicine	Medicine	Evaluation of Nerve and Muscle Function: EMGs with/without Nerve Conduction Studies
95887	CPT, Medicine	Medicine	Evaluation of Nerve and Muscle Function: EMGs with/without Nerve Conduction Studies
95905	CPT, Medicine	Medicine	Evaluation of Nerve Function: Nerve Conduction Studies
95907	CPT, Medicine	Medicine	Evaluation of Nerve Function: Nerve Conduction Studies

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
95908	CPT, Medicine	Medicine	Evaluation of Nerve Function: Nerve Conduction Studies
95909	CPT, Medicine	Medicine	Evaluation of Nerve Function: Nerve Conduction Studies
95910	CPT, Medicine	Medicine	Evaluation of Nerve Function: Nerve Conduction Studies
95911	CPT, Medicine	Medicine	Evaluation of Nerve Function: Nerve Conduction Studies
95912	CPT, Medicine	Medicine	Evaluation of Nerve Function: Nerve Conduction Studies
95913	CPT, Medicine	Medicine	Evaluation of Nerve Function: Nerve Conduction Studies
95919	CPT, Medicine	Medicine	Quantitative pupillometry with physician or other qualified health care professional interpretation and
95921	CPT, Medicine	Medicine	Evaluation of Autonomic Nervous System
95922	CPT, Medicine	Medicine	Evaluation of Autonomic Nervous System
95923	CPT, Medicine	Medicine	Evaluation of Autonomic Nervous System
95924	CPT, Medicine	Medicine	Evaluation of Autonomic Nervous System
95925	CPT, Medicine	Medicine	Neurotransmission Studies
95926	CPT, Medicine	Medicine	Neurotransmission Studies
95927	CPT, Medicine	Medicine	Neurotransmission Studies
95928	CPT, Medicine	Medicine	Neurotransmission Studies
95929	CPT, Medicine	Medicine	Neurotransmission Studies
95930	CPT, Medicine	Medicine	Neurotransmission Studies
95933	CPT, Medicine	Medicine	Neurotransmission Studies
95937	CPT, Medicine	Medicine	Neurotransmission Studies
95938	CPT, Medicine	Medicine	Neurotransmission Studies
95939	CPT, Medicine	Medicine	Neurotransmission Studies
95940	CPT, Medicine	Medicine	Intraoperative Neurophysiological Monitoring
95941	CPT, Medicine	Medicine	Intraoperative Neurophysiological Monitoring
95954	CPT, Medicine	Medicine	Electroencephalography For Seizure Monitoring/Intraoperative Use
95955	CPT, Medicine	Medicine	Electroencephalography For Seizure Monitoring/Intraoperative Use
95957	CPT, Medicine	Medicine	Electroencephalography For Seizure Monitoring/Intraoperative Use
95958	CPT, Medicine	Medicine	Electroencephalography For Seizure Monitoring/Intraoperative Use
95961	CPT, Medicine	Medicine	Electroencephalography For Seizure Monitoring/Intraoperative Use
95962	CPT, Medicine	Medicine	Electroencephalography For Seizure Monitoring/Intraoperative Use
95965	CPT, Medicine	Medicine	Magnetoencephalography
95966	CPT, Medicine	Medicine	Magnetoencephalography
95967	CPT, Medicine	Medicine	Magnetoencephalography
95990	CPT, Medicine	Medicine	Refill/Upkeep of Implanted Drug Delivery Pump to Central Nervous System
95991	CPT, Medicine	Medicine	Refill/Upkeep of Implanted Drug Delivery Pump to Central Nervous System
95992	CPT, Medicine	Medicine	Other and Unlisted Neurological Procedures
95999	CPT, Medicine	Medicine	Other and Unlisted Neurological Procedures
96000	CPT, Medicine	Medicine	Motion Analysis Studies
96001	CPT, Medicine	Medicine	Motion Analysis Studies

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
96002	CPT, Medicine	Medicine	Motion Analysis Studies
96003	CPT, Medicine	Medicine	Motion Analysis Studies
96004	CPT, Medicine	Medicine	Motion Analysis Studies
96020	CPT, Medicine	Medicine	Neurofunctional Brain Testing
96379	CPT, Medicine	Medicine	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
96401	CPT, Medicine	Medicine	Chemotherapy and Other Complex Drugs, Biologicals: Injection and IV Push
96402	CPT, Medicine	Medicine	Chemotherapy and Other Complex Drugs, Biologicals: Injection and IV Push
96405	CPT, Medicine	Medicine	Chemotherapy and Other Complex Drugs, Biologicals: Injection and IV Push
96406	CPT, Medicine	Medicine	Chemotherapy and Other Complex Drugs, Biologicals: Injection and IV Push
96409	CPT, Medicine	Medicine	Chemotherapy and Other Complex Drugs, Biologicals: Injection and IV Push
96411	CPT, Medicine	Medicine	Chemotherapy and Other Complex Drugs, Biologicals: Injection and IV Push
96413	CPT, Medicine	Medicine	Chemotherapy and Complex Drugs, Biologicals: Intravenous Infusion
96415	CPT, Medicine	Medicine	Chemotherapy and Complex Drugs, Biologicals: Intravenous Infusion
96416	CPT, Medicine	Medicine	Chemotherapy and Complex Drugs, Biologicals: Intravenous Infusion
96417	CPT, Medicine	Medicine	Chemotherapy and Complex Drugs, Biologicals: Intravenous Infusion
96420	CPT, Medicine	Medicine	Chemotherapy and Complex Drugs, Biologicals: Intra-arterial
96422	CPT, Medicine	Medicine	Chemotherapy and Complex Drugs, Biologicals: Intra-arterial
96423	CPT, Medicine	Medicine	Chemotherapy and Complex Drugs, Biologicals: Intra-arterial
96425	CPT, Medicine	Medicine	Chemotherapy and Complex Drugs, Biologicals: Intra-arterial
96440	CPT, Medicine	Medicine	Chemotherapy Administration: Intrathecal/Peritoneal Cavity/Pleural Cavity
96446	CPT, Medicine	Medicine	Chemotherapy Administration: Intrathecal/Peritoneal Cavity/Pleural Cavity
96450	CPT, Medicine	Medicine	Chemotherapy Administration: Intrathecal/Peritoneal Cavity/Pleural Cavity
96542	CPT, Medicine	Medicine	Chemotherapy Injection Into Brain
96547	CPT, Medicine	Medicine	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate inci
96548	CPT, Medicine	Medicine	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate inci
96549	CPT, Medicine	Medicine	Chemotherapy Injection Into Brain
96567	CPT, Medicine	Medicine	Destruction of Lesions: Photodynamic Therapy
96570	CPT, Medicine	Medicine	Destruction of Lesions: Photodynamic Therapy
96571	CPT, Medicine	Medicine	Destruction of Lesions: Photodynamic Therapy
96573	CPT, Medicine	Medicine	Destruction of Lesions: Photodynamic Therapy
96574	CPT, Medicine	Medicine	Destruction of Lesions: Photodynamic Therapy
96900	CPT, Medicine	Medicine	Diagnostic/Therapeutic Skin Procedures
96902	CPT, Medicine	Medicine	Diagnostic/Therapeutic Skin Procedures
96904	CPT, Medicine	Medicine	Diagnostic/Therapeutic Skin Procedures
96910	CPT, Medicine	Medicine	Diagnostic/Therapeutic Skin Procedures
96912	CPT, Medicine	Medicine	Diagnostic/Therapeutic Skin Procedures
96913	CPT, Medicine	Medicine	Diagnostic/Therapeutic Skin Procedures
96920	CPT, Medicine	Medicine	Diagnostic/Therapeutic Skin Procedures

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
96921	CPT, Medicine	Medicine	Diagnostic/Therapeutic Skin Procedures
96922	CPT, Medicine	Medicine	Diagnostic/Therapeutic Skin Procedures
96931	CPT, Medicine	Medicine	Diagnostic/Therapeutic Skin Procedures
96932	CPT, Medicine	Medicine	Diagnostic/Therapeutic Skin Procedures
96933	CPT, Medicine	Medicine	Diagnostic/Therapeutic Skin Procedures
96934	CPT, Medicine	Medicine	Diagnostic/Therapeutic Skin Procedures
96935	CPT, Medicine	Medicine	Diagnostic/Therapeutic Skin Procedures
96936	CPT, Medicine	Medicine	Diagnostic/Therapeutic Skin Procedures
96999	CPT, Medicine	Medicine	Diagnostic/Therapeutic Skin Procedures
97169	CPT, Medicine	Medicine	Assessment: Athletic Training
97170	CPT, Medicine	Medicine	Assessment: Athletic Training
97171	CPT, Medicine	Medicine	Assessment: Athletic Training
97172	CPT, Medicine	Medicine	Assessment: Athletic Training
97597	CPT, Medicine	Medicine	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with sciss
97598	CPT, Medicine	Medicine	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with sciss
97602	CPT, Medicine	Medicine	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet
97605	CPT, Medicine	Medicine	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical
97606	CPT, Medicine	Medicine	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical
97607	CPT, Medicine	Medicine	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non
97608	CPT, Medicine	Medicine	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non
97610	CPT, Medicine	Medicine	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performe
97799	CPT, Medicine	Medicine	Unlisted physical medicine/rehabilitation service or procedure
98925	CPT, Medicine	Medicine	Osteopathic Manipulation
98926	CPT, Medicine	Medicine	Osteopathic Manipulation
98927	CPT, Medicine	Medicine	Osteopathic Manipulation
98928	CPT, Medicine	Medicine	Osteopathic Manipulation
98929	CPT, Medicine	Medicine	Osteopathic Manipulation
99100	CPT, Medicine	Medicine	Modifying Factors for Anesthesia Services
99116	CPT, Medicine	Medicine	Modifying Factors for Anesthesia Services
99135	CPT, Medicine	Medicine	Modifying Factors for Anesthesia Services
99140	CPT, Medicine	Medicine	Modifying Factors for Anesthesia Services
99151	CPT, Medicine	Medicine	Moderate sedation services provided by the same physician or other qualified health care professiona
99152	CPT, Medicine	Medicine	Moderate sedation services provided by the same physician or other qualified health care professiona
99153	CPT, Medicine	Medicine	Moderate sedation services provided by the same physician or other qualified health care professiona
99155	CPT, Medicine	Medicine	Moderate sedation services provided by a physician or other qualified health care professional other t
99156	CPT, Medicine	Medicine	Moderate sedation services provided by a physician or other qualified health care professional other t
99157	CPT, Medicine	Medicine	Moderate sedation services provided by a physician or other qualified health care professional other t
99183	CPT, Medicine	Medicine	Hyperbaric Oxygen Therapy

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
99184	CPT, Medicine	Medicine	Hyperbaric Oxygen Therapy
99195	CPT, Medicine	Medicine	Therapeutic Phlebotomy and Unlisted Procedures
99199	CPT, Medicine	Medicine	Therapeutic Phlebotomy and Unlisted Procedures
A4100	HCPCS, Medic	Skin Substitutes	Skin substitute, FDA-cleared as a device, not otherwise specified
A9268	HCPCS, Medic	Other Supplies and Devices	Programmer for transient, orally ingested capsule
A9269	HCPCS, Medic	Other Supplies and Devices	Programmable, transient, orally ingested capsule, for use with external programmer, per month
A9291	HCPCS, Medic	Other Supplies and Devices	(NOT DME) Prescription digital cognitive and/or behavioral therapy, FDA-cleared, per course of treatment
A9292	HCPCS, Medic	Other Supplies and Devices	Prescription digital visual therapy, software-only, FDA cleared, per course of treatment
C1062	HCPCS, OPPS	OP PPS	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)
C1713	HCPCS, OPPS	OP PPS	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
C1714	HCPCS, OPPS	OP PPS	Catheter, transluminal atherectomy, directional
C1715	HCPCS, OPPS	OP PPS	Brachytherapy needle
C1716	HCPCS, OPPS	OP PPS	Brachytherapy source, nonstranded, gold-198, per source
C1717	HCPCS, OPPS	OP PPS	Brachytherapy source, nonstranded, high dose rate iridium-192, per source
C1719	HCPCS, OPPS	OP PPS	Brachytherapy source, nonstranded, nonhigh dose rate iridium-192, per source
C1721	HCPCS, OPPS	OP PPS	Cardioverter-defibrillator, dual chamber (implantable)
C1722	HCPCS, OPPS	OP PPS	Cardioverter-defibrillator, single chamber (implantable)
C1724	HCPCS, OPPS	OP PPS	Catheter, transluminal atherectomy, rotational
C1725	HCPCS, OPPS	OP PPS	Catheter, transluminal angioplasty, nonlaser (may include guidance, infusion/perfusion capability)
C1726	HCPCS, OPPS	OP PPS	Catheter, balloon dilatation, nonvascular
C1727	HCPCS, OPPS	OP PPS	Catheter, balloon tissue dissector, nonvascular (insertable)
C1728	HCPCS, OPPS	OP PPS	Catheter, brachytherapy seed administration
C1729	HCPCS, OPPS	OP PPS	Catheter, drainage
C1730	HCPCS, OPPS	OP PPS	Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)
C1731	HCPCS, OPPS	OP PPS	Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes)
C1732	HCPCS, OPPS	OP PPS	Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping
C1733	HCPCS, OPPS	OP PPS	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip
C1734	HCPCS, OPPS	OP PPS	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)
C1749	HCPCS, OPPS	OP PPS	Endoscope, retrograde imaging/illumination colonoscope device (implantable)
C1750	HCPCS, OPPS	OP PPS	Catheter, hemodialysis/peritoneal, long-term
C1751	HCPCS, OPPS	OP PPS	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)
C1752	HCPCS, OPPS	OP PPS	Catheter, hemodialysis/peritoneal, short-term
C1753	HCPCS, OPPS	OP PPS	Catheter, intravascular ultrasound

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
C1754	HCPCS, OP	PPS	Catheter, intradiscal
C1755	HCPCS, OP	PPS	Catheter, intraspinal
C1756	HCPCS, OP	PPS	Catheter, pacing, transesophageal
C1757	HCPCS, OP	PPS	Catheter, thrombectomy/embolectomy
C1758	HCPCS, OP	PPS	Catheter, ureteral
C1759	HCPCS, OP	PPS	Catheter, intracardiac echocardiography
C1760	HCPCS, OP	PPS	Closure device, vascular (implantable/insertable)
C1761	HCPCS, OP	PPS	Catheter, transluminal intravascular lithotripsy, coronary
C1762	HCPCS, OP	PPS	Connective tissue, human (includes fascia lata)
C1763	HCPCS, OP	PPS	Connective tissue, nonhuman (includes synthetic)
C1764	HCPCS, OP	PPS	Event recorder, cardiac (implantable)
C1766	HCPCS, OP	PPS	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away
C1767	HCPCS, OP	PPS	Generator, neurostimulator (implantable), nonrechargeable
C1768	HCPCS, OP	PPS	Graft, vascular
C1769	HCPCS, OP	PPS	Guide wire
C1770	HCPCS, OP	PPS	Imaging coil, magnetic resonance (insertable)
C1771	HCPCS, OP	PPS	Repair device, urinary, incontinence, with sling graft
C1772	HCPCS, OP	PPS	Infusion pump, programmable (implantable)
C1773	HCPCS, OP	PPS	Retrieval device, insertable (used to retrieve fractured medical devices)
C1776	HCPCS, OP	PPS	Joint device (implantable)
C1777	HCPCS, OP	PPS	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
C1778	HCPCS, OP	PPS	Lead, neurostimulator (implantable)
C1779	HCPCS, OP	PPS	Lead, pacemaker, transvenous VDD single pass
C1780	HCPCS, OP	PPS	Lens, intraocular (new technology)
C1781	HCPCS, OP	PPS	Mesh (implantable)
C1782	HCPCS, OP	PPS	Morcellator
C1783	HCPCS, OP	PPS	Ocular implant, aqueous drainage assist device
C1784	HCPCS, OP	PPS	Ocular device, intraoperative, detached retina
C1785	HCPCS, OP	PPS	Pacemaker, dual chamber, rate-responsive (implantable)
C1786	HCPCS, OP	PPS	Pacemaker, single chamber, rate-responsive (implantable)
C1787	HCPCS, OP	PPS	Patient programmer, neurostimulator
C1788	HCPCS, OP	PPS	Port, indwelling (implantable)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
C1789	HCPCS, OP	PPS	Prosthesis, breast (implantable)
C1813	HCPCS, OP	PPS	Prosthesis, penile, inflatable
C1814	HCPCS, OP	PPS	Retinal tamponade device, silicone oil
C1815	HCPCS, OP	PPS	Prosthesis, urinary sphincter (implantable)
C1816	HCPCS, OP	PPS	Receiver and/or transmitter, neurostimulator (implantable)
C1817	HCPCS, OP	PPS	Septal defect implant system, intracardiac
C1818	HCPCS, OP	PPS	Integrated keratoprosthesis
C1819	HCPCS, OP	PPS	Surgical tissue localization and excision device (implantable)
C1820	HCPCS, OP	PPS	Generator, neurostimulator (implantable), with rechargeable battery and charging system
C1821	HCPCS, OP	PPS	Interspinous process distraction device (implantable)
C1822	HCPCS, OP	PPS	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
C1823	HCPCS, OP	PPS	Generator, neurostimulator (implantable), nonrechargeable, with transvenous sensing and stimulation
C1824	HCPCS, OP	PPS	Generator, cardiac contractility modulation (implantable)
C1825	HCPCS, OP	PPS	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation
C1826	HCPCS, OP	PPS	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components
C1827	HCPCS, OP	PPS	Generator, neurostimulator (implantable), nonrechargeable, with implantable stimulation lead and external controller
C1830	HCPCS, OP	PPS	Powered bone marrow biopsy needle
C1831	HCPCS, OP	PPS	Interbody cage, anterior, lateral or posterior, personalized (implantable)
C1832	HCPCS, OP	PPS	Autograft suspension, including cell processing and application, and all system components
C1833	HCPCS, OP	PPS	Monitor, cardiac, including intracardiac lead and all system components (implantable)
C1839	HCPCS, OP	PPS	Iris prosthesis
C1840	HCPCS, OP	PPS	Lens, intraocular (telescopic)
C1874	HCPCS, OP	PPS	Stent, coated/covered, with delivery system
C1875	HCPCS, OP	PPS	Stent, coated/covered, without delivery system
C1876	HCPCS, OP	PPS	Stent, noncoated/noncovered, with delivery system
C1877	HCPCS, OP	PPS	Stent, noncoated/noncovered, without delivery system
C1878	HCPCS, OP	PPS	Material for vocal cord medialization, synthetic (implantable)
C1880	HCPCS, OP	PPS	Vena cava filter
C1881	HCPCS, OP	PPS	Dialysis access system (implantable)
C1882	HCPCS, OP	PPS	Cardioverter-defibrillator, other than single or dual chamber (implantable)
C1883	HCPCS, OP	PPS	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
C1884	HCPCS, OP	PPS	Embolization protective system

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
C1885	HCPCS, OP	PPS	Catheter, transluminal angioplasty, laser
C1886	HCPCS, OP	PPS	Catheter, extravascular tissue ablation, any modality (insertable)
C1887	HCPCS, OP	PPS	Catheter, guiding (may include infusion/perfusion capability)
C1888	HCPCS, OP	PPS	Catheter, ablation, noncardiac, endovascular (implantable)
C1889	HCPCS, OP	PPS	Implantable/insertable device, not otherwise classified
C1890	HCPCS, OP	PPS	No implantable/insertable device used with device-intensive procedures
C1891	HCPCS, OP	PPS	Infusion pump, nonprogrammable, permanent (implantable)
C1892	HCPCS, OP	PPS	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away
C1893	HCPCS, OP	PPS	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away
C1894	HCPCS, OP	PPS	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser
C1895	HCPCS, OP	PPS	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
C1896	HCPCS, OP	PPS	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
C1897	HCPCS, OP	PPS	Lead, neurostimulator test kit (implantable)
C1898	HCPCS, OP	PPS	Lead, pacemaker, other than transvenous VDD single pass
C1899	HCPCS, OP	PPS	Lead, pacemaker/cardioverter-defibrillator combination (implantable)
C1900	HCPCS, OP	PPS	Lead, left ventricular coronary venous system
C1982	HCPCS, OP	PPS	Catheter, pressure generating, one-way valve, intermittently occlusive
C2596	HCPCS, OP	PPS	Probe, image guided, robotic, waterjet ablation
C2613	HCPCS, OP	PPS	Lung biopsy plug with delivery system
C2614	HCPCS, OP	PPS	Probe, percutaneous lumbar discectomy
C2615	HCPCS, OP	PPS	Sealant, pulmonary, liquid
C2616	HCPCS, OP	PPS	Brachytherapy source, nonstranded, yttrium-90, per source
C2617	HCPCS, OP	PPS	Stent, noncoronary, temporary, without delivery system
C2618	HCPCS, OP	PPS	Probe/needle, cryoablation
C2619	HCPCS, OP	PPS	Pacemaker, dual chamber, nonrate-responsive (implantable)
C2620	HCPCS, OP	PPS	Pacemaker, single chamber, nonrate-responsive (implantable)
C2621	HCPCS, OP	PPS	Pacemaker, other than single or dual chamber (implantable)
C2622	HCPCS, OP	PPS	Prosthesis, penile, noninflatable
C2623	HCPCS, OP	PPS	Catheter, transluminal angioplasty, drug-coated, nonlaser
C2624	HCPCS, OP	PPS	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components
C2625	HCPCS, OP	PPS	Stent, noncoronary, temporary, with delivery system
C2626	HCPCS, OP	PPS	Infusion pump, nonprogrammable, temporary (implantable)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
C2627	HCPCS, OP	PPS	Catheter, suprapubic/cystoscopic
C2628	HCPCS, OP	PPS	Catheter, occlusion
C2629	HCPCS, OP	PPS	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser
C2630	HCPCS, OP	PPS	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip
C2631	HCPCS, OP	PPS	Repair device, urinary, incontinence, without sling graft
C2634	HCPCS, OP	Brachytherapy: OP	Brachytherapy source, nonstranded, high activity, iodine-125, greater than 1.01 mCi (NIST), per source
C2635	HCPCS, OP	Brachytherapy: OP	Brachytherapy source, nonstranded, high activity, palladium-103, greater than 2.2 mCi (NIST), per source
C2636	HCPCS, OP	Brachytherapy: OP	Brachytherapy linear source, nonstranded, palladium-103, per 1 mm
C2637	HCPCS, OP	Brachytherapy: OP	Brachytherapy source, nonstranded, ytterbium-169, per source
C2638	HCPCS, OP	Brachytherapy: OP	Brachytherapy source, stranded, iodine-125, per source
C2639	HCPCS, OP	Brachytherapy: OP	Brachytherapy source, nonstranded, iodine-125, per source
C2640	HCPCS, OP	Brachytherapy: OP	Brachytherapy source, stranded, palladium-103, per source
C2641	HCPCS, OP	Brachytherapy: OP	Brachytherapy source, nonstranded, palladium-103, per source
C2642	HCPCS, OP	Brachytherapy: OP	Brachytherapy source, stranded, cesium-131, per source
C2643	HCPCS, OP	Brachytherapy: OP	Brachytherapy source, nonstranded, cesium-131, per source
C2644	HCPCS, OP	Brachytherapy: OP	Brachytherapy source, cesium-131 chloride solution, per mCi
C2645	HCPCS, OP	Brachytherapy: OP	Brachytherapy planar source, palladium-103, per sq mL
C2698	HCPCS, OP	Brachytherapy: OP	Brachytherapy source, stranded, not otherwise specified, per source
C2699	HCPCS, OP	Brachytherapy: OP	Brachytherapy source, nonstranded, not otherwise specified, per source
C5271	HCPCS, OP	Skin Substitute: OP	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm
C5272	HCPCS, OP	Skin Substitute: OP	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm
C5273	HCPCS, OP	Skin Substitute: OP	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than 100 sq cm
C5274	HCPCS, OP	Skin Substitute: OP	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than 100 sq cm
C5275	HCPCS, OP	Skin Substitute: OP	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, per 100 sq cm
C5276	HCPCS, OP	Skin Substitute: OP	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, per 100 sq cm
C5277	HCPCS, OP	Skin Substitute: OP	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, per 100 sq cm
C5278	HCPCS, OP	Skin Substitute: OP	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, per 100 sq cm
C7500	HCPCS, OP		Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed
C7501	HCPCS, OP		Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device
C7502	HCPCS, OP		Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device
C7503	HCPCS, OP		Open biopsy or excision of deep cervical node(s) with intraoperative identification (e.g., mapping) of sentinel lymph node
C7504	HCPCS, OP		Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and another

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
C7505	HCPCS, OPPS		Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any a
C7506	HCPCS, OPPS		Arthrodesis, interphalangeal joints, with or without internal fixation
C7507	HCPCS, OPPS		Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral l
C7508	HCPCS, OPPS		Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral b
C7509	HCPCS, OPPS		Bronchoscopy, rigid or flexible, diagnostic with cell washing(s) when performed, with computer-assist
C7510	HCPCS, OPPS		Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guide
C7511	HCPCS, OPPS		Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single o
C7512	HCPCS, OPPS		Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single o
C7513	HCPCS, OPPS		Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysi
C7514	HCPCS, OPPS		Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysi
C7515	HCPCS, OPPS		Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysi
C7516	HCPCS, OPPS		Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injectio
C7517	HCPCS, OPPS		Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injectio
C7518	HCPCS, OPPS		Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injecti
C7519	HCPCS, OPPS		Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injecti
C7520	HCPCS, OPPS		Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injecti
C7521	HCPCS, OPPS		Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injecti
C7522	HCPCS, OPPS		Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injecti
C7523	HCPCS, OPPS		Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injecti
C7524	HCPCS, OPPS		Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injecti
C7525	HCPCS, OPPS		Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injecti
C7526	HCPCS, OPPS		Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injecti
C7527	HCPCS, OPPS		Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injecti
C7528	HCPCS, OPPS		Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injecti
C7529	HCPCS, OPPS		Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injecti
C7530	HCPCS, OPPS		Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysi
C7531	HCPCS, OPPS		Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with
C7532	HCPCS, OPPS		Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial
C7533	HCPCS, OPPS		Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with transcat
C7534	HCPCS, OPPS		Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with
C7535	HCPCS, OPPS		Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with
C7537	HCPCS, OPPS		Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with i

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
C7538	HCPCS, OPPTS		Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s),
C7539	HCPCS, OPPTS		Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous elec
C7540	HCPCS, OPPTS		Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, c
C7541	HCPCS, OPPTS		Diagnostic endoscopic retrograde cholangiopancreatography (ERCP), including collection of specimen
C7542	HCPCS, OPPTS		Endoscopic retrograde cholangiopancreatography (ERCP) with biopsy, single or multiple, with endosc
C7543	HCPCS, OPPTS		Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy/papillotomy, with end
C7544	HCPCS, OPPTS		Endoscopic retrograde cholangiopancreatography (ERCP) with removal of calculi/debris from biliary/p
C7545	HCPCS, OPPTS		Percutaneous exchange of biliary drainage catheter (e.g., external, internal-external, or conversion of
C7546	HCPCS, OPPTS		Removal and replacement of externally accessible nephroureteral catheter (e.g., external/internal ste
C7547	HCPCS, OPPTS		Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostom
C7548	HCPCS, OPPTS		Exchange nephrostomy catheter, percutaneous, with ureteral stricture balloon dilation, including diag
C7549	HCPCS, OPPTS		Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit with ureteral stric
C7550	HCPCS, OPPTS		Cystourethroscopy, with biopsy(ies) with adjunctive blue light cystoscopy with fluorescent imaging ag
C7551	HCPCS, OPPTS		Excision of major peripheral nerve neuroma, except sciatic, with implantation of nerve end into bone
C7552	HCPCS, OPPTS		Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injectio
C7553	HCPCS, OPPTS		Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injectio
C7554	HCPCS, OPPTS		Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent imaging agent
C7555	HCPCS, OPPTS		Thyroidectomy, total or complete with parathyroid autotransplantation
C7900	HCPCS, OPPTS		Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 1!
C7901	HCPCS, OPPTS		Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 30-
C7902	HCPCS, OPPTS		Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, each add
C8900	HCPCS, OPPTS	Magnetic Resonance Ima	Magnetic resonance angiography with contrast, abdomen
C8901	HCPCS, OPPTS	Magnetic Resonance Ima	Magnetic resonance angiography without contrast, abdomen
C8902	HCPCS, OPPTS	Magnetic Resonance Ima	Magnetic resonance angiography without contrast followed by with contrast, abdomen
C8903	HCPCS, OPPTS	Magnetic Resonance Ima	Magnetic resonance imaging with contrast, breast; unilateral
C8905	HCPCS, OPPTS	Magnetic Resonance Ima	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral
C8906	HCPCS, OPPTS	Magnetic Resonance Ima	Magnetic resonance imaging with contrast, breast; bilateral
C8908	HCPCS, OPPTS	Magnetic Resonance Ima	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral
C8909	HCPCS, OPPTS	Magnetic Resonance Ima	Magnetic resonance angiography with contrast, chest (excluding myocardium)
C8910	HCPCS, OPPTS	Magnetic Resonance Ima	Magnetic resonance angiography without contrast, chest (excluding myocardium)
C8911	HCPCS, OPPTS	Magnetic Resonance Ima	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocar
C8912	HCPCS, OPPTS	Magnetic Resonance Ima	Magnetic resonance angiography with contrast, lower extremity

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
C8913	HCPCS, OP	Magnetic Resonance Imaging	Magnetic resonance angiography without contrast, lower extremity
C8914	HCPCS, OP	Magnetic Resonance Imaging	Magnetic resonance angiography without contrast followed by with contrast, lower extremity
C8918	HCPCS, OP	Magnetic Resonance Imaging	Magnetic resonance angiography with contrast, pelvis
C8919	HCPCS, OP	Magnetic Resonance Imaging	Magnetic resonance angiography without contrast, pelvis
C8920	HCPCS, OP	Magnetic Resonance Imaging	Magnetic resonance angiography without contrast followed by with contrast, pelvis
C8921	HCPCS, OP	Transthoracic Echocardiography	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, fo
C8922	HCPCS, OP	Transthoracic Echocardiography	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, fo
C8923	HCPCS, OP	Transthoracic Echocardiography	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, re
C8924	HCPCS, OP	Transthoracic Echocardiography	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, re
C8925	HCPCS, OP	Transthoracic Echocardiography	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast
C8926	HCPCS, OP	Transthoracic Echocardiography	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast
C8927	HCPCS, OP	Transthoracic Echocardiography	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast
C8928	HCPCS, OP	Transthoracic Echocardiography	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, re
C8929	HCPCS, OP	Transthoracic Echocardiography	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, re
C8930	HCPCS, OP	Transthoracic Echocardiography	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, re
C8931	HCPCS, OP	Magnetic Resonance Angiography	Magnetic resonance angiography with contrast, spinal canal and contents
C8932	HCPCS, OP	Magnetic Resonance Angiography	Magnetic resonance angiography without contrast, spinal canal and contents
C8933	HCPCS, OP	Magnetic Resonance Angiography	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and conten
C8934	HCPCS, OP	Magnetic Resonance Angiography	Magnetic resonance angiography with contrast, upper extremity
C8935	HCPCS, OP	Magnetic Resonance Angiography	Magnetic resonance angiography without contrast, upper extremity
C8936	HCPCS, OP	Magnetic Resonance Angiography	Magnetic resonance angiography without contrast followed by with contrast, upper extremity
C8937	HCPCS, OP	Magnetic Resonance Angiography	Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion
C8957	HCPCS, OP	Magnetic Resonance Angiography	Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requi
C9352	HCPCS, OP	Biologicals: OP PPS	Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length
C9353	HCPCS, OP	Biologicals: OP PPS	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length
C9354	HCPCS, OP	Biologicals: OP PPS	Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm
C9355	HCPCS, OP	Biologicals: OP PPS	Collagen nerve cuff (NeuroMatrix), per 0.5 cm length
C9356	HCPCS, OP	Biologicals: OP PPS	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Prot
C9358	HCPCS, OP	Biologicals: OP PPS	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), pe
C9359	HCPCS, OP	Biologicals: OP PPS	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integi
C9360	HCPCS, OP	Biologicals: OP PPS	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix
C9361	HCPCS, OP	Biologicals: OP PPS	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
C9362	HCPCS, OPSS	Biologicals: OP PPS	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0
C9363	HCPCS, OPSS	Biologicals: OP PPS	Skin substitute (Integra Meshed Bilayer Wound Matrix), per sq cm
C9364	HCPCS, OPSS	Biologicals: OP PPS	Porcine implant, Permacol, per sq cm
C9399	HCPCS, OPSS	Biologicals: OP PPS	Unclassified drugs or biologicals
C9600	HCPCS, OPSS	Percutaneous Revasculari	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplas
C9601	HCPCS, OPSS	Percutaneous Revasculari	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplas
C9602	HCPCS, OPSS	Percutaneous Revasculari	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronar
C9603	HCPCS, OPSS	Percutaneous Revasculari	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronar
C9604	HCPCS, OPSS	Percutaneous Revasculari	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mam
C9605	HCPCS, OPSS	Percutaneous Revasculari	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mam
C9606	HCPCS, OPSS	Percutaneous Revasculari	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardia
C9607	HCPCS, OPSS	Percutaneous Revasculari	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary arte
C9608	HCPCS, OPSS	Percutaneous Revasculari	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary arte
C9725	HCPCS, OPSS	Procedures: OP PPS	Placement of endorectal intracavitary applicator for high intensity brachytherapy
C9726	HCPCS, OPSS	Procedures: OP PPS	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, a
C9727	HCPCS, OPSS	Procedures: OP PPS	Insertion of implants into the soft palate; minimum of three implants
C9728	HCPCS, OPSS	Procedures: OP PPS	Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosim
C9733	HCPCS, OPSS	Procedures: OP PPS	Nonophthalmic fluorescent vascular angiography
C9734	HCPCS, OPSS	Procedures: OP PPS	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magneti
C9738	HCPCS, OPSS	Procedures: OP PPS	Adjunctive blue light cystoscopy with fluorescent imaging agent (list separately in addition to code for
C9739	HCPCS, OPSS	Procedures: OP PPS	Cystourethroscopy, with insertion of transprostatic implant; one to three implants
C9740	HCPCS, OPSS	Procedures: OP PPS	Cystourethroscopy, with insertion of transprostatic implant; four or more implants
C9751	HCPCS, OPSS	Procedures: OP PPS	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including flu
C9756	HCPCS, OPSS	Procedures: OP PPS	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor dra
C9757	HCPCS, OPSS	Procedures: OP PPS	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy,
C9758	HCPCS, OPSS	Procedures: OP PPS	Blinded procedure for NYHA Class III/IV heart failure; transcatheter implantation of interatrial shunt o
C9759	HCPCS, OPSS	Procedures: OP PPS	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or pei
C9760	HCPCS, OPSS	Procedures: OP PPS	Nonrandomized, nonblinded procedure for NYHA Class II, III, IV heart failure; transcatheter implantati
C9761	HCPCS, OPSS	Procedures: OP PPS	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterizatio
C9762	HCPCS, OPSS	Procedures: OP PPS	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfur
C9763	HCPCS, OPSS	Procedures: OP PPS	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfur
C9764	HCPCS, OPSS	Procedures: OP PPS	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, ir
C9765	HCPCS, OPSS	Procedures: OP PPS	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, ai
C9766	HCPCS, OPSS	Procedures: OP PPS	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy ar

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
C9767	HCPCS, OPSP	Procedures: OP PPS	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy an
C9768	HCPCS, OPSP	Procedures: OP PPS	Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any
C9769	HCPCS, OPSP	Procedures: OP PPS	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisi
C9772	HCPCS, OPSP	Procedures: OP PPS	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular
C9773	HCPCS, OPSP	Procedures: OP PPS	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular
C9774	HCPCS, OPSP	Procedures: OP PPS	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular
C9775	HCPCS, OPSP	Procedures: OP PPS	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular
C9776	HCPCS, OPSP	Procedures: OP PPS	Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic duct,
C9777	HCPCS, OPSP	Procedures: OP PPS	Esophageal mucosal integrity testing by electrical impedance, transoral, includes esophagoscopy or
C9778	HCPCS, OPSP	Procedures: OP PPS	Colpopexy, vaginal; minimally invasive extraperitoneal approach (sacrospinous)
C9779	HCPCS, OPSP	Procedures: OP PPS	Endoscopic submucosal dissection (ESD), including endoscopy or colonoscopy, mucosal closure, when
C9781	HCPCS, OPSP	Procedures: OP PPS	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debr
C9782	HCPCS, OPSP	Procedures: OP PPS	Blinded procedure for New York Heart Association (NYHA) Class II or III heart failure, or Canadian Carc
C9783	HCPCS, OPSP	Procedures: OP PPS	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo contr
C9784	HCPCS, OPSP	Procedures: OP PPS	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and
C9785	HCPCS, OPSP	Procedures: OP PPS	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertio
C9786	HCPCS, OPSP	Procedures: OP PPS	Echocardiography image post processing for computer aided detection of heart failure with preserved
C9787	HCPCS, OPSP	Procedures: OP PPS	Gastric electrophysiology mapping with simultaneous patient symptom profiling
C9789	HCPCS, OPSP	Procedures: OP PPS	Instillation of antineoplastic pharmacologic/biologic agent into renal pelvis, any method, including all
C9790	HCPCS, OPSP	Procedures: OP PPS	Histotripsy (i.e., nonthermal ablation via acoustic energy delivery) of malignant renal tissue, including
C9791	HCPCS, OPSP	Procedures: OP PPS	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including p
C9792	HCPCS, OPSP	Procedures: OP PPS	Blinded or nonblinded procedure for symptomatic New York Heart Association (NYHA) Class II, III, IVA
C9796	HCPCS, OPSP	Procedures: OP PPS	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g.,
C9797	HCPCS, OPSP	Procedures: OP PPS	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-w
C9898	HCPCS, OPSP	Procedures: OP PPS	Radiolabeled product provided during a hospital inpatient stay
C9899	HCPCS, OPSP	Procedures: OP PPS	Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage
Dental R CDT		Dental Codes	<i>All dental codes require PA for Medical to pay</i>
G Range HCPCS, Tempc	Procedures/Professional	§G0398-G0400	Home Sleep Study
G Range HCPCS, Tempc	Procedures/Professional	§G0428-G0429	Defect Fillers
G Range HCPCS, Tempc	Procedures/Professional	§G0452-G0452	Molecular Pathology, physician interpretation and report
G Range HCPCS, Tempc	Procedures/Professional	§G0453-G0453	Neurophysiology Monitoring
G Range HCPCS, Tempc	Procedures/Professional	§G0454-G0455	Documentation and Preparation (fecal tx)
G Range HCPCS, Tempc	Procedures/Professional	§G0458-G0458	Prostate Brachytherapy, Low dose rate (LDR) prostate brachytherapy services, composi
G Range HCPCS, Tempc	Procedures/Professional	§G0460-G0460	Other Wound/Ulcer Care, Autologous platelet rich plasma for chronic wounds/ulcers, ir
G Range HCPCS, Tempc	Procedures/Professional	§G0480-G0483	Drug Testing
G Range HCPCS, Tempc	Procedures/Professional	§G0491-G0492	Dialysis Procedures
G Range HCPCS, Tempc	Procedures/Professional	§G0498-G0498	Chemotherapy Infusion, Chemotherapy administration, intravenous infusion technique,
G Range HCPCS, Tempc	Procedures/Professional	§G0500-G0500	Moderate Sedation, Moderate sedation services provided by the same physician or oth

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
G Range	HCPCS, Tempc	Procedures/Professional	§G2000-G2000 Convulsive Therapy Procedure, Blinded administration of convulsive therapy procedure
G Range	HCPCS, Tempc	Procedures/Professional	§G6001-G6017 Radiation Therapy
G Range	HCPCS, Tempc	Procedures/Professional	§G9147-G9147 Outpatient IV Insulin TX
G0127	HCPCS, Tempc	Procedures/Professional	§Trimming of dystrophic nails, any number
G0128	HCPCS, Tempc	Procedures/Professional	§Direct (face-to-face with patient) skilled nursing services of a registered nurse provided in a comprehe
G0130	HCPCS, Tempc	Procedures/Professional	§Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skelet
G0166	HCPCS, Tempc	Procedures/Professional	§External counterpulsation, per treatment session
G0176	HCPCS, Tempc	Procedures/Professional	§Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and
G0179	HCPCS, Tempc	Procedures/Professional	§Physician re-certification for Medicare-covered home health services under a home health plan of car
G0186	HCPCS, Tempc	Procedures/Professional	§Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulat
G0219	HCPCS, Tempc	Procedures/Professional	§PET imaging whole body; melanoma for noncovered indications
G0235	HCPCS, Tempc	Procedures/Professional	§PET imaging, any site, not otherwise specified
G0237	HCPCS, Tempc	Procedures/Professional	§Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-o
G0238	HCPCS, Tempc	Procedures/Professional	§Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one,
G0239	HCPCS, Tempc	Procedures/Professional	§Therapeutic procedures to improve respiratory function or increase strength or endurance of respirat
G0252	HCPCS, Tempc	Procedures/Professional	§PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgic
G0255	HCPCS, Tempc	Procedures/Professional	§Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve
G0259	HCPCS, Tempc	Procedures/Professional	§Injection procedure for sacroiliac joint; arthrography
G0260	HCPCS, Tempc	Procedures/Professional	§Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agen
G0269	HCPCS, Tempc	Procedures/Professional	§Placement of occlusive device into either a venous or arterial access site, postsurgical or interventiona
G0276	HCPCS, Tempc	Procedures/Professional	§Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or p
G0277	HCPCS, Tempc	Procedures/Professional	§Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
G0278	HCPCS, Tempc	Procedures/Professional	§Iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, per
G0279	HCPCS, Tempc	Procedures/Professional	§Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 7
G0281	HCPCS, Tempc	Procedures/Professional	§Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure u
G0282	HCPCS, Tempc	Procedures/Professional	§Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0
G0283	HCPCS, Tempc	Procedures/Professional	§Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as p
G0288	HCPCS, Tempc	Procedures/Professional	§Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surger
G0289	HCPCS, Tempc	Procedures/Professional	§Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articula
G0293	HCPCS, Tempc	Procedures/Professional	§Noncovered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in ;
G0294	HCPCS, Tempc	Procedures/Professional	§Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying
G0295	HCPCS, Tempc	Procedures/Professional	§Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for c
G0302	HCPCS, Tempc	Procedures/Professional	§Preoperative pulmonary surgery services for preparation for LVRS, complete course of services, to incl
G0303	HCPCS, Tempc	Procedures/Professional	§Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services
G0304	HCPCS, Tempc	Procedures/Professional	§Preoperative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services
G0305	HCPCS, Tempc	Procedures/Professional	§Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services
G0327	HCPCS, Tempc	Procedures/Professional	§Colorectal cancer screening; blood-based biomarker
G0329	HCPCS, Tempc	Procedures/Professional	§Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arter

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
G0337	HCPCS, Temp	Procedures/Professional	Hospice evaluation and counseling services, preelection
G0339	HCPCS, Temp	Procedures/Professional	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy i
G0340	HCPCS, Temp	Procedures/Professional	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator
G0341	HCPCS, Temp	Procedures/Professional	Percutaneous islet cell transplant, includes portal vein catheterization and infusion
G0342	HCPCS, Temp	Procedures/Professional	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion
G0343	HCPCS, Temp	Procedures/Professional	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion
G0448	HCPCS, Temp	Procedures/Professional	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous le
G0465	HCPCS, Temp	Procedures/Professional	Autologous platelet rich plasma (prp) for diabetic chronic wounds/ulcers, using an fda-cleared device
G9654	HCPCS, Temp	Procedures/Professional	Monitored anesthesia care (MAC)
H0015	HCPCS, SUD	Alcohol and Drug Abuse T	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/
H0039	HCPCS, SUD	Alcohol and Drug Abuse T	Assertive community treatment, face-to-face, per 15 minutes
H0040	HCPCS, SUD	Alcohol and Drug Abuse T	Assertive community treatment program, per diem
K1030	HCPCS	Temporary Codes	External recharging system for battery (internal) for use with implanted cardiac contractility modulati
K1035	HCPCS	Temporary Codes	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, FDA appro
L8680	HCPCS	Prosthetic Devices and Pr	Implantable neurostimulator electrode, each
L8681	HCPCS	Prosthetic Devices and Pr	Patient programmer (external) for use with implantable programmable neurostimulator pulse genera
L8682	HCPCS	Prosthetic Devices and Pr	Implantable neurostimulator radiofrequency receiver
L8683	HCPCS	Prosthetic Devices and Pr	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency recei
L8685	HCPCS	Prosthetic Devices and Pr	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
L8686	HCPCS	Prosthetic Devices and Pr	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension
L8687	HCPCS	Prosthetic Devices and Pr	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8688	HCPCS	Prosthetic Devices and Pr	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension
L8689	HCPCS	Prosthetic Devices and Pr	External recharging system for battery (internal) for use with implantable neurostimulator, replaceme
L8695	HCPCS	Prosthetic Devices and Pr	External recharging system for battery (external) for use with implantable neurostimulator, replaceme
M0075	HCPCS, Medic	Medical Services	Cellular therapy
M0076	HCPCS, Medic	Medical Services	Prolotherapy
M0100	HCPCS, Medic	Medical Services	Intragastric hypothermia using gastric freezing
M0223	HCPCS, Medic	Medical Services	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the hon
M0243	HCPCS, Medic	Medical Services	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitorin
M0244	HCPCS, Medic	Medical Services	Intravenous infusion, casirivimab and imdevimab, includes infusion and post administration monitorir
M0246	HCPCS, Medic	Medical Services	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monit
M0300	HCPCS, Medic	Medical Services	IV chelation therapy (chemical endarterectomy)
M0301	HCPCS, Medic	Medical Services	Fabric wrapping of abdominal aneurysm
M1072	HCPCS, Medic	Medical Services	Radiation therapy for anal cancer under the radiation oncology model, 90 day episode, professional c
M1073	HCPCS, Medic	Medical Services	Radiation therapy for anal cancer under the radiation oncology model, 90 day episode, technical com
M1074	HCPCS, Medic	Medical Services	Radiation therapy for bladder cancer under the radiation oncology model, 90 day episode, profession:
M1075	HCPCS, Medic	Medical Services	Radiation therapy for bladder cancer under the radiation oncology model, 90 day episode, technical c
M1076	HCPCS, Medic	Medical Services	Radiation therapy for bone metastases under the radiation oncology model, 90 day episode, professic

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
M1077	HCPCS, Medic: Medical Services		Radiation therapy for bone metastases under the radiation oncology model, 90 day episode, technical
M1078	HCPCS, Medic: Medical Services		Radiation therapy for brain metastases under the radiation oncology model, 90 day episode, professic
M1079	HCPCS, Medic: Medical Services		Radiation therapy for brain metastases under the radiation oncology model, 90 day episode, technical
M1080	HCPCS, Medic: Medical Services		Radiation therapy for breast cancer under the radiation oncology model, 90 day episode, professional
M1081	HCPCS, Medic: Medical Services		Radiation therapy for breast cancer under the radiation oncology model, 90 day episode, technical coi
M1082	HCPCS, Medic: Medical Services		Radiation therapy for cervical cancer under the radiation oncology model, 90 day episode, profession:
M1083	HCPCS, Medic: Medical Services		Radiation therapy for cervical cancer under the radiation oncology model, 90 day episode, technical cc
M1084	HCPCS, Medic: Medical Services		Radiation therapy for cns tumors under the radiation oncology model, 90 day episode, professional cc
M1085	HCPCS, Medic: Medical Services		Radiation therapy for cns tumors under the radiation oncology model, 90 day episode, technical comp
M1086	HCPCS, Medic: Medical Services		Radiation therapy for colorectal cancer under the radiation oncology model, 90 day episode,
M1087	HCPCS, Medic: Medical Services		Radiation therapy for colorectal cancer under the radiation oncology model, 90 day episode,
M1088	HCPCS, Medic: Medical Services		Radiation therapy for head and neck cancer under the radiation oncology model, 90 day episode,
M1089	HCPCS, Medic: Medical Services		Radiation therapy for head and neck cancer under the radiation oncology model, 90 day episode,
M1094	HCPCS, Medic: Medical Services		Radiation therapy for lung cancer under the radiation oncology model, 90 day episode, professional
M1095	HCPCS, Medic: Medical Services		Radiation therapy for lung cancer under the radiation oncology model, 90 day episode, technical
M1096	HCPCS, Medic: Medical Services		Radiation therapy for lymphoma under the radiation oncology model, 90 day episode, professional
M1097	HCPCS, Medic: Medical Services		Radiation therapy for lymphoma under the radiation oncology model, 90 day episode, technical
M1098	HCPCS, Medic: Medical Services		Radiation therapy for pancreatic cancer under the radiation oncology model, 90 day episode,
M1099	HCPCS, Medic: Medical Services		Radiation therapy for pancreatic cancer under the radiation oncology model, 90 day episode,
M1100	HCPCS, Medic: Medical Services		Radiation therapy for prostate cancer under the radiation oncology model, 90 day episode,
M1101	HCPCS, Medic: Medical Services		Radiation therapy for prostate cancer under the radiation oncology model, 90 day episode, technical
M1102	HCPCS, Medic: Medical Services		Radiation therapy for upper gi cancer under the radiation oncology model, 90 day episode,
M1103	HCPCS, Medic: Medical Services		Radiation therapy for upper gi cancer under the radiation oncology model, 90 day episode, technical
M1104	HCPCS, Medic: Medical Services		Radiation therapy for uterine cancer under the radiation oncology model, 90 day episode,
M1105	HCPCS, Medic: Medical Services		Radiation therapy for uterine cancer under the radiation oncology model, 90 day episode, technical
P9020	HCPCS, Path & Miscellaneous		Platelet rich plasma, each unit
Q0035	HCPCS, Q Cod: Cardiokymography Temp	Cardiokymography	
Q0083	HCPCS, Q Cod: Infusion Temporary Q Co	Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramusculi	
Q0084	HCPCS, Q Cod: Infusion Temporary Q Co	Chemotherapy administration by infusion technique only, per visit	
Q0085	HCPCS, Q Cod: Infusion Temporary Q Co	Chemotherapy administration by both infusion technique and other technique(s) (e.g. subcutaneous,	
Q0091	HCPCS, Q Cod: Temporary Q Code	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to la	
Q0477	HCPCS, Q Cod: Devices Temporary Q Cod	Power module patient cable for use with electric or electric/pneumatic ventricular assist device, repla	
Q0478	HCPCS, Q Cod: Devices Temporary Q Cod	Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type	
Q0479	HCPCS, Q Cod: Devices Temporary Q Cod	Power module for use with electric or electric/pneumatic ventricular assist device, replacement only	
Q0480	HCPCS, Q Cod: Devices Temporary Q Cod	Driver for use with pneumatic ventricular assist device, replacement only	
Q0481	HCPCS, Q Cod: Devices Temporary Q Cod	Microprocessor control unit for use with electric ventricular assist device, replacement only	
Q0482	HCPCS, Q Cod: Devices Temporary Q Cod	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, rep	
Q0483	HCPCS, Q Cod: Devices Temporary Q Cod	Monitor/display module for use with electric ventricular assist device, replacement only	

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
Q0484	HCPCS, Q Code	Devices Temporary Q Code	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement
Q0485	HCPCS, Q Code	Devices Temporary Q Code	Monitor control cable for use with electric ventricular assist device, replacement only
Q0486	HCPCS, Q Code	Devices Temporary Q Code	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only
Q0487	HCPCS, Q Code	Devices Temporary Q Code	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement
Q0488	HCPCS, Q Code	Devices Temporary Q Code	Power pack base for use with electric ventricular assist device, replacement only
Q0489	HCPCS, Q Code	Devices Temporary Q Code	Power pack base for use with electric/pneumatic ventricular assist device, replacement only
Q0490	HCPCS, Q Code	Devices Temporary Q Code	Emergency power source for use with electric ventricular assist device, replacement only
Q0491	HCPCS, Q Code	Devices Temporary Q Code	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only
Q0492	HCPCS, Q Code	Devices Temporary Q Code	Emergency power supply cable for use with electric ventricular assist device, replacement only
Q0493	HCPCS, Q Code	Devices Temporary Q Code	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement
Q0494	HCPCS, Q Code	Devices Temporary Q Code	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement
Q0495	HCPCS, Q Code	Devices Temporary Q Code	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement
Q0496	HCPCS, Q Code	Devices Temporary Q Code	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement
Q0497	HCPCS, Q Code	Devices Temporary Q Code	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0498	HCPCS, Q Code	Devices Temporary Q Code	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0499	HCPCS, Q Code	Devices Temporary Q Code	Belt/vest/bag for use to carry external peripheral components of any type ventricular assist device, replacement
Q0500	HCPCS, Q Code	Devices Temporary Q Code	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0501	HCPCS, Q Code	Devices Temporary Q Code	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0502	HCPCS, Q Code	Devices Temporary Q Code	Mobility cart for pneumatic ventricular assist device, replacement only
Q0503	HCPCS, Q Code	Devices Temporary Q Code	Battery for pneumatic ventricular assist device, replacement only, each
Q0504	HCPCS, Q Code	Devices Temporary Q Code	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type
Q0506	HCPCS, Q Code	Devices Temporary Q Code	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement
Q0507	HCPCS, Q Code	Devices Temporary Q Code	Miscellaneous supply or accessory for use with an external ventricular assist device
Q0508	HCPCS, Q Code	Devices Temporary Q Code	Miscellaneous supply or accessory for use with an implanted ventricular assist device
Q0509	HCPCS, Q Code	Devices Temporary Q Code	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment is required
Q1004	HCPCS, Q Code	Drugs and Biologicals Ter	New technology, intraocular lens, category 4 as defined in Federal Register notice
Q1005	HCPCS, Q Code	Drugs and Biologicals Ter	New technology, intraocular lens, category 5 as defined in Federal Register notice
Q2053	HCPCS, Q Code	Drugs and Biologicals Ter	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including
Q2054	HCPCS, Q Code	Drugs and Biologicals Ter	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including
Q2055	HCPCS, Q Code	Drugs and Biologicals Ter	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-
Q3001	HCPCS, Q Code	Drugs and Biologicals Ter	Radioelements for brachytherapy, any type, each
Q4082	HCPCS, Q Code	Drugs and Biologicals Ten	Drug or biological, not otherwise classified, Part B drug competitive acquisition program (CAP)
Q4100	HCPCS, Q Code	Skin Substitutes Tempora	Skin substitute, not otherwise specified
S0201	HCPCS, Temp	Physician Services	Partial hospitalization services, less than 24 hours, per diem
S0265	HCPCS, Temp	Physician Services	Genetic counseling, under physician supervision, each 15 minutes
S0390	HCPCS, Temp	Foot Care	Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance
S0800	HCPCS, Temp	Ophthalmology	Laser in situ keratomileusis (LASIK)
S0810	HCPCS, Temp	Ophthalmology	Photorefractive keratectomy (PRK)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
S0812	HCPCS, Temp	Ophthalmology	Phototherapeutic keratectomy (PTK)
S1034	HCPCS, Temp	Supplies & DME	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucos
S1091	HCPCS, Temp	Implant/Transplant Temp	Stent, noncoronary, temporary, with delivery system (Propel)
S2053	HCPCS, Temp	Implant/Transplant	Transplantation of small intestine and liver allografts
S2054	HCPCS, Temp	Implant/Transplant	Transplantation of multivisceral organs
S2055	HCPCS, Temp	Implant/Transplant	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadav
S2060	HCPCS, Temp	Implant/Transplant	Lobar lung transplantation
S2061	HCPCS, Temp	Implant/Transplant	Donor lobectomy (lung) for transplantation, living donor
S2065	HCPCS, Temp	Implant/Transplant	Simultaneous pancreas kidney transplantation
S2066	HCPCS, Temp	Breast Reconstruction	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, micro
S2067	HCPCS, Temp	Breast Reconstruction	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s
S2068	HCPCS, Temp	Breast Reconstruction	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigast
S2070	HCPCS, Temp	Surgical Services	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of uretera
S2079	HCPCS, Temp	Surgical Services	Laparoscopic esophagomyotomy (Heller type)
S2080	HCPCS, Temp	Surgical Services	Laser-assisted uvulopalatoplasty (LAUP)
S2083	HCPCS, Temp	Surgical Services	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline
S2095	HCPCS, Temp	Surgical Services	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttri
S2102	HCPCS, Temp	Surgical Services	Islet cell tissue transplant from pancreas; allogeneic
S2103	HCPCS, Temp	Surgical Services	Adrenal tissue transplant to brain
S2107	HCPCS, Temp	Surgical Services	Adoptive immunotherapy i.e. development of specific antitumor reactivity (e.g., tumor-infiltrating lym
S2112	HCPCS, Temp	Surgical Services	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)
S2115	HCPCS, Temp	Surgical Services	Osteotomy, periacetabular, with internal fixation
S2117	HCPCS, Temp	Surgical Services	Arthroereisis, subtalar
S2118	HCPCS, Temp	Surgical Services	Metal-on-metal total hip resurfacing, including acetabular and femoral components
S2120	HCPCS, Temp	Surgical Services	Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation
S2140	HCPCS, Temp	Surgical Services	Cord blood harvesting for transplantation, allogeneic
S2142	HCPCS, Temp	Surgical Services	Cord blood-derived stem-cell transplantation, allogeneic
S2150	HCPCS, Temp	Surgical Services	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesti
S2152	HCPCS, Temp	Surgical Services	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donc
S2202	HCPCS, Temp	Surgical Services	Echosclerotherapy
S2205	HCPCS, Temp	Minimally Invasive CABG	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternoto
S2206	HCPCS, Temp	Minimally Invasive CABG	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternoto
S2207	HCPCS, Temp	Minimally Invasive CABG	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternoto
S2208	HCPCS, Temp	Minimally Invasive CABG	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternoto
S2209	HCPCS, Temp	Minimally Invasive CABG	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternoto
S2225	HCPCS, Temp	Audiology Surgery	Myringotomy, laser-assisted
S2230	HCPCS, Temp	Audiology Surgery	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear
S2235	HCPCS, Temp	Audiology Surgery	Implantation of auditory brain stem implant

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
S2300	HCPCS, Temp	Surgical Services	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy
S2325	HCPCS, Temp	Surgical Services	Hip core decompression
S2340	HCPCS, Temp	Surgical Services	Chemodenevation of abductor muscle(s) of vocal cord
S2341	HCPCS, Temp	Surgical Services	Chemodenevation of <b>adductor</b> muscle(s) of vocal cord
S2342	HCPCS, Temp	Surgical Services	Nasal endoscopy for postoperative debridement following functional endoscopic sinus surgery, nasal
S2348	HCPCS, Temp	Surgical Services	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequ
S2350	HCPCS, Temp	Surgical Services	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylect
S2351	HCPCS, Temp	Surgical Services	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylect
S2400	HCPCS, Temp	Surgical Services	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure pe
S2401	HCPCS, Temp	Surgical Services	Repair, urinary tract obstruction in the fetus, procedure performed in utero
S2402	HCPCS, Temp	Surgical Services	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero
S2403	HCPCS, Temp	Surgical Services	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero
S2404	HCPCS, Temp	Surgical Services	Repair, myelomeningocele in the fetus, procedure performed in utero
S2405	HCPCS, Temp	Surgical Services	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero
S2409	HCPCS, Temp	Surgical Services	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified
S2411	HCPCS, Temp	Surgical Services	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome
S2900	HCPCS, Temp	Surgical Services	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for prin
S3630	HCPCS, Temp	Laboratory Services Temp	Eosinophil count, blood, direct
S3645	HCPCS, Temp	Laboratory Services Temp	HIV-1 antibody testing of oral mucosal transudate
S3650	HCPCS, Temp	Laboratory Services Temp	Saliva test, hormone level; during menopause
S3652	HCPCS, Temp	Laboratory Services Temp	Saliva test, hormone level; to assess preterm labor risk
S3655	HCPCS, Temp	Laboratory Services Temp	Antisperm antibodies test (immunobead)
S3708	HCPCS, Temp	Laboratory Services Temp	Gastrointestinal fat absorption study
S3722	HCPCS, Temp	Laboratory Services Temp	Dose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil
S3800	HCPCS, Temp	Laboratory Services Temp	Genetic testing for amyotrophic lateral sclerosis (ALS)
S3840	HCPCS, Temp	Laboratory Services Temp	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrir
S3841	HCPCS, Temp	Laboratory Services Temp	Genetic testing for retinoblastoma
S3842	HCPCS, Temp	Laboratory Services Temp	Genetic testing for Von Hippel-Lindau disease
S3844	HCPCS, Temp	Laboratory Services Temp	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness
S3845	HCPCS, Temp	Laboratory Services Temp	Genetic testing for alpha-thalassemia
S3846	HCPCS, Temp	Laboratory Services Temp	Genetic testing for hemoglobin E beta-thalassemia
S3849	HCPCS, Temp	Laboratory Services Temp	Genetic testing for Niemann-Pick disease
S3850	HCPCS, Temp	Laboratory Services Temp	Genetic testing for sickle cell anemia
S3852	HCPCS, Temp	Laboratory Services Temp	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease
S3853	HCPCS, Temp	Laboratory Services Temp	Genetic testing for myotonic muscular dystrophy
S3854	HCPCS, Temp	Laboratory Services Temp	Gene expression profiling panel for use in the management of breast cancer treatment
S3861	HCPCS, Temp	Laboratory Services Temp	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspec
S3865	HCPCS, Temp	Laboratory Services Temp	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
S3866	HCPCS, Temp	Laboratory Services Temp	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual
S3870	HCPCS, Temp	Laboratory Services Temp	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectru
S3900	HCPCS, Temp	Testing Services	Surface electromyography (EMG)
S3902	HCPCS, Temp	Testing Services	Ballistocardiogram
S3904	HCPCS, Temp	Testing Services	Masters two step
S4011	HCPCS, Temp	Infertility Services	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertil
S4013	HCPCS, Temp	Infertility Services	Complete cycle, gamete intrafallopian transfer (GIFT), case rate
S4014	HCPCS, Temp	Infertility Services	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate
S4015	HCPCS, Temp	Infertility Services	Complete in vitro fertilization cycle, not otherwise specified, case rate
S4016	HCPCS, Temp	Infertility Services	Frozen in vitro fertilization cycle, case rate
S4017	HCPCS, Temp	Infertility Services	Incomplete cycle, treatment cancelled prior to stimulation, case rate
S4018	HCPCS, Temp	Infertility Services	Frozen embryo transfer procedure cancelled before transfer, case rate
S4020	HCPCS, Temp	Infertility Services	In vitro fertilization procedure cancelled before aspiration, case rate
S4021	HCPCS, Temp	Infertility Services	In vitro fertilization procedure cancelled after aspiration, case rate
S4022	HCPCS, Temp	Infertility Services	Assisted oocyte fertilization, case rate
S4023	HCPCS, Temp	Infertility Services	Donor egg cycle, incomplete, case rate
S4025	HCPCS, Temp	Infertility Services	Donor services for in vitro fertilization (sperm or embryo), case rate
S4026	HCPCS, Temp	Infertility Services	Procurement of donor sperm from sperm bank
S4027	HCPCS, Temp	Infertility Services	Storage of previously frozen embryos
S4028	HCPCS, Temp	Infertility Services	Microsurgical epididymal sperm aspiration (MESA)
S4030	HCPCS, Temp	Infertility Services	Sperm procurement and cryopreservation services; initial visit
S4031	HCPCS, Temp	Infertility Services	Sperm procurement and cryopreservation services; subsequent visit
S4035	HCPCS, Temp	Infertility Services	Stimulated intrauterine insemination (IUI), case rate
S4037	HCPCS, Temp	Infertility Services	Cryopreserved embryo transfer, case rate
S4040	HCPCS, Temp	Infertility Services	Monitoring and storage of cryopreserved embryos, per 30 days
S4042	HCPCS, Temp	Infertility Services	Management of ovulation induction (interpretation of diagnostic tests and studies, nonface-to-face m
S8030	HCPCS, Temp	Radiation Services	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy
S8035	HCPCS, Temp	Radiation Services	Magnetic source imaging
S8037	HCPCS, Temp	Radiation Services	Magnetic resonance cholangiopancreatography (MRCP)
S8040	HCPCS, Temp	Radiation Services	Topographic brain mapping
S8042	HCPCS, Temp	Radiation Services	Magnetic resonance imaging (MRI), low-field
S8055	HCPCS, Temp	Radiation Services	Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used whe
S8080	HCPCS, Temp	Radiation Services	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiophar
S8085	HCPCS, Temp	Radiation Services	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (no
S8092	HCPCS, Temp	Radiation Services	Electron beam computed tomography (also known as ultrafast CT, cine CT)
S8948	HCPCS, Temp	Physical Medicine	Application of a modality (requiring constant provider attendance) to one or more areas; low-level las
S9001	HCPCS, Temp	Professional Services	Home uterine monitor with or without associated nursing services
S9007	HCPCS, Temp	Professional Services	Ultrafiltration monitor

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
S9024	HCPCS, Temp	Professional Services	Paranasal sinus ultrasound
S9025	HCPCS, Temp	Professional Services	Omniscardiogram/cardiointegram
S9034	HCPCS, Temp	Professional Services	Extracorporeal shockwave lithotripsy for gall stones (if performed with ERCP, use 43265)
S9055	HCPCS, Temp	Professional Services	Procuren or other growth factor preparation to promote wound healing
S9056	HCPCS, Temp	Professional Services	Coma stimulation per diem
S9090	HCPCS, Temp	Professional Services	Vertebral axial decompression, per session
S9122	HCPCS, Temp	Physical Medicine	Home health aide or certified nurse assistant, providing care in the home; per hour
S9123	HCPCS, Temp	Physical Medicine	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be i
S9124	HCPCS, Temp	Physical Medicine	Nursing care, in the home; by licensed practical nurse, per hour
S9125	HCPCS, Temp	Physical Medicine	Respite care, in the home, per diem
S9126	HCPCS, Temp	Physical Medicine	Hospice care, in the home, per diem
S9127	HCPCS, Temp	Physical Medicine	Social work visit, in the home, per diem
S9208	HCPCS, Temp	Home Services	Home management of preterm labor, including administrative services, professional pharmacy service
S9209	HCPCS, Temp	Home Services	Home management of preterm premature rupture of membranes (PPROM), including administrative :
S9211	HCPCS, Temp	Home Services	Home management of gestational hypertension, includes administrative services, professional pharm
S9212	HCPCS, Temp	Home Services	Home management of postpartum hypertension, includes administrative services, professional pharm
S9213	HCPCS, Temp	Home Services	Home management of preeclampsia, includes administrative services, professional pharmacy services
S9214	HCPCS, Temp	Home Services	Home management of gestational diabetes, includes administrative services, professional pharmacy s
S9325	HCPCS, Temp	Home Services	Home infusion therapy, pain management infusion; administrative services, professional pharmacy se
S9326	HCPCS, Temp	Home Services	Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative ser
S9327	HCPCS, Temp	Home Services	Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative se
S9328	HCPCS, Temp	Home Services	Home infusion therapy, implanted pump pain management infusion; administrative services, professi
S9329	HCPCS, Temp	Home Services	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy servic
S9330	HCPCS, Temp	Home Services	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative service
S9331	HCPCS, Temp	Home Services	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative servi
S9335	HCPCS, Temp	Home Services	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordinati
S9336	HCPCS, Temp	Home Services	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative serv
S9338	HCPCS, Temp	Home Services	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care
S9339	HCPCS, Temp	Home Services	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coord
S9340	HCPCS, Temp	Home Services	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordir
S9341	HCPCS, Temp	Home Services	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, c
S9342	HCPCS, Temp	Home Services	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, ca
S9343	HCPCS, Temp	Home Services	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, ca
S9345	HCPCS, Temp	Home Services	Home infusion therapy, antihemophilic agent infusion therapy (e.g., Factor VIII); administrative servic
S9346	HCPCS, Temp	Home Services	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professi
S9347	HCPCS, Temp	Home Services	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusio
S9348	HCPCS, Temp	Home Services	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); admir
S9349	HCPCS, Temp	Home Services	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy ser

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
S9351	HCPCS, Temp	Home Services	Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative service
S9353	HCPCS, Temp	Home Services	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional phar
S9355	HCPCS, Temp	Home Services	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, ca
S9357	HCPCS, Temp	Home Services	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative
S9359	HCPCS, Temp	Home Services	Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrati
S9361	HCPCS, Temp	Home Services	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy :
S9363	HCPCS, Temp	Home Services	Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy service
S9364	HCPCS, Temp	Home Services	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharma
S9365	HCPCS, Temp	Home Services	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, pro
S9366	HCPCS, Temp	Home Services	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two lite
S9367	HCPCS, Temp	Home Services	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three
S9368	HCPCS, Temp	Home Services	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative
S9370	HCPCS, Temp	Home Services	Home therapy, intermittent antiemetic injection therapy; administrative services, professional pharm;
S9372	HCPCS, Temp	Home Services	Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, pr
S9373	HCPCS, Temp	Home Services	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, ca
S9374	HCPCS, Temp	Home Services	Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharr
S9375	HCPCS, Temp	Home Services	Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, admin
S9376	HCPCS, Temp	Home Services	Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, admir
S9377	HCPCS, Temp	Home Services	Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, profess
S9379	HCPCS, Temp	Home Services	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, profession;
S9381	HCPCS, Temp	Home Services	Delivery or service to high risk areas requiring escort or extra protection, per visit
S9432	HCPCS, Temp	Drugs, Biological, & Nutrit	Medical foods for inborn errors of metabolism
S9433	HCPCS, Temp	Drugs, Biological, & Nutrit	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake
S9434	HCPCS, Temp	Drugs, Biological, & Nutrit	Modified solid food supplements for inborn errors of metabolism
S9435	HCPCS, Temp	Drugs, Biological, & Nutrit	Medical foods for inborn errors of metabolism
S9472	HCPCS, Temp	Patient Education	Cardiac rehabilitation program, nonphysician provider, per diem
S9473	HCPCS, Temp	Patient Education	Pulmonary rehabilitation program, nonphysician provider, per diem
S9480	HCPCS, Temp	Behavioral Medicine	Intensive outpatient psychiatric services, per diem
S9490	HCPCS, Temp	Home Services	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy service
S9494	HCPCS, Temp	Home Services	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, profession;
S9497	HCPCS, Temp	Home Services	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative
S9500	HCPCS, Temp	Home Services	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative
S9501	HCPCS, Temp	Home Services	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative
S9502	HCPCS, Temp	Home Services	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative
S9503	HCPCS, Temp	Home Services	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services,
S9504	HCPCS, Temp	Home Services	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services,
S9537	HCPCS, Temp	Home Services	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); admii
S9538	HCPCS, Temp	Home Services	Home transfusion of blood product(s); administrative services, professional pharmacy services, care c

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# CPT and HCPCS Code Requiring Prior Authorization

## Kaiser Permanente

Code	Category	Section	Description
S9542	HCPCS, Temp	Home Services	Home injectable therapy, not otherwise classified, including administrative services, professional phar
S9558	HCPCS, Temp	Home Services	Home injectable therapy; growth hormone, including administrative services, professional pharmacy s
S9559	HCPCS, Temp	Home Services	Home injectable therapy, interferon, including administrative services, professional pharmacy service:
S9560	HCPCS, Temp	Home Services	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative servi
S9562	HCPCS, Temp	Home Services	Home injectable therapy, palivizumab, including administrative services, professional pharmacy servic
S9563	HCPCS, Temp	Home Services	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy s
S9590	HCPCS, Temp	Home Services	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including ad
S9810	HCPCS, Temp	Home Services	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration
S9988	HCPCS, Temp	Other Non-Medical Servic	Services provided as part of a Phase I clinical trial
S9990	HCPCS, Temp	Other Non-Medical Servic	Services provided as part of a Phase II clinical trial
S9991	HCPCS, Temp	Other Non-Medical Servic	Services provided as part of a Phase III clinical trial

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Clinically Administered Medications Requiring Prior Authorization

## Kaiser Permanente

Code	Drug Class	Route of Administration	Generic Description	Brand Description
90378	Antiviral	IM	Palivizumab	Synagis
A9513	Endocrine-Metabolic Agent	IV	Lutetium Lu 177 Dotatate	Lutathera®
C9047	Blood Modifier Agent	SQ, IV	Caplacizumab-yhdp	Cablivi
C9067	Radiopharmaceutical	IV	Gallium Ga-68 Dotatate	Netspot
C9166	Dermatologic Agent	IV, SQ	Secukinumab	Cosentyx
C9167	Blood Modifier Agent	IV, SQ	Apadamtase alpha	Adynma
C9168	Gastrointestinal Agent	IV, SQ	Mirikizumab-mrkz	OmvoH
C9257	Antiasthma, Anti-Inflammatory	Intraocular, IV	Bevacizumab	Avastin
C9399	N/A	SQ, IM, IV	NOC	NOC
C9490	Antiasthma, Anti-Inflammatory	IV	Bezlotoxumab	Zinplava
J0129	Antirheumatic	SQ, IV	Abatacept	Orencia
J0135	Antirheumatic	SQ	Adalimumab	Humira
J0172	Monoclonal Antibody	IV	Injection, aducanumab-avwa, 2 mg	Aduhelm
J0174	Monoclonal Antibody	IV	Lecanemab-irmb	Leqembi
J0178	Ophthalmologic Agent	Intraocular	Aflibercept	Eylea
J0179	Monoclonal Antibody	Intraocular	Brolucizumab-dblI	Beovu
J0180	Recombinant human alpha-galact	IV	Agalsidase Beta	Fabrazyme
J0185	Antiemetic, CNS Agent	IV	Aprepitant	Emend, Cinvanti
J0202	Antineoplastic Agent	IV	Alemtuzumab	Lemtrada
J0205	Endocrine-Metabolic Agent	IV	Alglucerase	Ceredase
J0207	Cytoprotective Agent	IV	Amifostine	Ethyol
J0215	Immune Suppressant	IM	Alefacept	Amevive
J0218	Endocrine-Metabolic Agent	IV	Olipudase alfa-rpcp	Xenpozyme
J0219	Endocrine-Metabolic Agent	IV	Avalglucosidase alfa-ngpt	Nexvazyme
J0220	Hydrolytic lysosomal glycogen-spe	IV	Alglucosidase	Myozyme
J0221	Hydrolytic lysosomal glycogen-spe	IV	Alglucosidase Alfa	Lumizyme
J0222	Endocrine-Metabolic Agent	IV	Patisiran	Onpattro*
J0223	Gastrointestinal Agent	SQ	Givlaari	Givosiran
J0224	Genitourinary Agent	SQ	Lumasiran	Oxlumo
J0225	Metabolic Agent	SQ	Vutrisiran	Amvuttra
J0255	Metabolic Agent	SQ	Vutrisiran	Amvuttra

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Clinically Administered Medications Requiring Prior Authorization

## Kaiser Permanente

Code	Drug Class	Route of Administration	Generic Description	Brand Description
J0256	Blood Modifier Agent	IV	Alpha 1-proteinase inhibitor	Aralast; Aralast NP; Zemaira
J0257	Blood Modifier Agent	IV	Alpha 1-proteinase inhibitor	Glassia
J0258	Blood Modifier Agent	IV	Alpha 1-proteinase inhibitor	Aralast; Aralast NP; Zemaira
J0270	Erectile Dysfunction Agent	IV, Intraurethral	Alprostadil	Caverject, Edex, Muse, Prostin VR Pediatric
J0364	Aniparkinsonian	SQ	Apomorphine Hydrochloride	Apokyn®
J0485	Selective T-cell costimulation bloc	IV	Belatacept	Nulojix
J0490	Immunological Agent	SQ, IV	Belimumab	Benlysta
J0491	Immunological Agent	IV	Anifrolumab-fnia	Saphnelo
J0517	Antiasthma, Anti-Inflammatory	SQ	Benralizumab	Fasenra
J0565	Antiasthma, Anti-Inflammatory	IV	Bezlotoxumab	Zinplava
J0567	Endocrine-Metabolic Agent	intracerebroventr	Cerliponase Alfa	Brineura*
J0584	Mineral Supplement	SQ	Burosumab-twza	Crysvita*
J0585	Neuromuscular blocker	IM, Intradermal	OnabotulinumtoxinA	Botox, Botox Cosmetic
J0586	Neuromuscular blocker	IM, Intradermal	AbobotulinumtoxinA	Dysport
J0587	Neuromuscular blocker	IM, Intradermal	RimabotulinumtoxinB	Myobloc
J0588	Neuromuscular blocker	IM, Intradermal	IncobotulinumtoxinA	Xeomin
J0591	Dermatologic Agent	SQ	Deoxycholic Acid	N/A
J0593	Immune Modulator	SQ	Lanadelumab-flyo	Takhzyro
J0596	C1 inhibitor	IV	C1 Esterase Inhibitor Recombinant	Ruconest
J0597	C1 inhibitor	SQ, IV	C1 Esterase Inhibitor, Human	Berinert
J0598	C1 inhibitor	SQ, IV	C1 Esterase Inhibitor, Human	Cinryze
J0599	C1 inhibitor	SQ, IV	C1 Esterase Inhibitor, Human	Haegarda
J0600	Heavy Metal Chelator	IM, IV	Edetate Calcium Disodium	Calcium Disodium Versenate
J0606	Calcimimetic	IV	Etelcalcetide	Parsabiv
J0630	Calcitonin	IM, SQ	Calcitonin (Salmon)	Miacalcin, Fortical
J0638	Immune Modulator	SQ	Canakinumab	Ilaris
J0641	Folate analogue	IV	Levoleucovorin Calcium	Fusilev
J0642	Folate analogue	IV	Levoleucovorin	Khapzory
J0717	Immune Suppressant	SQ	Certolizumab Pegol	Cimzia
J0725	Endocrine-Metabolic Agent	SQ, IM	Chorionic gonadotropin	Chorex, Profasi, Pregnyl , Novarel
J0739	Anti-infective, Anti-retroviral	IM	Cabotegravir, 1 mg	Cabenuva

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Clinically Administered Medications Requiring Prior Authorization

## Kaiser Permanente

Code	Drug Class	Route of Administration	Generic Description	Brand Description
J0741	Anti-Infective, Anti-viral	IM	Cabotegravir and Rilpivirine	
J0775	Connective Tissue Agent	Intralesional	Collagenase, Clostridium Histolyticum	Xiaflex
J0791	Blood Modifier Agent	IV	Crizanlizumab-tmca	Adakveo
J0801	Antiemetic	IM, IV	Corticotropin	Acthar, H.P. Acthar
J0802	Antiemetic	IM, IV	Corticotropin	Acthar, H.P. Acthar
J0850	Immune Serum	IV	Cytomegalovirus Immune Globulin, Human	Cytogam
J0879	Kappa Opioid Receptor Agonist	IV	Difelikefalin, 0.1 microgram, (for ESRD on dialysis)	Korsuva
J0881	Erythropoietic	SQ, IV	Darbepoetin	Aranesp
J0882	Erythropoietic	SQ, IV	Darbepoetin	Aranesp
J0885	Erythropoietic	IV	Epoetin Alfa	Epogen, Procrit
J0887	Erythropoietic	SQ, IV	Methoxy Polyethylene Glycol-Epoetin Beta	Mircera
J0888	Erythropoietic	SQ, IV	Methoxy Polyethylene Glycol-Epoetin Beta	Mircera
J0893	Antineoplastic Agent	IV	Decitabine	
J0894	Antineoplastic Agent	IV	Decitabine	Dacogen
J0896	Blood Modifier Agent	SQ	Luspatercept-aamt	Relozyl
J0897	Immunological Agent	SQ	Denosumab	Prolia, Xgeva
J1071	Androgen	SQ, IM	Testosterone Cypionate	Depo-Testosterone, Testone CIK
J1096	Corticosteroid	Ophthal Insert	Dexamethasone	Dextenza
J1201	Antihistamine	IV, Oph, Oral	Cetirizine Hydrochloride	ZyrTEC, Zerviate, Quzyttir
J1212	Anti-Inflammatory	travesical, Topic	Dimethyl Sulfoxide	DMSO, Rimso-50
J1246	Antineoplastic	IV	Dinutuximab	Unituxin
J1290	Immune Modulator	SQ	Ecallantide	Kalbitor
J1300	Blood Modifier Agent	IV	Eculizumab	Soliris
J1301	CNS Agent	IV	Edaravone	Radicava*
J1302	Monoclonal Antibody	IV	Sutimlimab-jome	Enjaymo
J1303	Blood Modifier Agent	IV	Ravulizumab-cwvz	Ultomiris
J1304	CNS Agent	Intrathecal	Tofersen	Qalsody
J1306	Antihyperlipidemic	SC	Inclisiran, 1 mg	Leqvia
J1305	Anti-Infective Agent, Anti-Viral	IM	Evinacumab-dgnb	
J1322	Endocrine-Metabolic Agent	IV	Elosulfase Alfa	Vimizim
J1325	Blood Modifier Agent	IV	Epoprostenol	Flolan, Veletri
J1411	Blood Modifier Agent	IV	Etranacogene dezaparvovec-drlb	Hemgenix

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Clinically Administered Medications Requiring Prior Authorization

## Kaiser Permanente

Code	Drug Class	Route of Administration	Generic Description	Brand Description
J1412	Antihemophilic Agent		Valoctocogene roxaparvovec-rvox	
J1413	Antihemophilic Agent		Delandistrogene moxeparvovec-rokl	
J1426	Musculoskeletal Agent	IV	Casimersen	Amondys 45
J1427	Musculoskeletal Agent	IV	Viltolarsen	Viltepso
J1428	Musculoskeletal Agent	IV	Eteplirsen	Exondys 51*
J1429	Musculoskeletal Agent	IV	Golodirsen	Vyondys 53*
J1437	Iron Supplement	IV	Ferric Derisomaltose	Monoferric
J1438	Immune Suppressant	SQ	Etanercept	Enbrel, Enbrel Mini
J1439	Hematinic	IV	Ferric Carboxymaltose	Injectafer
J1440	Gastrointestinal Agent	Rectal	Fecal Microbiota	
J1448	Blood Modifier Agent	IV	Trilaciclib	Cosela
J1449	Blood Modifier Agent	SQ	Eflapegrastim-xnst	Rolvedon
J1453	Antiemetic, CNS Agent	IV	Fosaprepitant Dimeglumine	Emend
J1455	Anti-infective Agent	IV	Foscavir	Foscarnet sodium
J1456	Antiemetic	IV	Fosaprepitant	Teva
J1458	Endocrine-Metabolic Agent	IV	Galsulfase	Naglazyme
J1459	Immune Serum	IV	Immune Globulin	Privigen
J1460	Immune Serum	IM	Immune Globulin	Gamastan, Gammastan S/D
J1551	Immune Serum	SC	Injection, immune globulin (Cutaquig), 100 n	Cutaquig
J1554	Immune Serum	IV	Injection, Immune Globulin-slra, 500 mg	Asceniv
J1555	Immune Serum	SQ	Immune Globulin	Cuvitru
J1555	Immune Serum	IV	Immune Globulin	Cuvitru
J1556	Immune Serum	IV	Immune Globulin	Bivigam
J1557	Immune Serum	IV	Immune Globulin	Gammaplex
J1558	Immune Serum	SQ	Immune Globulin	Xembify
J1559	Immune Serum	SQ	Immune Globulin	Hizentra
J1560	Immune Serum	IV	Immune Globulin	Gamastan, Gammastan S/D
J1561	Immune Serum	IV	Immune Globulin	Gamunex/Gamunex-C/Gammaked
J1562	Immune Serum	IV	Immune Globulin	Vivaglobulin
J1566	Immune Serum	IV	NOS	IVIG not otherwise specified
J1568	Immune Serum	IV	Immune Globulin	Octagam
J1569	Immune Serum	IV	Immune Globulin	Gammagard liquid

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Clinically Administered Medications Requiring Prior Authorization

## Kaiser Permanente

Code	Drug Class	Route of Administration	Generic Description	Brand Description
J1572	Immune Serum	IV	Immune Globulin	Flebogamma/Flebogamma Dif
J1575	Connective Tissue Agent	SQ	Immune Globulin Human/Recombinant Hum	Hyqvia
J1576	Immune Serum	IV	Immune Globulin	Panzyga
J1595	Immune Modulator	SQ	Glatiramer	Copaxone
J1599	Immune Serum	IV	NOS	IVIG not otherwise specified
J1602	Immune Modulator	SQ, IV	Golimumab	Simponi Aria
J1628	Antipsoriatic	SQ	Guselkumab	Tremfya
J1632	Antidepressant, CNS Agent	IV	Brexanolone	Zulresso*
J1652	Anticoagulant	SQ Implant	Fondaparinux Sodium	Arixtra
J1740	Bisphosphonate	IV	Ibandronate Sodium	Boniva
J1743	Endocrine-Metabolic Agent	IV	Idursulfase	Elaprase
J1744	Immune Modulator	SQ	Icatibant Acetate	Firazyr
J1745	Immunological Agent	IV	Infliximab	Remicade
J1746	Antiretroviral	IV	Ibalizumab-uiyk	Trogarzo
J1747	Immunological Agent	IV	Spesolimab-sbzo	Spevigo
J1786	Digestant	IV	Imiglucerase	Cerezyme
J1823	Immune Suppressant	IV	Injection, inebilizumab-cdon	Uplizna
J1826	Immunological Agent	SQ, IM	Interferon beta 1-a	Rebif
J1830	Immunological Agent	SQ	Interferon beta 1-b	Betaseron
J1930	Somatostatin	SQ	Lanreotide Acetate	Somatuline Depot
J1931	Endocrine-Metabolic Agent	IV	Laronidase	Aldurazyme
J1932	Endocrine-Metabolic Agent	SQ	Lanreotide	Cipla
J1950	Antineoplastic Agent	SQ, IM	Leuprolide Acetate	Eligard, Lupron Depot, Lupron Depot-Ped, Lu
J1951	Antineoplastic Agent	SQ, IM	Leuprolide Acetate	Fensolvi
J1952	GnRH Agonist	SQ, IM	Leuprolide injectable, camcevi, 1 mg	Camcevi
J2170	Endocrine-Metabolic Agent	SQ	Mecasermin	Increlex
J2182	Immunological Agent	SQ	Mepolizumab	Nucala
J2212	GI, Opioid Antagonist	SQ	Methylnaltrexone Bromide	Relistor
J2323	Immune Modulator	IV	Natalizumab	Tysabri
J2325	Antianginal	IV	Nesiritide	Natrecor
J2326	Musculoskeletal Agent	Intrathecal	Nusinersen	Spinraza*

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Clinically Administered Medications Requiring Prior Authorization

## Kaiser Permanente

Code	Drug Class	Route of Administration	Generic Description	Brand Description
J2327	Dermatologic Agent	IV	Risankizumab-rzaa	
J2329	Immune Modulator	IV	Ublituximab-xiiy	
J2350	Immune Modulator	IV	Ocrelizumab	Ocrevus
J2353	Endocrine-Metabolic Agent	IM	Octreotide Acetate	SandoSTATIN, SandoSTATIN LAR Depot, Bynf
J2354	Endocrine-Metabolic Agent	SQ, IV	Octreotide Acetate	SandoSTATIN, SandoSTATIN LAR Depot, Bynf
J2356	Antiasthma	SQ	Tezepelumab-ekko	Tespire
J2357	Antiasthma, Anti-Inflammatory	SQ	Omalizumab	Xolair
J2425	Dental Agent	IV	Palifermin	Kepivance
J2427	Antipsychotic	IM	Paliperidone Palmitate	Hafyera, Invega Trinza
J2430	Bisphosphonate	IV	Pamidronate Disodium	Aredia
J2469	Antiemetic, CNS Agent	IV	Palonosetron Hydrochloride	Aloxi
J2502	Somatostatin	IM	Pasireotide	Signifor LAR
J2503	Ophthalmomic Agent	Intraocular	Pegaptanib Octasodium	Macugen
J2506	Blood Modifier Agent	SQ	Injection, pegfilgrastim, excludes biosimilar,	Neulasta
J2507	Antigout	IV	Pegloticase	Krystexxa
J2562	Hematopoietic	SQ	Plerixafor	Mozobil
J2760	Andrenergic Blocker	Injection	Phentolamine Mesylate	Regitine, OraVerse
J2777	Ophthalmologic Agent	Intravitreal	Faricimab-svoa	Vabysmo
J2778	Monoclonal Antibody	Intraocular	Ranibizumab	Lucentis
J2779	Monoclonal Antibody	Intraocular	Ranibizumab	Lucentis
J2781	Blood Modifier Agent	SQ, Intraocular	Pegcetacoplan	
J2786	Antiasthma, Anti-Inflammatory	IV	Reslizumab	Cinqair
J2787	Ophthalmomic Agent	Ophthalmic	Riboflavin 5-Phosphate	Photrexa, Photrexa Viscous
J2793	Immunological Agent	SQ	Rilonacept	Arcalyst
J2796	Hematopoietic	SQ	Romiplostim	Nplate
J2798	Antipsychotic	IM, SQ	Risperidone	Perseris
J2820	Blood Modifier Agent	SQ, IV	Sargramostim	Leukine
J2840	Enzyme Replacement	IV	Sebelipase Alfa	Kanuma
J2850	Endocrine-Metabolic Agent	IV	Secretin Human	ChiRhoStim
J2860	Immunological Agent	IV	Siltuximab	Sylvant
J2940	Growth hormone (GH)	SQ, IM	Somatrem	Protropin

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Clinically Administered Medications Requiring Prior Authorization

## Kaiser Permanente

Code	Drug Class	Route of Administration	Generic Description	Brand Description
J2941	Growth hormone (GH)	SQ	Growth hormone Somatropin	Genotropin, Humatrope, Norditropin, Nordif
J2998	Blood Modifier Agent	IV	Plasminogen, human-tvmh	Ryplazim
J3031	Antimigraine	SQ	Fremanezumab-vfrm	Ajovy
J3032	Antimigraine	IV	Eptinezumab-jjmr	Vyepti
J3060	Endocrine-Metabolic Agent	IV	Taliglucerase alfa	Elelyso
J3110	Endocrine-Metabolic Agent	SQ	Teriparatide	Forteo
J3111	Endocrine-Metabolic Agent	SQ	Romosozumab-aqqg	Evenity
J3121	Androgen	SQ, IM	Testosterone Enanthate	Delatestryl, Xyosted
J3145	Androgen	IM	Testosterone Undecanoate	Aved, Jatenzo
J3241	Endocrine-Metabolic Agent	IV	Teprotumumab-trbw	Tepezza
J3245	Antipsoriatic	SQ	Tildrakizumab-asmn	Ilumya
J3262	Antirheumatic	SQ, IM	Tocilizumab	Actemra
J3285	Blood Modifer Agent	Inhalation	Treprostinil	Remodulin
J3299	Adrenal glucocorticoid/Antiasthm:ralesional, intra		Triamcinolone acetonide	Xipere
J3316	Antineoplastic Agent	IM	Triptorelin Pamoate	Triptodur
J3355	Endocrine-Metabolic Agent	SQ, IM	Urofollitropin	Bravelle, Fertinex
J3357	Immunological Agent	SQ	Ustekinumab	Stelara
J3358	Immunological Agent	SQ, IV	Ustekinumab	Stelara
J3380	Gastrointestinal Agent	IV	Vedolizumab	Entyvio
J3385	Enzyme Replacement	IV	Velaglucerase alfa	Vpriv
J3396	Ophthalmologic Agent	IV	Verteporfin	Visudyne
J3397	Endocrine-Metabolic Agent	IV	Vestronidase Alfa-VJBK	Mepsevii
J3398	Ophthalmologic Agent	Intraocular	Voretigene Neparvovec-rzyl	Luxturna*
J3399	Musculoskeletal Agent	IV	Onasemnogene Abeparvovec-xioi	Zolgensma
J3489	Bisphosphonate	IV	Zoledronic Acid	Zometa, Reclast
J3490			Unclassified Drugs	
J3520	Heavy Metal Chelator	IM, IV	Edetate Calcium Disodium	Calcium Disodium Versenate
J3590	Biological	See Comments	NOC	NOC
J3591	NOC	See Comments	NOC	NOC
J7170	Antihemophilic Agent	SQ	Emicizumab-kxwh	Hemlibra*
J7175	Blood Modifer Agent	IV	Factor X Human	Coagadex

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# Clinically Administered Medications Requiring Prior Authorization

## Kaiser Permanente

Code	Drug Class	Route of Administration	Generic Description	Brand Description
J7179	Antihemophilic Agent	IV	Antihemophilic Factor (Recombinant), Glyco	Vonvendi, Esperoct
J7180	Blood Modifer Agent	IV	Factor XIII Recombinant	Corifact, Tretten
J7181	Blood Modifer Agent	IV	Factor XIII Recombinant	Corifact, Tretten
J7182	Antihemophilic Agent	IV	Antihemophilic Factor VIII	NovoEight
J7183	Antihemophilic Agent	IV	Antihemophilic Factor VIII/Von Willebrand Fc	Wilate
J7185	Antihemophilic Agent	IV	Antihemophilic Factor (Recombinant) Plasma	Xyntha
J7186	Antihemophilic Agent	IV	Antihemophilic Factor VIII/Von Willebrand Fc	Humate-P, Alphanate, Wilate
J7187	Antihemophilic Agent	IV	Antihemophilic Factor VIII/Von Willebrand Fc	Humate-P
J7188	Antihemophilic Agent	IV	Antihemophilic Factor (Recombinant) Porcin	Obizur
J7189	Antihemophilic Agent	IV	Coagulation Factor VIIa	Novoseven
J7190	Antihemophilic Agent	IV	Antihemophilic Factor VIII (Recombinant)	Helixate FS, Kogenate FS, Kogenate FS with B
J7191	Antihemophilic Agent	IV	Antihemophilic Factor (Recombinant) Porcin	Obizur
J7192	Antihemophilic Agent	IV	Antihemophilic Factor VIII (Recombinant)	Helixate FS, Kogenate FS, Novoeight, Recomb
J7193	Antihemophilic Agent	IV	Factor IX Human, Purified	Mononine, Alphanine SD
J7194	Antihemophilic Agent	IV	Factor IX Complex Human	Idelvion, Bebulin, Profilnine, AlphanineSD, M
J7195	Antihemophilic Agent	IV	Coagulation Factor IX Recombinant	Rixubis, Benefix, Ixinity
J7196	Coagulation Inhibitor	IV	Antithrombin, Recombinant	ATryn
J7197	Coagulation Inhibitor	IV	Antithrombin III Human	Thrombate III
J7198	Antihemophilic Agent	IV	Anti-Inhibitor Coagulant Complex	Feiba
J7199	Antihemophilic Agent	SQ, IM, IV	NOC	Hemophilia Clotting Factor, Not Otherwise C
J7200	Antihemophilic Agent	IV	Coagulation Factor IX Recombinant	Rixubis
J7201	Blood Modifer Agent	IV	Factor IX Fc Fusion Protein Recombinant	Alprolix
J7202	Blood Modifer Agent	IV	Factor IX Albumin Fusion Protein Recombina	Idelvion
J7203	Antihemophilic Agent	IV	Coagulation Factor IX Recombinant, GlycoPE	Rebinyn
J7204	Antihemophilic Agent	IV	FVIII AHF Glycopolymers	Esperoct
J7205	Antihemophilic Agent	IV	Antihemophilic Factor VIII Fc Fusion Protein	Eloctate
J7207	Antihemophilic Agent	IV	Antihemophilic Factor VIII (Recombinant) Pe	Adynovate
J7208	Antihemophilic Agent	IV	Antihemophilic Factor (Recombinant) Pegyla	Jivi
J7209	Antihemophilic Agent	IV	Antihemophilic Factor VIII (Recombinant)	Nuwiq
J7210	Antihemophilic Agent	IV	Antihemophilic Factor (Recombinant) Single	Afstyla
J7211	Antihemophilic Agent	IV	Antihemophilic Factor VIII (Recombinant)	Kovaltry

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Clinically Administered Medications Requiring Prior Authorization

## Kaiser Permanente

Code	Drug Class	Route of Administration	Generic Description	Brand Description
J7212	Antihemophilic Agent	IV	Coagulation Factor VIIa-jncw	Sevenfact
J7213	Antihemophilic Agent	IV	Coagulation Factor IX (Recombinant)	Ixinity
J7214	Antihemophilic Agent	IV	Factor VIII/von Willebrand factor complex, recombinant (Altuviio)	
J7313	Anti-Inflammatory	Intraocular, Otic	Fluocinolone Acetonide	Iluvien
J7314	Anti-Inflammatory	Intraocular, Otic	Fluocinolone Acetonide	Yutiq
J7316	Ophthalmologic Agent	Intraocular	Ocriplasmin	Jetrea
J7318	Cartilaginous Defect Repair	Intra-articular	Hyaluronic acid	Durolane
J7320	Cartilaginous Defect Repair	Intra-articular	Hyaluronic acid	GenVisc
J7321	Cartilaginous Defect Repair	Intra-articular	Hyaluronic Acid	Monovisc, Hyalgan, Supartz, Visco-3
J7322	Cartilaginous Defect Repair	Intra-articular	Hyaluronic Acid	Hymovis
J7323	Cartilaginous Defect Repair	Intra-articular	Hyaluronic Acid	Euflexxa
J7324	Cartilaginous Defect Repair	Intra-articular	Hyaluronic Acid	Orthovisc
J7325	Cartilaginous Defect Repair	Intra-articular	Hyaluronic Acid	Synvisc, Synvisc-One
J7326	Cartilaginous Defect Repair	Intra-articular	Hyaluronic Acid	Gel-One
J7327	Cartilaginous Defect Repair	Intra-articular	Hyaluronic Acid	Monovisc
J7328	Cartilaginous Defect Repair	Intra-articular	Hyaluronic Acid	GELSYN-3
J7329	Cartilaginous Defect Repair	Intra-articular	Hyaluronic Acid	Trivisc
J7330	Musculoskeletal Agent	Implant, Knee	Chondrocytes, Autologous Cultured	Carticel
J7331	Cartilaginous Defect Repair	Intra-articular	Hyaluronic Acid	SynoJoynt
J7332	Cartilaginous Defect Repair	Intra-articular	Hyaluronic Acid	TriLURON
J7351	Ophthalmologic Agent	ocular, Ophthalm	Bimatoprost	Latisse
J7352	Dermatologic Agent	SQ	Afamelanotide	N/A
J7402	Steroid	Implant, Sinus	Mometasone Furoate Implant	Sinuva
J7504	Immune Serum	IV	Antithymocyte Globulin Equine	Atgam
J7511	Immune Serum	IV	Antithymocyte Globulin Rabbit	Thymoglobulin
J7519	Immune Suppressant	IV	Mycophenolate mofetil	Cellcept
J7525	Immunological Agent	IV	Tacrolimus	Prograf
J7599	Immunosuppressive	SQ, IM, IV	NOC	Immunosuppressive Drug, Not Otherwise Cl
J7677	Respiratory Agent	Inhalation	Revefenacin	Yupelri
J7686	Prostacyclin analogue	Inhalation	Treprostinil	Remodulin
J7699	N/A	Inhalation	NOC	Inhalation Solution, Not Otherwise Classified

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Clinically Administered Medications Requiring Prior Authorization

## Kaiser Permanente

Code	Drug Class	Route of Administration	Generic Description	Brand Description
J7799	N/A	See Comments	NOC	Not Otherwise Classified, Administered thro
J7999	N/A	SQ, IM, IV	NOC	NOC
J8999	N/A	Oral	NOS	NOS
J9021	Antineoplastic Agent	IM	Injection, asparaginase, recombinant, (rylaze	Rylaze
J9022	Antineoplastic Agent	IV	Atezolizumab	Tecentriq
J9023	Antineoplastic Agent	IV	Avelumab	Bavencio
J9025	Antineoplastic Agent	SQ, IV	Azacitidine	Vidaza
J9029	Antineoplastic Agent		Nadofaragene Firadenovec-vncg	Adstiladrin
J9030	Immunological Agent, Vaccine	Intravesical	BCG, Bacillus of Calmette and Guerin Vaccine	Theracys, Tice BCG
J9032	Histone deacetylase inhibitor	IV	Belinostat	Beleodaq
J9033	Alkylating agent	IV	Bendamustine Hydrochloride	Treanda
J9034	Alkylating agent	IV	Bendamustine Hydrochloride	Bendeka
J9035	Antiasthma, Anti-Inflammatory	Intraocular, IV	Bevacizumab	Avastin
J9036	Alkylating agent	IV	Bendamustine Hydrochloride	Belrapzo
J9037	Antineoplastic Agent	IV	Injection, belantamab mafodotin-blmf, 0.5	Blenrep
J9039	Antineoplastic Agent	IV	Blinatumomab	Blinicyto
J9041	Antineoplastic Agent	SQ, IV	Bortezomib	Velcade
J9042	Antineoplastic Agent	IV	Brentuximab Vedotin	Adcetris
J9043	Antineoplastic Agent	IV	Cabazitaxel	Jevtana
J9045	Antineoplastic Agent	IV	Carboplatin	Paraplatin, Paraplatin NovaPlus
J9046	Antineoplastic Agent	IV	Bortezomib	
J9047	Antineoplastic Agent	IV	Carfilzomib	Kyprolis
J9048	Antineoplastic Agent	IV	Bortezomib (Fresenius Kabi)	
J9049	Antineoplastic Agent	IV	Bortezomib (Hospira)	
J9051	Antineoplastic Agent	IV	Bortezomib (MAIA)	
J9055	Antineoplastic Agent	IV	Cetuximab	Erbitux
J9056	Antineoplastic Agent	IV	Bendamustine Hydrochloride	Vivimusta
J9057	Antineoplastic Agent	IV	Copanlisib	Aliqopa
J9058	Antineoplastic Agent	IV	Bendamustine Hydrochloride	
J9059	Antineoplastic Agent	IV	Bendamustine Hydrochloride	
J9061	Antineoplastic Agent	IV	Injection, amivantamab-vmjw, 2 mg	Rybrevant
J9063	Antineoplastic Agent	IV	Mirvetuximab soravtansine-gynx	

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Clinically Administered Medications Requiring Prior Authorization

## Kaiser Permanente

Code	Drug Class	Route of Administration	Generic Description	Brand Description
J9064	Antineoplastic Agent	IV	Cabazitaxel (Sandoz)	
J9070	Antineoplastic Agent	IV	Cyclophosphamide	Cytoxan, Cytoxan Lyophilized
J9071	Antineoplastic Agent	IV	Cyclophosphamide, (AuroMedics)	Cytoxan
J9072	Antineoplastic Agen	IV	Cyclophosphamide	Cytoxan
J9118	Antineoplastic Agent	IV	Calaspargase Pegol-mknl	Asparlas
J9119	Antineoplastic Agent	IV	Cemiplimab-rwlc	Libtayo
J9144	Antineoplastic Agent	SQ	Daratumumab hyaluronidase-fihj	Darzalex Faspro
J9145	Antineoplastic Agent	IV	Daratumumab	Darzalex
J9153	Antineoplastic Agent	IV	DAUNOrubicin and Cytarabine, Liposome	Vyxeos
J9155	Antineoplastic Agent	SQ	Degarelix Acetate	Firmagon
J9171	Antineoplastic Agent	IV	Docetaxel	Taxotere, Docefrez
J9172	Antineoplastic Agent	IV	Docetaxel	
J9173	Antineoplastic Agent	IV	Durvalumab	Imfinzi
J9176	Antineoplastic Agent	IV	Elotuzumab	Empliciti
J9177	Antineoplastic Agent	IV	Enfortumab Vendotin-ejfv	Enfortumab Vedotin-ejfv
J9179	Antineoplastic Agent	IV	Eribulin Mesylate	Halaven
J9196	Antineoplastic Agent	IV	Gemcitabine HCl (Accord)	
J9198	Antioneoplastic Agent	IV	Genmcitabine Hydrochloride	Infugem
J9201	Antioneoplastic Agent	IV	Gemcitabine Hydrochloride	Gemzar, Infugem
J9202	GnRH Agonist	SQ	Goserelin	Zoladex
J9203	Antineoplastic Agent	IV	Gemtuzumab Ozogamicin	Mylotarg
J9204	Antineoplastic Agent	IV	Mogamulizumab-kpkc	Poteligeo
J9205	Antineoplastic Agent	IV	Irinotecan Hydrochloride	Camptosar, Novaplus Irinotecan Hydrochlori
J9207	Antineoplastic Agent	IV	Ixabepilone	Ixempra
J9210	Immunological Agent	IV	Emapalumab-lzsg	Gamifant
J9212	Immunological Agent	SQ	Interferon Alfacon-1	Infergen
J9213	Immunological Agent	SQ	Interferon alfa-2a	Roferon-A®
J9214	Immunological Agent	SQ, IM	Interferon alfa-2b	Intron A Inj Pen
J9215	Anti-infective Agent	Intralesional	Interferon Alfa-N3	Alferon N
J9216	Antineoplastic Agent	SQ	Interferon gamma 1B	Actimmune
J9217	Antineoplastic Agent	SQ, IM	Leuprolide Acetate	Eligard, Lupron Depot, Lupron Depot-Ped, Lu

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Clinically Administered Medications Requiring Prior Authorization

## Kaiser Permanente

Code	Drug Class	Route of Administration	Generic Description	Brand Description
J9218	Antineoplastic Agent	SQ, IM	Leuprolide Acetate	Eligard, Lupron Depot, Lupron Depot-Ped, Lu
J9219	Antineoplastic Agent	SQ, IM	Leuprolide Acetate	Eligard, Lupron Depot, Lupron Depot-Ped, Lu
J9223	Antineoplastic Agent	IV	Lurbinectedin	Zepzelca
J9225	GnRH agonist	SQ Implant	Histrelin	Vantas
J9226	GnRH agonist	SQ Implant	Histrelin	Supprelin LA
J9227	Antineoplastic Agent	IV	Isatuximab-irfc	Sarclisa
J9228	Antineoplastic Agent	IV	Ipilimumab	Yervoy
J9229	Antibody Drug Conjugate	IV	Inotuzumab Ozogamicin	Besponsa
J9245	Antineoplastic Agent	IV	Melphalan Hydrochloride	N/A
J9246	Antineoplastic Agent	IV	Melphalan Hydrochloride	Evomela
J9247	Antineoplastic Agent	IV	Melphalan Flufenamide	Pepaxto
J9258	Antineoplastic Agent	IV	Paclitaxel Protein-Bound	
J9259	Antineoplastic Agent	IV	Paclitaxel Protein-Bound	Abraxane
J9261	Antineoplastic Agent	IV	Nelarabine	Arranon
J9262	Antineoplastic Agent	SQ	Omacetaxine	Synribo
J9263	Antineoplastic Agent	IV	Oxaliplatin	Eloxatin
J9264	Antineoplastic Agent	IV	Paclitaxel Protein-Bound	Abraxane
J9268	Antineoplastic Agent	IV	Pentostatin	Nipent
J9269	CD123-directed cytotoxin	IV	Tagraxofusp-erzs	Elzonris
J9271	Antineoplastic Agent	IV	Pembrolizumab	Keytruda
J9273	Antineoplastic Agent	IV	Tisotumab vedotin-tftv, 1 mg	Tivdak
J9274	Antineoplastic Agent	IV	Tebentafusp-tebn	Kimtrak
J9281	Antineoplastic Agent	Injection, Instillatic	Mitomycin	Mutamycin
J9285	Antineoplastic Agent	IV	Olaratumab	Lartruvo
J9286	Antineoplastic Agent	IV	Glofitamab-gxbm	Columvi
J9293	Antineoplastic Agent	IV	Mitoxantrone Hydrochloride	Novantrone, OTN Mitoxantrone
J9294	Antineoplastic Agent	IV	Pemetrexed	
J9295	Antineoplastic Agent	IV	Necitumumab	Portrazza
J9296	Antineoplastic Agent		Pemetrexed	
J9297	Antineoplastic Agent		Pemetrexed	
J9298	Antineoplastic Agent	IV	Nivolumab and Relatlimab-rmbw	Opdualag

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Clinically Administered Medications Requiring Prior Authorization

## Kaiser Permanente

Code	Drug Class	Route of Administration	Generic Description	Brand Description
J9299	Antineoplastic Agent	IV	Nivolumab	Opdivo
J9301	Antineoplastic Agent	IV	Obinutuzumab	Gazyva
J9302	Antineoplastic Agent	IV	Ofatumumab	Arzerra
J9303	Antineoplastic Agent	IV	Panitumumab	VECTIBIX
J9304	Antineoplastic Agent	IV	Pemetrexed	Pemfexy
J9305	Antineoplastic Agent	IV	Pemetrexed, NOS	Alimta, Pemfexy
J9306	Antineoplastic Agent	IV	Pertuzumab	Perjeta
J9307	Antineoplastic Agent	IV	Pralatrexate	Folotyn
J9308	Antineoplastic Agent	IV	Ramucirumab	Cyramza
J9309	Antineoplastic Agent	IV	Polatuzumab Vedotin-piiq	Polivy
J9311	Antineoplastic Agent	SQ	Rituximab Hyaluronidase	Rituxan Hycela
J9312	Antineoplastic Agent	IV	Rituximab	Rituxan
J9313	Antineoplastic Agent	IV	Moxetumomab Pasudotox-tdfk	Lumoxiti
J9314	Antineoplastic Agent	IV	Romidepsin	Istodax
J9316	Antineoplastic Agent	SQ	Pertuzumab/Trastuzumab/Hyaluronidase-zz	Phesgo
J9317	Antineoplastic Agent	IV	Sacituzumab Govitecan-hziy	Trodelvy
J9318	Antineoplastic Agent	IV	Romidepsin	Istodax
J9319	Antineoplastic Agent	IV	Romidepsin	Istodax
J9321	Antineoplastic Agent	IV	Pemetrexed	
J9322	Antineoplastic Agent	IV	Pemetrexed	
J9323	Antineoplastic Agent	IV	Pemetrexed	
J9324	Antineoplastic Agent	IV	Pemetrexed	
J9325	Antineoplastic Agent	Intralesional	Talimogene Laherparepvec	Imlygic
J9328	Antineoplastic Agent	IV	Temozolomide	Temodar
J9330	Antineoplastic Agent	IV	Temsirolimus	Torisel
J9331	Antineoplastic Agent	IV	Sirolimus protein-bound particles	Fyarro
J9332	Blood Modifier Agent	IV	Efgartigimod alfa-fcab	Vyvgart
J9333	Immunological Agent	SQ	Rozanolixizumab-noli	
J9334	CNS Agent	SQ	Efgartigimod alfa / Hyaluronidase-qvfc	
J9345	Antineoplastic Agent	IV	Retifanlimab-dlwr	Zynyz
J9347	Antineoplastic Agent	IV	Tremelimumab-actl	

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Clinically Administered Medications Requiring Prior Authorization

## Kaiser Permanente

Code	Drug Class	Route of Administration	Generic Description	Brand Description
J9348	Antineoplastic Agent	IV	Naxitamab-gqgk	Danyelza
J9349	Antineoplastic Agent	IV	Injection, tafasitamab-cxix, 2 mg	Monjuvi
J9350	Antineoplastic Agent	IV	Mosunetuzumab-axgb	
J9352	Antineoplastic Agent	IV	Trabectedin	Yondelis
J9353	Antineoplastic Agent	IV	Margetuximab-cmkb	Margenza
J9354	Antineoplastic Agent	IV	Ado-trastuzumab emtansine	Kadcyla
J9355	Antineoplastic Agent	IV	Trastuzumab	Herceptin
J9356	Antineoplastic Agent	SQ	Trastuzumab/hyaluronidase-oysk	Herceptin Hylecta
J9358	Antineoplastic Agent	IV	Fam-Trastuzumab Deruxtecan-nxki	Enhertu
J9359	Antineoplastic Agent	IV	Loncastuximab tesirine-lpyl, 0.075 mg	Zynlonta
j9380	Antineoplastic Agent	IV	Teclistamab-cqyv	
j9381	Antineoplastic Agent	IV	Teplizumab-mzwv	
J9393	Antineoplastic Agent	IM	Fulvestrant	
J9394	Antineoplastic Agent	IM	Fulvestrant	
J9395	Antineoplastic Agent	IM	Fulvestrant	Faslodex
J9400	Antineoplastic Agent	IV	Ziv-aflibercept	Zaltrap
J9999	Antineoplastic Agent	SQ, IM, IV	NOC	Antineoplastic Drugs, Not Otherwise Classifi
NOC	Antiasthma, Anti-Inflammatory	SQ	Dupilumab	Dupixent
NOC	Antiasthma, Anti-Inflammatory	SQ	Dupilumab	Dupixent
NOC	Antiasthma, Anti-Inflammatory	SQ	Dupilumab	Dupixent
NOC	Antidiabetic	SQ	Exenatide	Bydureon, Byetta
NOC	Antidiabetic	SQ	Exenatide	Bydureon, Byetta
NOC	Antidiabetic	SQ	Exenatide	Bydureon, Byetta
NOC	Antihyperlipidemic	SQ	Alirocumab	Praluent
NOC	Antihyperlipidemic	SQ	Evolocumab	Repatha
NOC	Antimigraine	SQ	Erenumab -aooe	Aimovig
NOC	Antimigraine	SQ	Galcanzumab -gnlm	Emgality
NOC	Antineoplastic Agent	IV	Fam-Trastuzumab Deruxtecan-nxki	Enhertu
NOC	Antipsoriatic	SQ	Risankizumab-rzaa	Skyrizi
NOC	Antipsoriatic	SQ	Secukinumab	Cosentyx
NOC	Antipsoriatic	SQ	Brodalumab	Siliq

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Clinically Administered Medications Requiring Prior Authorization

## Kaiser Permanente

Code	Drug Class	Route of Administration	Generic Description	Brand Description
NOC	Antipsoriatic	SQ	Ixekizumab	Taltz
NOC	Antiretroviral	SQ	Enfuvritide	Fuzeon
NOC	Antiretroviral	SQ	Enfuvritide	Fuzeon
NOC	Antiretroviral	SQ	Enfuvritide	Fuzeon
NOC	Antirheumatic	SQ	Sarilumab	Kevzara
NOC	Endocrine-Metabolic Agent	IM	Elapegademase-lvlr	Revcovi
NOC	Endocrine-Metabolic Agent	SQ	Pegvisomant	Somavert
NOC	Endocrine-Metabolic Agent	SQ	Pramlintide Acetate	Symlin
NOC	Endocrine-Metabolic Agent	SQ	Abaloparatide	Tymlos
NOC	Gastrointestinal Agent	SQ	Teduglutide	Gattex, Revestive
NOC	GnRH antagonist	SQ	Cetrorelix	Cetrotide®
NOC	GnRH antagonist	SQ	Cetrorelix	Cetrotide®
NOC	GnRH antagonist	SQ	Cetrorelix	Cetrotide®
NOC	Hematopoietic	SQ	Luspatercept-aamt	Reblozyl*
NOC	Immunological Agent	SQ	Anakinra	Kineret®
NOC	Musculoskeletal Agent	IV	Golodirsen	Vyondys 53*
NOC	Musculoskeletal Agent	IV	Onasemnogene abeparvovec-xioi	Zolgensma*
NOC	NMDA receptor antagonist	Nasal	Esketamine	Spravato*
Q0138	Hematinic	IV	Ferumoxytol	Feraheme
Q0139	Hematinic	IV	Ferumoxytol	Feraheme
Q0243	Antiviral	IV	Casirivimab and imdevimab	
Q2041	Antineoplastic Agent	IV	Axicabtagene Ciloleucel	Yescarta*
Q2042	Antineoplastic Agent	IV	Tisagenlecleucel	Kymriah*
Q2043	Immunological Agent	IV	Sipuleucel-T	Provenge
Q2056	Antineoplastic Agent	IV	Ciltacabtagene autoleucel	Carvykti
Q3027	Immune Modulator	SQ, IM	Interferon beta-1-a	Avonex®, Avonex Pen®
Q3028	Immunological Agent	SQ	Interferon beta-1-a	Rebif
Q4081	Erythropoietic	IV	Epoetin Alfa	Epogen, Procrit
Q5103	Immunological Agent	IV	Infliximab-dyyb	Inflectra
Q5104	Immunological Agent	IV	Infliximab-abda	Renflexis
Q5105	Erythropoietic	IV	Epoetin alfa-epbx	Retacrit

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# Clinically Administered Medications Requiring Prior Authorization

## Kaiser Permanente

Code	Drug Class	Route of Administration	Generic Description	Brand Description
Q5107	Antineoplastic Agent	IV	Bevacizumab-awwb	Mvasi
Q5108	Blood Modifier Agent	SQ	Pegfilgrastim-jmdb	
Q5109	Tumor necrosis factor (TNF) block	IV	Infliximab-qbtx	Ixifi
Q5110	Blood Modifier Agent	SQ, IV	Filgrastim-aafi	Nivestym
Q5111	Blood Modifier Agent	SQ	Pegfilgrastim-cbqv	
Q5112	Antineoplastic Agent	IV	Trastuzumab-dttb	Ontruzant
Q5113	Antineoplastic Agent	IV	Trastuzumab-pkrb	Herzuma
Q5114	Antineoplastic Agent	IV	Trastuzumab-dkst	Ogivri
Q5115	Antineoplastic Agent	IV	Rituximab-abbs	Truxima
Q5116	Antineoplastic Agent	IV	Trastuzumab-qyyp	Trazimera
Q5117	Antineoplastic Agent	IV	Trastuzumab-anns	Kanjinti
Q5118	Antineoplastic Agent	IV	Bevacizumab-bvzr	Zirabev
Q5119	Antineoplastic Agent	IV	Rituximab-pvvr biosimilar	Ruxience
Q5120	Blood Modifier Agent	SQ	Pegfilgrstm-bmez biosimilar	
Q5121	Gastrointestinal Agent	IV	Ifx-axxq biosimilar	Avsola
Q5122	Blood Modifier Agent	SQ	Pegfilgrastim-apgf	
Q5123	Antineoplastic Agent	IV	Rituximab-arrx	Riabni
Q5124	Monoclonal Antibody	Intravitreat	Ranibizumab-nuna, biosimilar	Byooviz
Q5125	Blood Modifier Agent	SQ	Filgrastim-ayow	Releuko
Q5126	Antineoplastic Agent	IM	Bevacizumab-maly	Almysys
Q5127	Blood Modifier Agent	SQ	Pegfilgrastim-fpgk	Stimufend
Q5128	Monoclonal Antibody Fragment	Intraocular	Ranibizumab-eqrn	Cimerli
Q5129	Antineoplastic Agent	IV	Bevacizumab-adcd	Vegzelma
Q5130	Blood Modifier Agent	SQ	Pegfilgrastim-pbbk	Fylnetra
Q5131	Monoclonal Antibody	SQ	Adalimumab-aacf	Idacio
S0088	Antineoplastic Agent	Oral	Imatinib Mesylate	Gleevec
S0122	Follicle Stimulating Hormone/ Lut	SQ	Menotropins	
S0126	Endocrine-Metabolic Agent	SQ	Injection, follitropin alfa, 75 IU	
S0128	Endocrine-Metabolic Agent	SQ	Injection, follitropin beta, 75 IU	
S0132	GnRH antagonist	SQ	Ganirelix Acetate	Antagon
S0145	Antineoplastic Agent	SQ	Peginterferon Alfa 2a	Pegasys, Pegasys ProClick

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Clinically Administered Medications Requiring Prior Authorization

## Kaiser Permanente

<b>Code</b>	<b>Drug Class</b>	<b>Route of Administration</b>	<b>Generic Description</b>	<b>Brand Description</b>
S0148	Antineoplastic Agent	SQ	Peginterferon Alfa 2a	Peg-Intron RD Pen Kit
S9559	Interferon	N/A	N/A	N/A

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	Medical and Surgical Su	Injection Supplies
A4217	Sterile water/saline, 500 ml	Medical and Surgical Su	Injection Supplies
A4238	Supply allowance for adjunctive, nonimplanted continuous glucose monitor (C	Medical and Surgical Su	Other Supplies
A4239	Supply allowance for nonadjunctive, nonimplanted continuous glucose monito	Medical and Surgical Su	Other Supplies
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 st	Medical and Surgical Su	Other Supplies
A4255	Platforms for home blood glucose monitor, 50 per box	Medical and Surgical Su	Other Supplies
A4256	Normal, low, and high calibrator solution/chips	Medical and Surgical Su	Other Supplies
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	Medical and Surgical Su	Other Supplies
A4287	Disposable collection and storage bag for breast milk, any size, any type, each		
A4310	Insertion tray without drainage bag and without catheter (accessories only)	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-w	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-w	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-wa	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4320	Irrigation tray with bulb or piston syringe, any purpose	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4321	Therapeutic agent for urinary catheter irrigation	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4322	Irrigation syringe, bulb or piston, each	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4326	Male external catheter with integral collection chamber, any type, each	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4327	Female external urinary collection device; meatal cup, each	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4328	Female external urinary collection device; pouch, each	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4330	Perianal fecal collection pouch with adhesive, each	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for u	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4332	Lubricant, individual sterile packet, each	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4334	Urinary catheter anchoring device, leg strap, each	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4336	Incontinence supply, urethral insert, any type, each	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, si	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4340	Indwelling catheter; specialty type, (e.g., Coude, mushroom, wing, etc.), each	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacem	Medical and Surgical Su	Incontinence Appliances and Care Sup

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
A4342	Accessories for patient inserted indwelling intraurethral drainage device with v	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4344	Indwelling catheter, foley type, two-way, all silicone or polyurethane, each	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4346	Indwelling catheter; Foley type, three-way for continuous irrigation, each	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4349	Male external catheter, with or without adhesive, disposable, each	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silic	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Tefl	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4353	Intermittent urinary catheter, with insertion supplies	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4354	Insertion tray with drainage bag but without catheter	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4355	Insertion tray with drainage bag but without catheter	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4356	External urethral clamp or compression device (not to be used for catheter cla	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4357	Bedside drainage bag, day or night, with or without antireflux device, with or v	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps,	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4360	Disposable external urethral clamp or compression device, with pad and/or po	Medical and Surgical Su	Incontinence Appliances and Care Sup
A4361	Ostomy faceplate, each	Medical and Surgical Su	Ostomy Supplies
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	Medical and Surgical Su	Ostomy Supplies
A4363	Ostomy clamp, any type, replacement only, each	Medical and Surgical Su	Ostomy Supplies
A4364	Adhesive, liquid or equal, any type, per oz	Medical and Surgical Su	Ostomy Supplies
A4366	Ostomy vent, any type, each	Medical and Surgical Su	Ostomy Supplies
A4367	Ostomy belt, each	Medical and Surgical Su	Ostomy Supplies
A4368	Ostomy filter, any type, each	Medical and Surgical Su	Ostomy Supplies
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	Medical and Surgical Su	Ostomy Supplies
A4371	Ostomy skin barrier, powder, per oz	Medical and Surgical Su	Ostomy Supplies
A4372	Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in con	Medical and Surgical Su	Ostomy Supplies
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in con	Medical and Surgical Su	Ostomy Supplies
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	Medical and Surgical Su	Ostomy Supplies
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	Medical and Surgical Su	Ostomy Supplies
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each	Medical and Surgical Su	Ostomy Supplies
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each	Medical and Surgical Su	Ostomy Supplies
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each	Medical and Surgical Su	Ostomy Supplies
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each	Medical and Surgical Su	Ostomy Supplies
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	Medical and Surgical Su	Ostomy Supplies

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	Medical and Surgical Su	Ostomy Supplies
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each	Medical and Surgical Su	Ostomy Supplies
A4384	Ostomy faceplate equivalent, silicone ring, each	Medical and Surgical Su	Ostomy Supplies
A4385	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in	Medical and Surgical Su	Ostomy Supplies
A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece)	Medical and Surgical Su	Ostomy Supplies
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (one piece), e	Medical and Surgical Su	Ostomy Supplies
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (one pi	Medical and Surgical Su	Ostomy Supplies
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in c	Medical and Surgical Su	Ostomy Supplies
A4391	Ostomy pouch, urinary, with extended wear barrier attached (one piece), each	Medical and Surgical Su	Ostomy Supplies
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in con	Medical and Surgical Su	Ostomy Supplies
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in con	Medical and Surgical Su	Ostomy Supplies
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fl c	Medical and Surgical Su	Ostomy Supplies
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	Medical and Surgical Su	Ostomy Supplies
A4396	Ostomy belt with peristomal hernia support	Medical and Surgical Su	Ostomy Supplies
A4398	Ostomy irrigation supply; bag, each	Medical and Surgical Su	Ostomy Supplies
A4399	Ostomy irrigation supply; cone/catheter, with or without brush	Medical and Surgical Su	Ostomy Supplies
A4400	Ostomy irrigation set	Medical and Surgical Su	Ostomy Supplies
A4402	Lubricant, per oz	Medical and Surgical Su	Ostomy Supplies
A4404	Ostomy ring, each	Medical and Surgical Su	Ostomy Supplies
A4405	Ostomy skin barrier, nonpectin-based, paste, per oz	Medical and Surgical Su	Ostomy Supplies
A4406	Ostomy skin barrier, pectin-based, paste, per oz	Medical and Surgical Su	Ostomy Supplies
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear,	Medical and Surgical Su	Ostomy Supplies
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, \	Medical and Surgical Su	Ostomy Supplies
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, \	Medical and Surgical Su	Ostomy Supplies
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, \	Medical and Surgical Su	Ostomy Supplies
A4411	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in con	Medical and Surgical Su	Ostomy Supplies
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (two-pi	Medical and Surgical Su	Ostomy Supplies
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (two-pi	Medical and Surgical Su	Ostomy Supplies
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in c	Medical and Surgical Su	Ostomy Supplies
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in c	Medical and Surgical Su	Ostomy Supplies
A4416	Ostomy pouch, closed, with barrier attached, with filter (one piece), each	Medical and Surgical Su	Ostomy Supplies

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter	Medical and Surgical Su	Ostomy Supplies
A4418	Ostomy pouch, closed; without barrier attached, with filter (one piece), each	Medical and Surgical Su	Ostomy Supplies
A4419	Ostomy pouch, closed; for use on barrier with nonlocking flange, with filter (two	Medical and Surgical Su	Ostomy Supplies
A4420	Ostomy pouch, closed; for use on barrier with locking flange (two piece), each	Medical and Surgical Su	Ostomy Supplies
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch	Medical and Surgical Su	Ostomy Supplies
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (two p	Medical and Surgical Su	Ostomy Supplies
A4424	Ostomy pouch, drainable, with barrier attached, with filter (one piece), each	Medical and Surgical Su	Ostomy Supplies
A4425	Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter	Medical and Surgical Su	Ostomy Supplies
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (two-piece sys	Medical and Surgical Su	Ostomy Supplies
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (tw	Medical and Surgical Su	Ostomy Supplies
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type	Medical and Surgical Su	Ostomy Supplies
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with fau	Medical and Surgical Su	Ostomy Supplies
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in con	Medical and Surgical Su	Ostomy Supplies
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve	Medical and Surgical Su	Ostomy Supplies
A4432	Ostomy pouch, urinary; for use on barrier with nonlocking flange, with faucet-	Medical and Surgical Su	Ostomy Supplies
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each	Medical and Surgical Su	Ostomy Supplies
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type	Medical and Surgical Su	Ostomy Supplies
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece	Medical and Surgical Su	Ostomy Supplies
A4436	Irrigation supply; sleeve, reusable, per month	Medical and Surgical Su	Ostomy Supplies
A4437	Irrigation supply; sleeve, disposable, per month	Medical and Surgical Su	Ostomy Supplies
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm		
A4541	Monthly supplies for use of device coded at e0733		
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist		
A4450	Tape, nonwaterproof, per 18 sq in	Medical and Surgical Su	Miscellaneous Supplies
A4452	Tape, waterproof, per 18 sq in	Medical and Surgical Su	Miscellaneous Supplies
A4453	Rectal catheter for use with the manual pump-operated enema system, replac	Medical and Surgical Su	Miscellaneous Supplies
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per oz	Medical and Surgical Su	Miscellaneous Supplies
A4456	Adhesive remover, wipes, any type, each	Medical and Surgical Su	Miscellaneous Supplies
A4457	Enema tube, with or without adapter, any type, replacement only, each		
A4461	Surgical dressing holder, nonreusable, each	Medical and Surgical Su	Miscellaneous Supplies
A4463	Surgical dressing holder, reusable, each	Medical and Surgical Su	Miscellaneous Supplies

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
A4468	Exsufflation belt, includes all supplies and accessories		
A4481	Tracheostoma filter, any type, any size, each	Medical and Surgical Su	Miscellaneous Supplies
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Medical and Surgical Su	Miscellaneous Supplies
A4555	ELECTRODE/TRANSDUCER USE ELCTRICAL STIM DEVICE FOR CANCER TX, REPL	Medical and Surgical Su	Miscellaneous Supplies
A4556	Electrodes (e.g., apnea monitor), per pair	Medical and Surgical Su	Miscellaneous Supplies
A4557	Lead wires (e.g., apnea monitor), per pair	Medical and Surgical Su	Miscellaneous Supplies
A4558	Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per c	Medical and Surgical Su	Miscellaneous Supplies
A4559	Coupling gel or paste, for use with ultrasound device, per oz	Medical and Surgical Su	Miscellaneous Supplies
A4560	Neuromuscular electrical stimulator (NMES), disposable, replacement only	Medical and Surgical Su	Miscellaneous Supplies
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)	Medical and Surgical Su	Miscellaneous Supplies
A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per r	Medical and Surgical Su	Miscellaneous Supplies
A4600	SLEEVE INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EA	Medical and Surgical Su	Miscellaneous Supplies
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5	Medical and Surgical Su	Miscellaneous Supplies
A4604	Tubing with integrated heating element for use with positive airway pressure c	Medical and Surgical Su	Miscellaneous Supplies
A4605	Tracheal suction catheter, closed system, each	Medical and Surgical Su	Miscellaneous Supplies
A4606	Oxygen probe for use with oximeter device, replacement	Medical and Surgical Su	Miscellaneous Supplies
A4611	BATTERY, HEAVY DUTY; REPLACEMENT PT OWNED VENTILATOR	Medical and Surgical Su	Supplies for Oxygen and Related Respir
A4612	BATTERY CABLES, REPLACEMENT PATIENT OWNED VENTILATOR	Medical and Surgical Su	Supplies for Oxygen and Related Respir
A4613	BATTERY CHARGER, REPLACEMENT PATIENT OWNED VENTILATOR	Medical and Surgical Su	Supplies for Oxygen and Related Respir
A4614	Peak expiratory flow rate meter, hand held	Medical and Surgical Su	Supplies for Oxygen and Related Respir
A4618	Breathing circuits	Medical and Surgical Su	Supplies for Oxygen and Related Respir
A4619	Face tent	Medical and Surgical Su	Supplies for Oxygen and Related Respir
A4623	Tracheostomy, inner cannula	Medical and Surgical Su	Supplies for Oxygen and Related Respir
A4624	Tracheal suction catheter, any type other than closed system, each	Medical and Surgical Su	Supplies for Oxygen and Related Respir
A4625	Tracheostomy care kit for new tracheostomy	Medical and Surgical Su	Supplies for Oxygen and Related Respir
A4626	Tracheostomy cleaning brush, each	Medical and Surgical Su	Supplies for Oxygen and Related Respir
A4628	Oral and/or oropharyngeal suction catheter, each	Medical and Surgical Su	Supplies for Oxygen and Related Respir
A4629	Tracheostomy care kit for established tracheostomy	Medical and Surgical Su	Supplies for Oxygen and Related Respir
A4640	Replacement pad for use with medically necessary alternating pressure pad ov	Medical and Surgical Su	Replacement Supplies for DME
A5051	Ostomy pouch, closed; with barrier attached (one piece), each	Medical and Surgical Su	Ostomy Pouches and Supplies
A5052	Ostomy pouch, closed; without barrier attached (one piece), each	Medical and Surgical Su	Ostomy Pouches and Supplies

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
A5053	Ostomy pouch, closed; for use on faceplate, each	Medical and Surgical Su	Ostomy Pouches and Supplies
A5054	Ostomy pouch, closed; for use on barrier with flange (two piece), each	Medical and Surgical Su	Ostomy Pouches and Supplies
A5055	Stoma cap	Medical and Surgical Su	Ostomy Pouches and Supplies
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (on	Medical and Surgical Su	Ostomy Pouches and Supplies
A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in c	Medical and Surgical Su	Ostomy Pouches and Supplies
A5061	Ostomy pouch, drainable; with barrier attached, (one piece), each	Medical and Surgical Su	Ostomy Pouches and Supplies
A5062	Ostomy pouch, drainable; without barrier attached (one piece), each	Medical and Surgical Su	Ostomy Pouches and Supplies
A5063	Ostomy pouch, drainable; for use on barrier with flange (two-piece system), ea	Medical and Surgical Su	Ostomy Pouches and Supplies
A5071	Ostomy pouch, urinary; with barrier attached (one piece), each	Medical and Surgical Su	Ostomy Pouches and Supplies
A5072	Ostomy pouch, urinary; without barrier attached (one piece), each	Medical and Surgical Su	Ostomy Pouches and Supplies
A5073	Ostomy pouch, urinary; for use on barrier with flange (two piece), each	Medical and Surgical Su	Ostomy Pouches and Supplies
A5081	Stoma plug or seal, any type	Medical and Surgical Su	Ostomy Pouches and Supplies
A5082	Continent device; catheter for continent stoma	Medical and Surgical Su	Ostomy Pouches and Supplies
A5083	Continent device, stoma absorptive cover for continent stoma	Medical and Surgical Su	Ostomy Pouches and Supplies
A5093	Ostomy accessory; convex insert	Medical and Surgical Su	Ostomy Pouches and Supplies
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each	Medical and Surgical Su	Incontinence Supplies
A5105	Urinary suspensory with leg bag, with or without tube, each	Medical and Surgical Su	Incontinence Supplies
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps,	Medical and Surgical Su	Incontinence Supplies
A5113	Leg strap; latex, replacement only, per set	Medical and Surgical Su	Incontinence Supplies
A5114	Leg strap; foam or fabric, replacement only, per set	Medical and Surgical Su	Incontinence Supplies
A5120	Skin barrier, wipes or swabs, each	Medical and Surgical Su	Incontinence Supplies
A5121	Skin barrier; solid, 6 x 6 or equivalent, each	Medical and Surgical Su	Incontinence Supplies
A5122	Skin barrier; solid, 8 x 8 or equivalent, each	Medical and Surgical Su	Incontinence Supplies
A5126	Adhesive or nonadhesive; disk or foam pad	Medical and Surgical Su	Incontinence Supplies
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz	Medical and Surgical Su	Incontinence Supplies
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	Medical and Surgical Su	Incontinence Supplies
A5500	DIAB SHOE FOR DENSITY INSERT	Medical and Surgical Su	Diabetic Shoes, Fitting, and Modificati
A5501	DIAB CUSTOM MOLDED SHOW	Medical and Surgical Su	Diabetic Shoes, Fitting, and Modificati
A5503	DIAB SHOE W/ROLER/ROCKER	Medical and Surgical Su	Diabetic Shoes, Fitting, and Modificati
A5504	DIAB SHOE W/WEDGE	Medical and Surgical Su	Diabetic Shoes, Fitting, and Modificati
A5505	DIAB SHOE W/METATARSAL BAR	Medical and Surgical Su	Diabetic Shoes, Fitting, and Modificati

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
A5506	DIAB SHOE W/OFF SET HEEL	Medical and Surgical Su	Diabetic Shoes, Fitting, and Modificatic
A5507	DIAB SHOE W/MODIFICATIONS	Medical and Surgical Su	Diabetic Shoes, Fitting, and Modificatic
A5508	DIABETIC DELUXE SHOE	Medical and Surgical Su	Diabetic Shoes, Fitting, and Modificatic
A5510	For Diabetics Only COMPRESSION FORM SHOE INSERT	Medical and Surgical Su	Diabetic Shoes, Fitting, and Modificatic
A5512	DIAB SHOE MULTI DENSITY INSERT DIRECT FORMED	Medical and Surgical Su	Diabetic Shoes, Fitting, and Modificatic
A5513	DIAB SHOE MULTI DENSITY INSERT CUSTOM MOLD	Medical and Surgical Su	Diabetic Shoes, Fitting, and Modificatic
A5514	DIAB SHOE MULTI DENSITY INSERT DIRECT CARVING W/CAM	Medical and Surgical Su	Diabetic Shoes, Fitting, and Modificatic
A6010	Collagen based wound filler, dry form, sterile, per g of collagen	Medical and Surgical Su	Dressing Supplies
A6011	Collagen based wound filler, gel/paste, per g of collagen	Medical and Surgical Su	Dressing Supplies
A6021	Collagen dressing, sterile, size 16 sq in or less, each	Medical and Surgical Su	Dressing Supplies
A6022	Collagen dressing, sterile, size more than 16 sq in but less than or equal to 48 s	Medical and Surgical Su	Dressing Supplies
A6023	Collagen dressing, sterile, size more than 48 sq in, each	Medical and Surgical Su	Dressing Supplies
A6024	Collagen dressing wound filler, sterile, per 6 in	Medical and Surgical Su	Dressing Supplies
A6154	Wound pouch, each	Medical and Surgical Su	Dressing Supplies
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq in (	Medical and Surgical Su	Dressing Supplies
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than	Medical and Surgical Su	Dressing Supplies
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 in	Medical and Surgical Su	Dressing Supplies
A6203	Composite dressing, sterile, pad size 16 sq in or less, with any size adhesive bo	Medical and Surgical Su	Dressing Supplies
A6204	Composite dressing, sterile, pad size more than 16 sq in, but less than or equal	Medical and Surgical Su	Dressing Supplies
A6207	Contact layer, sterile, more than 16 sq in but less than or equal to 48 sq in, eac	Medical and Surgical Su	Dressing Supplies
A6209	Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive	Medical and Surgical Su	Dressing Supplies
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than	Medical and Surgical Su	Dressing Supplies
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq in, without adh	Medical and Surgical Su	Dressing Supplies
A6212	Foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adh	Medical and Surgical Su	Dressing Supplies
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq in, with any size	Medical and Surgical Su	Dressing Supplies
A6216	Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive	Medical and Surgical Su	Gauze Supplies
A6217	Gauze, nonimpregnated, nonsterile, pad size more than 16 sq in but less than (	Medical and Surgical Su	Gauze Supplies
A6219	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, with any size adhesiv	Medical and Surgical Su	Gauze Supplies
A6220	Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or e	Medical and Surgical Su	Gauze Supplies
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile,	Medical and Surgical Su	Gauze Supplies
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile,	Medical and Surgical Su	Gauze Supplies

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, Medical and Surgical Su	Medical and Surgical Su	Gauze Supplies
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq	Medical and Surgical Su	Gauze Supplies
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sc	Medical and Surgical Su	Gauze Supplies
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size great	Medical and Surgical Su	Gauze Supplies
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more	Medical and Surgical Su	Gauze Supplies
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, without a	Medical and Surgical Su	Hydrocolloid Supplies
A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but le:	Medical and Surgical Su	Hydrocolloid Supplies
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, withc	Medical and Surgical Su	Hydrocolloid Supplies
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, with any :	Medical and Surgical Su	Hydrocolloid Supplies
A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but le:	Medical and Surgical Su	Hydrocolloid Supplies
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per oz	Medical and Surgical Su	Hydrocolloid Supplies
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per g	Medical and Surgical Su	Hydrocolloid Supplies
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, without adhe	Medical and Surgical Su	Hydrogel Supplies
A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less tl	Medical and Surgical Su	Hydrogel Supplies
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, without a	Medical and Surgical Su	Hydrogel Supplies
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, with any size	Medical and Surgical Su	Hydrogel Supplies
A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less tl	Medical and Surgical Su	Hydrogel Supplies
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, with any	Medical and Surgical Su	Hydrogel Supplies
A6248	Hydrogel dressing, wound filler, gel, per fl oz	Medical and Surgical Su	Hydrogel Supplies
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, wi	Medical and Surgical Su	Absorptive Dressing Supplies
A6252	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in	Medical and Surgical Su	Absorptive Dressing Supplies
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in	Medical and Surgical Su	Absorptive Dressing Supplies
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, wi	Medical and Surgical Su	Absorptive Dressing Supplies
A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in	Medical and Surgical Su	Absorptive Dressing Supplies
A6257	Transparent film, sterile, 16 sq in or less, each dressing	Medical and Surgical Su	Wound Dressing Supplies
A6258	Transparent film, sterile, more than 16 sq in but less than or equal to 48 sq in,	Medical and Surgical Su	Wound Dressing Supplies
A6259	Transparent film, sterile, more than 48 sq in, each dressing	Medical and Surgical Su	Wound Dressing Supplies
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, an	Medical and Surgical Su	Wound Dressing Supplies
A6402	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive bor	Medical and Surgical Su	Wound Dressing Supplies
A6403	Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or e	Medical and Surgical Su	Wound Dressing Supplies
A6407	Packing strips, nonimpregnated, sterile, up to 2 in in width, per linear yd	Medical and Surgical Su	Wound Dressing Supplies

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
A6441	Padding bandage, nonelastic, nonwoven/nonknitted, width greater than or equal to 3 inches	Medical and Surgical	Su Bandage Supplies
A6442	Conforming bandage, nonelastic, knitted/woven, nonsterile, width less than 3 inches	Medical and Surgical	Su Bandage Supplies
A6443	Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than 3 inches	Medical and Surgical	Su Bandage Supplies
A6444	Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than 3 inches	Medical and Surgical	Su Bandage Supplies
A6445	Conforming bandage, nonelastic, knitted/woven, sterile, width less than 3 inches	Medical and Surgical	Su Bandage Supplies
A6446	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 3 inches	Medical and Surgical	Su Bandage Supplies
A6447	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 3 inches	Medical and Surgical	Su Bandage Supplies
A6448	Light compression bandage, elastic, knitted/woven, width less than 3 inches, per yard	Medical and Surgical	Su Bandage Supplies
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 inches	Medical and Surgical	Su Bandage Supplies
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 inches	Medical and Surgical	Su Bandage Supplies
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.2 pounds per square inch	Medical and Surgical	Su Bandage Supplies
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than 1.2 pounds per square inch	Medical and Surgical	Su Bandage Supplies
A6453	Self-adherent bandage, elastic, nonknitted/nonwoven, width less than 3 inches, per yard	Medical and Surgical	Su Bandage Supplies
A6454	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 inches	Medical and Surgical	Su Bandage Supplies
A6455	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 inches	Medical and Surgical	Su Bandage Supplies
A6456	Zinc paste impregnated bandage, nonelastic, knitted/woven, width greater than 3 inches	Medical and Surgical	Su Bandage Supplies
A6457	Tubular dressing with or without elastic, any width, per linear yard	Medical and Surgical	Su Bandage Supplies
A6520	Gradient compression garment, glove, padded, for nighttime use, each		
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each		
A6522	Gradient compression garment, arm, padded, for nighttime use, each		
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each		
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each		
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each		
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each		
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each		
A6528	Gradient compression garment, bra, for nighttime use, each		
A6529	Gradient compression garment, bra, for nighttime use, custom, each		
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MM HG, EACH	Medical and Surgical	Su Compression Garments
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MM HG, EACH	Medical and Surgical	Su Compression Garments
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MM HG, EACH	Medical and Surgical	Su Compression Garments
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MM HG, EACH	Medical and Surgical	Su Compression Garments

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MM HG, EACH	Medical and Surgical Su	Compression Garments
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MM HG, EACH	Medical and Surgical Su	Compression Garments
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MM H	Medical and Surgical Su	Compression Garments
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MM H	Medical and Surgical Su	Compression Garments
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MM H	Medical and Surgical Su	Compression Garments
A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MM HG, EACH	Medical and Surgical Su	Compression Garments
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MM HG, EACH	Medical and Surgical Su	Compression Garments
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MM HG, EACH	Medical and Surgical Su	Compression Garments
A6544	GRADIENT COMPRESSION STOCKING, GARTER BELT	Medical and Surgical Su	Compression Garments
A6545	GRADIENT COMPRESSION WRAP, NEOLASTIC, BELOW KNEE, 30-50 MM HG, EA	Medical and Surgical Su	Compression Garments
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPEC	Medical and Surgical Su	Compression Garments
A6550	WOUND CARE SET FOR NEGATICE PRESSURE WOUND THERAPY (WOUNDVAC)	Medical and Surgical Su	Compression Garments
A6552	Gradient compression stocking, below knee, 30-40 mmhg, each		
A6553	Gradient compression stocking, below knee, 30-40 mmhg, custom, each		
A6554	Gradient compression stocking, below knee, 40 mmhg or greater, each		
A6555	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each		
A6556	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each		
A6557	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each		
A6558	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each		
A6559	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each		
A6560	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each		
A6561	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each		
A6562	Gradient compression stocking, waist length, 18-30 mmhg, custom, each		
A6563	Gradient compression stocking, waist length, 30-40 mmhg, custom, each		
A6564	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each		
A6565	Gradient compression gauntlet, custom, each		
A6566	Gradient compression garment, neck/head, each		
A6567	Gradient compression garment, neck/head, custom, each		
A6568	Gradient compression garment, torso and shoulder, each		
A6569	Gradient compression garment, torso/shoulder, custom, each		
A6570	Gradient compression garment, genital region, each		

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
A6571	Gradient compression garment, genital region, custom, each		
A6572	Gradient compression garment, toe caps, each		
A6573	Gradient compression garment, toe caps, custom, each		
A6574	Gradient compression arm sleeve and glove combination, custom, each		
A6575	Gradient compression arm sleeve and glove combination, each		
A6576	Gradient compression arm sleeve, custom, medium weight, each		
A6577	Gradient compression arm sleeve, custom, heavy weight, each		
A6578	Gradient compression arm sleeve, each		
A6579	Gradient compression glove, custom, medium weight, each		
A6580	Gradient compression glove, custom, heavy weight, each		
A6581	Gradient compression glove, each		
A6582	Gradient compression gauntlet, each		
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each		
A6584	Gradient compression wrap with adjustable straps, not otherwise specified		
A6585	Gradient pressure wrap with adjustable straps, above knee, each		
A6586	Gradient pressure wrap with adjustable straps, full leg, each		
A6587	Gradient pressure wrap with adjustable straps, foot, each		
A6588	Gradient pressure wrap with adjustable straps, arm, each		
A6589	Gradient pressure wrap with adjustable straps, bra, each		
A6590	External urinary catheters; disposable, with wicking material, for use with suct Medical and Surgical Supplies		
A6591	External urinary catheter; non-disposable, for use with suction pump, per mon Medical and Surgical Supplies		
A6593	Accessory for gradient compression garment or wrap with adjustable straps, non-otherwise specified		
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each		
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each		
A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each		
A6597	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each		
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each		
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each		
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each		
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each		
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each		

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each		
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each		
A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each		
A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each		
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each		
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each		
A6609	Gradient compression bandaging supply, not otherwise specified		
A6610	Gradient compression stocking, below knee, 18-30 mmhg, custom, each		
A7000	CANISTER, DISPOSABLE, WITH SUCTION PUMP (WOUNDVAC)	Medical and Surgical Su	Respiratory Supplies
A7023	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical		
A7025	HIGH FREQ CHEST WALL OSCILLATION SYSTEM VEST	Medical and Surgical Su	Respiratory Supplies
A7026	HIGH FREQ CHEST WALL OSCILLATION SYSTEM HOSE	Medical and Surgical Su	Respiratory Supplies
A7047	Oral interface used with respiratory suction pump, each	Medical and Surgical Su	Respiratory Supplies
A7049	Expiratory positive airway pressure intranasal resistance valve	Medical and Surgical Su	Respiratory Supplies
A7501	Tracheostoma valve, including diaphragm, each	Medical and Surgical Su	Tracheostomy Supplies
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	Medical and Surgical Su	Tracheostomy Supplies
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	Medical and Surgical Su	Tracheostomy Supplies
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each	Medical and Surgical Su	Tracheostomy Supplies
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system, each	Medical and Surgical Su	Tracheostomy Supplies
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma heat and moisture exchange system, each	Medical and Surgical Su	Tracheostomy Supplies
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	Medical and Surgical Su	Tracheostomy Supplies
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system, each	Medical and Surgical Su	Tracheostomy Supplies
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	Medical and Surgical Su	Tracheostomy Supplies
A7520	Tracheostomy/laryngectomy tube, noncuffed, polyvinyl chloride (PVC), silicone or polyurethane, each	Medical and Surgical Su	Tracheostomy Supplies
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinyl chloride (PVC), silicone or polyurethane, each	Medical and Surgical Su	Tracheostomy Supplies
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	Medical and Surgical Su	Tracheostomy Supplies
A7524	Tracheostoma stent/stud/button, each	Medical and Surgical Su	Tracheostomy Supplies
A7526	Tracheostomy tube collar/holder, each	Medical and Surgical Su	Tracheostomy Supplies
A7527	Tracheostomy/laryngectomy tube plug/stop, each	Medical and Surgical Su	Tracheostomy Supplies
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories, each	Medical and Surgical Su	Protective Helmet
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories, each	Medical and Surgical Su	Protective Helmet

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	Medical and Surgical Supplies	Protective Helmet
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	Medical and Surgical Supplies	Protective Helmet
A9270	Noncovered item or service	Medical and Surgical Supplies	Other Supplies and Devices
A9272	MECHANICAL WOUND SUCTION, DISPOSABLE, EXTERNAL	Medical and Surgical Supplies	Other Supplies and Devices
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EXTERNAL	Medical and Surgical Supplies	Other Supplies and Devices
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with nondurable medical equipment	Medical and Surgical Supplies	Other Supplies and Devices
A9277	Transmitter; external, for use with nondurable medical equipment	Medical and Surgical Supplies	Other Supplies and Devices
A9278	Receiver (monitor); external, for use with nondurable medical equipment	Medical and Surgical Supplies	Other Supplies and Devices
A9279	MONITORING FEATURE/DEVICE, STAND ALONE OR INTEGRATED	Medical and Surgical Supplies	Other Supplies and Devices
A9282	Wig, any type, each	Medical and Surgical Supplies	Other Supplies and Devices
A9900	SUPPLY/ACCESSORY/SERVICE	Medical and Surgical Supplies	Miscellaneous
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Medical and Surgical Supplies	Miscellaneous
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4081	Nasogastric tubing with stylet	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4082	Nasogastric tubing without stylet	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4083	Stomach tube - Levine type	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4149	ENTRAL FEEDING FORMULA MANUFACTURED BLIND RICH IN NATURAL FOODS WITH NUTRIENTS	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4150	ENTRAL FEEDING FORMULA NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4152	ENTRAL FEEDING FORMULA NUTRITION COMPLETE CALORIC DENSE INTACT NUTRIENTS	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4153	ENTRAL FEEDING FORMULA NUTRITIONALLY COMPLETE HYDROLYZED PROTEINS	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4154	ENTRAL FEEDING FORMULA NUTRITION COMPLETE NO INHERITED DIETARY METABOLITES	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4155	ENTRAL FEEDING FORMULA NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4157	ENTRAL FEEDING FORMULA NUTRITION COMPLETE INHERITED DIETARY METABOLITES	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4158	ENTRAL FEEDING FORMULA PED NUTRITION COMPLETE WITH INTACT NUTRIENTS	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy
B4159	ENTRAL FEEDING FORMULA PED NUTRITION COMPLETE SOY BASED INTACT NUTRIENTS	Enteral and Parenteral Therapy	Enteral and Parenteral Therapy

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
B4160	ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS	Enteral and Parenteral	Enteral and Parenteral Therapy
B4161	ENTRAL F PED HYDROLYZED/AA&PEPTIDE CHAIN PROTS	Enteral and Parenteral	Enteral and Parenteral Therapy
B4162	ENTRAL F PED SPCL METAB NEEDS INHERITED DZ METAB	Enteral and Parenteral	Enteral and Parenteral Therapy
B4164	PARENTERAL NUTRITION, CARBOHYDRATES	Enteral and Parenteral	Enteral and Parenteral Therapy
B4168	PARENTERAL NUTRITION, AMINO ACID 3.5%	Enteral and Parenteral	Enteral and Parenteral Therapy
B4172	PARENTERAL NUTRITION, AMINO ACID 5.5%	Enteral and Parenteral	Enteral and Parenteral Therapy
B4176	PARENTERAL NUTRITION, AMINO ACID 7%	Enteral and Parenteral	Enteral and Parenteral Therapy
B4178	PARENTERAL NUTRITION, AMINO ACID > 8.5%	Enteral and Parenteral	Enteral and Parenteral Therapy
B4180	PARENTERAL NUTRITION, CARBOHYDRATES, >50%	Enteral and Parenteral	Enteral and Parenteral Therapy
B4185	PARENTERAL NUTRITION, PER 10GMS LIPID	Enteral and Parenteral	Enteral and Parenteral Therapy
B4187	OMEGA VEN, 10G LIPIDS	Enteral and Parenteral	Enteral and Parenteral Therapy
B4189	PARENTERAL NUTRITION, COMPOUNDED AMINO ACID/CARBOHYDRATES, 10-15%	Enteral and Parenteral	Enteral and Parenteral Therapy
B4193	PARENTERAL NUTRITION, COMPOUNDED AMINO ACID/CARBOHYDRATES, 52-74%	Enteral and Parenteral	Enteral and Parenteral Therapy
B4197	PARENTERAL NUTRITION, COMPOUNDED AMINO ACID/CARBOHYDRATES, 74-100%	Enteral and Parenteral	Enteral and Parenteral Therapy
B4199	PARENTERAL NUTRITION, COMPOUNDED AMINO ACID/CARBOHYDRATES, >10%	Enteral and Parenteral	Enteral and Parenteral Therapy
B4216	PARENTERAL NUTRITION, ADDITIVES	Enteral and Parenteral	Enteral and Parenteral Therapy
B4220	PARENTERAL NUTRITION, SUPPLY KIT; PREMIX, PER DAY	Enteral and Parenteral	Enteral and Parenteral Therapy
B4222	PARENTERAL NUTRITION, SUPPLY KIT; HOME MIX, PER DAY	Enteral and Parenteral	Enteral and Parenteral Therapy
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	Enteral and Parenteral	Enteral and Parenteral Therapy
B5000	PARENTERAL NUTRITION, COMPOUNDED AMINO ACID/CARBOHYDRATES, REN	Enteral and Parenteral	Enteral and Parenteral Therapy
B5100	PARENTERAL NUTRITION, COMPOUNDED AMINO ACID/CARBOHYDRATES, HEP	Enteral and Parenteral	Enteral and Parenteral Therapy
B5200	PARENTERAL NUTRITION, COMPOUNDED AMINO ACID/CARBOHYDRATES, BRA	Enteral and Parenteral	Enteral and Parenteral Therapy
B9000	ENTERAL NUTRITION INFUSION PUMP	Enteral and Parenteral	Enteral and Parenteral Therapy
B9002	ENTERAL NUTRITION INFUSION PUMP	Enteral and Parenteral	Enteral and Parenteral Therapy
B9004	PARENTERAL INFUSION PUMP, PORTABLE	Enteral and Parenteral	Enteral and Parenteral Therapy
B9006	PARENTERAL INFUSION PUMP, STATIONARY	Enteral and Parenteral	Enteral and Parenteral Therapy
B9998	UNSPECIFIED ENTERAL SUPPLIES	Enteral and Parenteral	Enteral and Parenteral Therapy
B9999	UNSPECIFIED PARENTERAL SUPPLIES	Enteral and Parenteral	Enteral and Parenteral Therapy
E0118	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, W/OR W/O WHEELS	Durable Medical Equipn	Crutches
E0144	WALKER, ENCLOSED, 4 SIDED FRAMED, RIGID OR FOLDING, WHEELED W/ POTI	Durable Medical Equipn	Walkers
E0147	Walker, heavy-duty, multiple braking system, variable wheel resistance	Durable Medical Equipn	Walkers

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
E0168	Commode chair, extra wide and/or heavy-duty, stationary or mobile, with or w	Durable Medical Equipn	Commodes
E0170	COMMODOE CHAIR W/INTEGRATED SEAT LIFT MECHANISM; ELECTRIC	Durable Medical Equipn	Commodes
E0171	Commode chair with integrated seat lift mechanism, nonelectric, any type	Durable Medical Equipn	Commodes
E0181	PWR PRESSURE REDUCING MATTRESS OVERLY/PAD PUMP	Durable Medical Equipn	Decubitus Care Equipment
E0182	Pump for alternating pressure pad, for replacement only	Durable Medical Equipn	Decubitus Care Equipment
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes he	Durable Medical Equipn	Decubitus Care Equipment
E0184	DRY PRESSURE MATTRESS	Durable Medical Equipn	Decubitus Care Equipment
E0185	GEL PRESSURE MATTRESS PAD	Durable Medical Equipn	Decubitus Care Equipment
E0186	AIR PRESSURE MATTRESS	Durable Medical Equipn	Decubitus Care Equipment
E0187	WATER PRESSURE MATTRESS	Durable Medical Equipn	Decubitus Care Equipment
E0188	Synthetic sheepskin pad	Durable Medical Equipn	Decubitus Care Equipment
E0189	Lambswool sheepskin pad, any size	Durable Medical Equipn	Decubitus Care Equipment
E0193	POWERED AIR FLOTATION BED	Durable Medical Equipn	Decubitus Care Equipment
E0194	AIR FLUIDIZED BED	Durable Medical Equipn	Decubitus Care Equipment
E0196	GEL PRESSURE MATTRESS	Durable Medical Equipn	Decubitus Care Equipment
E0197	AIR PRESSURE PAD FOR MATTRES	Durable Medical Equipn	Decubitus Care Equipment
E0198	WATER PRESSURE PAD FOR MATTRE	Durable Medical Equipn	Decubitus Care Equipment
E0199	DRY PRESSURE PAD FOR MATTRES	Durable Medical Equipn	Decubitus Care Equipment
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	Durable Medical Equipn	Heat/Cold Application
E0235	PARAFFIN BATH UNIT PORTABLE	Durable Medical Equipn	Heat/Cold Application
E0250	HOSP BED FIXED HT W/ MATTRES	Durable Medical Equipn	Hospital Beds and Accessories
E0251	HOSP BED FIXD HT W/O MATTRES	Durable Medical Equipn	Hospital Beds and Accessories
E0255	HOSPITAL BED VAR HT W/ MATTR	Durable Medical Equipn	Hospital Beds and Accessories
E0256	HOSPITAL BED VAR HT W/O MATT	Durable Medical Equipn	Hospital Beds and Accessories
E0260	HOSP BED SEMI-ELECTR W/ MATT	Durable Medical Equipn	Hospital Beds and Accessories
E0261	HOSP BED SEMI-ELECTR W/O MAT	Durable Medical Equipn	Hospital Beds and Accessories
E0265	HOSP BED TOTAL ELECTR W/ MAT	Durable Medical Equipn	Hospital Beds and Accessories
E0266	HOSP BED TOTAL ELEC W/O MATT	Durable Medical Equipn	Hospital Beds and Accessories
E0271	MATTRESS, INNERSPRING	Durable Medical Equipn	Hospital Beds and Accessories
E0272	MATTRESS, FOAM RUBBER	Durable Medical Equipn	Hospital Beds and Accessories
E0277	POWERED PRES-REDU AIR MATTRES	Durable Medical Equipn	Hospital Beds and Accessories

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
E0290	HOSP BED FX HT W/O RAILS W/M	Durable Medical Equipn	Hospital Beds and Accessories
E0291	HOSP BED FX HT W/O RAIL W/O	Durable Medical Equipn	Hospital Beds and Accessories
E0292	HOSP BED VAR HT W/O RAIL W/O	Durable Medical Equipn	Hospital Beds and Accessories
E0293	HOSP BED VAR HT W/O RAIL W/	Durable Medical Equipn	Hospital Beds and Accessories
E0294	HOSP BED SEMI-ELECT W/ MATTR	Durable Medical Equipn	Hospital Beds and Accessories
E0295	HOSP BED SEMI-ELECT W/O MATT	Durable Medical Equipn	Hospital Beds and Accessories
E0296	HOSP BED TOTAL ELECT W/ MATT	Durable Medical Equipn	Hospital Beds and Accessories
E0297	HOSP BED TOTAL ELECT W/O MAT	Durable Medical Equipn	Hospital Beds and Accessories
E0300	ENCLOSED PED CRIB HOSP GRADE	Durable Medical Equipn	Hospital Beds and Accessories
E0301	HD HOSP BED, 350-600 LBS	Durable Medical Equipn	Hospital Beds and Accessories
E0302	EX HD HOSP BED > 600 LBS	Durable Medical Equipn	Hospital Beds and Accessories
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER	Durable Medical Equipn	Hospital Beds and Accessories
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GR	Durable Medical Equipn	Hospital Beds and Accessories
E0305	Bedside rails, half-length	Durable Medical Equipn	Hospital Beds and Accessories
E0310	Bedside rails, full-length	Durable Medical Equipn	Hospital Beds and Accessories
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED	Durable Medical Equipn	Hospital Beds and Accessories
E0328	HOSP BED PED MANUAL INCL MAT	Durable Medical Equipn	Hospital Beds and Accessories
E0329	HOSP BED PED ELECTRIC INCL M	Durable Medical Equipn	Hospital Beds and Accessories
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard matt	Durable Medical Equipn	Hospital Beds and Accessories
E0372	POWERED AIR OVERLAY FOR MATTRESS	Durable Medical Equipn	Hospital Beds and Accessories
E0373	Nonpowered advanced pressure reducing mattress	Durable Medical Equipn	Hospital Beds and Accessories
E0424	STATIONARY COMPRESSED GAS O2	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0425	GAS SYSTEM STATIONARY COMPRE	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0430	OXYGEN SYSTEM GAS PORTABLE	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0431	PORTABLE GASEOUS O2	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0433	PORTABLE LIQUID O2, RENTAL, HOEM LIQUIFIER	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0434	PORTABLE LIQUID O2	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0435	OXYGEN SYSTEM LIQUID PORTABL	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0439	STATIONARY LIQUID O2	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0440	OXYGEN SYSTEM LIQUID STATION	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0441	OXYGEN CONTENTS, GASEOUS	Durable Medical Equipn	Oxygen and Related Respiratory Equipr

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
E0442	OXYGEN CONTENTS, LIQUID	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0443	PORTABLE O2 CONTENTS, GAS	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0444	PORTABLE O2 CONTENTS, LIQUID	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0447	PORTABLE OXYGEN, LIQUID, 1 MONTH SUPPLY, PRESC AMOUNT, AT RET/NIGH	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0450	VOL CNTRL VENT W/O PRSSURE SUPP INVASV INTERFCE	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0457	CHEST SHELL	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0459	CHEST WRAP	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0462	ROCKING BED, W/ OR W/O SIDERAILS	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0465	HOME VENTILATOR, ANY TYPE	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0466	PRESSURE SUPPORT VENTILATOR	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0467	HOME VENTILATOR, MULTI-FUNCTION RESP DEVICE	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0470	RAD W/O BACKUP NON-INV INTFC	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0471	RAD W/BACKUP NON INV INTRFC	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0472	RAD W BACKUP INVASIVE INTRFC	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0482	COUGH STIMULATING DEVICE	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0483	High frequency chest wall oscillation system, with full anterior and/or posterio	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0484	Oscillatory positive expiratory pressure device, nonelectric, any type, each	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0486	ORAL DEVICE/APPL TO REDUCE UPPER AIRWAY COLLAPSIBILITY, CUSTOM, INC	Durable Medical Equipn	Oxygen and Related Respiratory Equipr
E0490	Power source and control electronics unit for oral device/appliance for neuron	Durable Medical Equipment	
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue n	Durable Medical Equipment	
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled		
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control e		
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves	Durable Medical Equipn	IPPB Machines
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type		
E0561	Humidifier, nonheated, used with positive airway pressure device	Durable Medical Equipn	Humidifiers/Compressors/Nebulizers
E0562	HUMIDIFIER, NON HEATED USED W/ POSITIVE AIRWAY PRESSURE DEVICE	Durable Medical Equipn	Humidifiers/Compressors/Nebulizers
E0565	Compressor, air power source for equipment which is not self-contained or cyl	Durable Medical Equipn	Humidifiers/Compressors/Nebulizers
E0570	Nebulizer, with compressor	Durable Medical Equipn	Humidifiers/Compressors/Nebulizers
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	Durable Medical Equipn	Humidifiers/Compressors/Nebulizers
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	Durable Medical Equipn	Humidifiers/Compressors/Nebulizers
E0585	Nebulizer, with compressor and heater	Durable Medical Equipn	Humidifiers/Compressors/Nebulizers

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL	Durable Medical Equipn	Pumps and Vaporizers
E0601	CONTINUOUS AIRWAY PRESSURE DEVICE	Durable Medical Equipn	Pumps and Vaporizers
E0602	Breast pump, manual, any type	Durable Medical Equipn	Pumps and Vaporizers
E0607	Home blood glucose monitor	Durable Medical Equipn	Monitoring Devices
E0617	AUTOMATIC EXT DEFIBRILLATOR	Durable Medical Equipn	Monitoring Devices
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	Durable Medical Equipn	Monitoring Devices
E0619	APNEA MONITOR W RECORDER	Durable Medical Equipn	Monitoring Devices
E0621	PATIENT LIFT SLING OR SEAT	Durable Medical Equipn	Patient Lifts
E0627	SEAT LIFT INCORP LIFT-CHAIR	Durable Medical Equipn	Patient Lifts
E0629	SEAT LIFT FOR PT FURN-NON-EL	Durable Medical Equipn	Patient Lifts
E0630	PATIENT LIFT HYDRAULIC	Durable Medical Equipn	Patient Lifts
E0635	PATIENT LIFT ELECTRIC	Durable Medical Equipn	Patient Lifts
E0636	MULTIPOSITIONAL PT SUPPORT SYSTEM, W/ INTEGRATED LIFT	Durable Medical Equipn	Patient Lifts
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISSASSEMBLY AND RE	Durable Medical Equipn	Patient Lifts
E0640	PATIENT LIFT, FIXED SYSTEM	Durable Medical Equipn	Patient Lifts
E0650	PNEUMA COMPRESOR NON-SEGMENT	Durable Medical Equipn	Compression Devices
E0651	PNEUM COMPRESSOR SEGMENTAL	Durable Medical Equipn	Compression Devices
E0652	PNEUM COMPRES W/CAL PRESSURE	Durable Medical Equipn	Compression Devices
E0655	ONSEG PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, HAL	Durable Medical Equipn	Compression Devices
E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, `	Durable Medical Equipn	Compression Devices
E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, (	Durable Medical Equipn	Compression Devices
E0660	ONSEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESS	Durable Medical Equipn	Compression Devices
E0665	ONSEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESS	Durable Medical Equipn	Compression Devices
E0666	ONSEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESS	Durable Medical Equipn	Compression Devices
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, I	Durable Medical Equipn	Compression Devices
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, I	Durable Medical Equipn	Compression Devices
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, I	Durable Medical Equipn	Compression Devices
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrate	Durable Medical Equipn	Compression Devices
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	Durable Medical Equipn	Compression Devices
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	Durable Medical Equipn	Compression Devices
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	Durable Medical Equipn	Compression Devices

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION	Durable Medical Equipn	Compression Devices
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	Durable Medical Equipn	Compression Devices
E0677	Nonpneumatic sequential compression garment, trunk	Durable Medical Equipn	Compression Devices
E0678	Non-pneumatic sequential compression garment, full leg		
E0679	Non-pneumatic sequential compression garment, half leg		
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure		
E0681	Non-pneumatic compression controller without calibrated gradient pressure		
E0682	Non-pneumatic sequential compression garment, full arm		
E0691	UV LIGHT THERAPY SYS PANEL, INCL BULBS/LAMPS, TIMER AND EYE PROTECTION	Durable Medical Equipn	Ultraviolet Light
E0692	UV LIGHT THERAPY SYS PANEL, INCL BULBS/LAMPS, TIMER AND EYE PROTECTION	Durable Medical Equipn	Ultraviolet Light
E0693	UV LIGHT THERAPY SYS PANEL, INCL BULBS/LAMPS, TIMER AND EYE PROTECTION	Durable Medical Equipn	Ultraviolet Light
E0694	UV LIGHT THERAPY SYS PANEL, INCL BULBS/LAMPS, TIMER AND EYE PROTECTION	Durable Medical Equipn	Ultraviolet Light
E0720	TENS TWO LEAD	Durable Medical Equipn	Nerve Stimulators and Devices
E0730	TENS FOUR LEAD	Durable Medical Equipn	Nerve Stimulators and Devices
E0732	Cranial electrotherapy stimulation (ces) system, any type		
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve		
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist		
E0735	Non-invasive vagus nerve stimulator		
E0740	Nonimplanted pelvic floor electrical stimulator, complete system	Durable Medical Equipn	Nerve Stimulators and Devices
E0744	NEUROMUSCULAR STIM FOR SCOLIOSIS	Durable Medical Equipn	Nerve Stimulators and Devices
E0745	NEUROMUSCULAR STIM FOR SHOCK	Durable Medical Equipn	Nerve Stimulators and Devices
E0747	ELEC OSTEOGEN STIM NOT SPINE	Durable Medical Equipn	Nerve Stimulators and Devices
E0748	ELEC OSTEOGEN STIM SPINAL	Durable Medical Equipn	Nerve Stimulators and Devices
E0749	ELEC OSTEOGEN STIM IMPLANTED	Durable Medical Equipn	Nerve Stimulators and Devices
E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR	Durable Medical Equipn	Nerve Stimulators and Devices
E0760	OSTEOGEN ULTRASOUND STIMLTOR	Durable Medical Equipn	Nerve Stimulators and Devices
E0761	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic	Durable Medical Equipn	Nerve Stimulators and Devices
E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	Durable Medical Equipn	Nerve Stimulators and Devices
E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	Durable Medical Equipn	Nerve Stimulators and Devices
E0765	NERVE STIM W/REPLACE BATTERIES	Durable Medical Equipn	Nerve Stimulators and Devices
E0766	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES	Durable Medical Equipn	Nerve Stimulators and Devices

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
E0769	ESTIM/ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Durable Medical Equipn	Nerve Stimulators and Devices
E0770	FUNC ELECT STIM, TRANSCUT STIM OF NERVE	Durable Medical Equipn	Nerve Stimulators and Devices
E0776	IV pole	Durable Medical Equipn	Infusion Supplies
E0779	EXT AMB INFUSN PUMP, INF > 8 HRS	Durable Medical Equipn	Infusion Supplies
E0780	EXT AMB INFUSN PUMP, INF < 8HRS	Durable Medical Equipn	Infusion Supplies
E0781	AMB INF PUMP, SIGLE OR MULT CHANNELS	Durable Medical Equipn	Infusion Supplies
E0782	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE	Durable Medical Equipn	Infusion Supplies
E0783	INFUSION PUMP, IMPLANTABLE, PROGRAMMABLE	Durable Medical Equipn	Infusion Supplies
E0784	EXT AMB INFUSN PUMP INSULIN	Durable Medical Equipn	Infusion Supplies
E0785	IMPLANTABLE EPIDURAL/INTRATHECAL CATH W/PUMP	Durable Medical Equipn	Infusion Supplies
E0786	IMPLANTABLE PROGRAM INF PUMP, REPL (EXCLUDES EPI/INTRATH)	Durable Medical Equipn	Infusion Supplies
E0787	EXT AMB INFUSN PUMP INSULIN, DOSAGE RATE ADJ USING THERAPEUTIC CG	Durable Medical Equipn	Infusion Supplies
E0791	PARENTERAL INF PUMP, STATIONARY	Durable Medical Equipn	Infusion Supplies
E0830	AMB TRACTION DEVICE	Durable Medical Equipn	Traction Equipment
E0840	TRACTION FRAME, CERVICAL TRACTION	Durable Medical Equipn	Traction Equipment
E0849	TRACTION EQP CERV FREESTAND STAND/FRME PNEUMATIC	Durable Medical Equipn	Traction Equipment
E0850	TRACTION STAND, FREESTANDING, CERVICAL TRACTION	Durable Medical Equipn	Traction Equipment
E0855	CERVICAL TRACTION DEVICE	Durable Medical Equipn	Traction Equipment
E0856	Cervical traction device, with inflatable air bladder(s)	Durable Medical Equipn	Traction Equipment
E0860	Traction equipment, overdoor, cervical	Durable Medical Equipn	Traction Equipment
E0870	TRACTION FRAME, EXTREMITY TRACTION	Durable Medical Equipn	Traction Equipment
E0880	TRACTION FRAME, FREESTANDING, EXTREMITY TRACTION REVISED 10/01/20 T	Durable Medical Equipn	Traction Equipment
E0890	TRACTION FRAME, PELVIC TRACTION	Durable Medical Equipn	Traction Equipment
E0900	TRACTION FRAME, FREESTANDING, PELVIC TRACTION	Durable Medical Equipn	Traction Equipment
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	Durable Medical Equipn	Orthopedic Devices
E0911	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds,	Durable Medical Equipn	Orthopedic Devices
E0912	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds,	Durable Medical Equipn	Orthopedic Devices
E0920	Fracture frame, attached to bed, includes weights	Durable Medical Equipn	Orthopedic Devices
E0930	Fracture frame, freestanding, includes weights	Durable Medical Equipn	Orthopedic Devices
E0935	CPM DEVICE KNEE	Durable Medical Equipn	Orthopedic Devices
E0940	Trapeze bar, freestanding, complete with grab bar	Durable Medical Equipn	Orthopedic Devices

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
E0941	Gravity assisted traction device, any type	Durable Medical Equipn	Orthopedic Devices
E0942	Cervical head harness/halter	Durable Medical Equipn	Orthopedic Devices
E0944	Pelvic belt/harness/boot	Durable Medical Equipn	Orthopedic Devices
E0945	Extremity belt/harness	Durable Medical Equipn	Orthopedic Devices
E0946	FRACTURE FRAME DUAL CROSS BARS	Durable Medical Equipn	Orthopedic Devices
E0947	Fracture frame, attachments for complex pelvic traction	Durable Medical Equipn	Orthopedic Devices
E0948	Fracture frame, attachments for complex cervical traction	Durable Medical Equipn	Orthopedic Devices
E0950	WHEELCHAIR ACCESS; TRAY	Durable Medical Equipn	Wheelchair Accessories
E0951	Heel loop/holder, any type, with or without ankle strap, each	Durable Medical Equipn	Wheelchair Accessories
E0952	Toe loop/holder, any type, each	Durable Medical Equipn	Wheelchair Accessories
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed r	Durable Medical Equipn	Wheelchair Accessories
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting f	Durable Medical Equipn	Wheelchair Accessories
E0955	WHEELCHAIR ACCESS; HEADREST	Durable Medical Equipn	Wheelchair Accessories
E0956	WHEELCHAIR ACCESS; LATERAL TRUNK/HIP SUPPORT	Durable Medical Equipn	Wheelchair Accessories
E0957	WHEELCHAIR ACCESS; MEDIAL THIGH SUPPORT	Durable Medical Equipn	Wheelchair Accessories
E0958	MANUAL WC ACCESS; ONE ARM DRIVE ATTACHMENT	Durable Medical Equipn	Wheelchair Accessories
E0959	MANUAL WC ACCESS; ADAPTER FOR AMPUTEE	Durable Medical Equipn	Wheelchair Accessories
E0960	WHEELCHAIR ACCESS; SHOULDER HARNESS/STRAPS	Durable Medical Equipn	Wheelchair Accessories
E0961	WHEEL LOCK BRAKE EXTENSION	Durable Medical Equipn	Wheelchair Accessories
E0966	MANUAL WC ACCESS; HEADREST EXT	Durable Medical Equipn	Wheelchair Accessories
E0967	MANUAL WC ACCESS; HAND RIM W/PROTECTIONS	Durable Medical Equipn	Wheelchair Accessories
E0968	Commode seat, wheelchair	Durable Medical Equipn	Wheelchair Accessories
E0969	Narrowing device, wheelchair	Durable Medical Equipn	Wheelchair Accessories
E0971	Manual wheelchair accessory, antitipping device, each	Durable Medical Equipn	Wheelchair Accessories
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assem	Durable Medical Equipn	Wheelchair Accessories
E0974	Manual wheelchair accessory, antirollback device, each	Durable Medical Equipn	Wheelchair Accessories
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Durable Medical Equipn	Wheelchair Accessories
E0980	Safety vest, wheelchair	Durable Medical Equipn	Wheelchair Accessories
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Durable Medical Equipn	Wheelchair Accessories
E0982	Wheelchair accessory, back upholstery, replacement only, each	Durable Medical Equipn	Wheelchair Accessories
E0983	MANUAL WC ACCESS, POWER ADD ON; JOYSTICK	Durable Medical Equipn	Wheelchair Accessories

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
E0984	MANUAL WC ACCESS, POWER ADD ON; TILLER CONTROL	Durable Medical Equipn	Wheelchair Accessories
E0985	W/C SEAT LIFT MECHANISM	Durable Medical Equipn	Wheelchair Accessories
E0986	MANUAL WC ACCESS, PUSH ACTIVATED POWER ASSIT	Durable Medical Equipn	Wheelchair Accessories
E0988	MANUAL WC ACCESS, LEVER ACTIVATED POWER ASSIT	Durable Medical Equipn	Wheelchair Accessories
E0990	Wheelchair accessory, elevating legrest, complete assembly, each	Durable Medical Equipn	Wheelchair Accessories
E0992	Manual wheelchair accessory, solid seat insert	Durable Medical Equipn	Wheelchair Accessories
E0994	Armrest, each	Durable Medical Equipn	Wheelchair Accessories
E0995	Wheelchair accessory, calf rest/pad, replacement only, each	Durable Medical Equipn	Wheelchair Accessories
E1002	WHEELCHAIR ACCESS, POWER SEATING SYSTEM; TILT ONLY	Durable Medical Equipn	Wheelchair Accessories
E1003	WHEELCHAIR ACCESS, POWER SEATING SYSTEM; RECLINE ONLY, W/O SHEAR R	Durable Medical Equipn	Wheelchair Accessories
E1004	WHEELCHAIR ACCESS, POWER SEATING SYSTEM; RECLINE ONLY, W/MECH SHE	Durable Medical Equipn	Wheelchair Accessories
E1005	WHEELCHAIR ACCESS, POWER SEATING SYSTEM; RECLINE ONLY, W/POWER SH	Durable Medical Equipn	Wheelchair Accessories
E1006	WHEELCHAIR ACCESS, POWER SEATING SYSTEM; TILT/RECLINE, W/O SHEAR RE	Durable Medical Equipn	Wheelchair Accessories
E1007	WHEELCHAIR ACCESS, POWER SEATING SYSTEM; TILT/RECLINE, W/ MECH SHE.	Durable Medical Equipn	Wheelchair Accessories
E1008	WHEELCHAIR ACCESS, POWER SEATING SYSTEM; TILT/RECLINE, W/ POWER SH	Durable Medical Equipn	Wheelchair Accessories
E1009	WHEELCHAIR ACCESS, ADD TO POWER SEATING SYSTEM; MECH LEG ELEVATIO	Durable Medical Equipn	Wheelchair Accessories
E1010	WHEELCHAIR ACCESS, ADD TO POWER SEATING SYSTEM; POWER LEG ELEVATI	Durable Medical Equipn	Wheelchair Accessories
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be	Durable Medical Equipn	Wheelchair Accessories
E1012	Wheelchair accessory, addition to power seating system, center mount power	Durable Medical Equipn	Wheelchair Accessories
E1014	Reclining back, addition to pediatric size wheelchair	Durable Medical Equipn	Wheelchair Accessories
E1015	SHOCK ABSORBER MANUAL WHEELCHAIR, EACH	Durable Medical Equipn	Wheelchair Accessories
E1016	SHOCK ABSORBER POWER WHEELCHAIR, EACH	Durable Medical Equipn	Wheelchair Accessories
E1017	HEAVY DUTY SHOCK ABSORBER HEAVY DUTY MANUAL WC	Durable Medical Equipn	Wheelchair Accessories
E1018	HEAVY DUTY SHOCK ABSORBER HEAVY DUTY POWER WC	Durable Medical Equipn	Wheelchair Accessories
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	Durable Medical Equipn	Wheelchair Accessories
E1028	WHEELCHAIR ACCESS, MANUAL SWINGWAY, OTHER CONTROL	Durable Medical Equipn	Wheelchair Accessories
E1029	WHEELCHAIR ACCESS, VENT TRAY; FIXED	Durable Medical Equipn	Wheelchair Accessories
E1030	WHEELCHAIR ACCESS, VENT TRAY; GIMBALED	Durable Medical Equipn	Wheelchair Accessories
E1031	ROLLABOUT CHAIR	Durable Medical Equipn	Wheelchair Accessories
E1035	MULTI POSITIONAL PATIENT TRANSFER SYSTEM, W/ INTEG SEAT	Durable Medical Equipn	Wheelchair Accessories
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA WIDEM W/ INTEGRAT	Durable Medical Equipn	Wheelchair Accessories

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
E1037	TRANSPORT CHAIR, PED SIZE	Durable Medical Equipn	Wheelchair Accessories
E1038	TRNSPRT CHAIR ADLT SZ PT WT CAP TO&INCL 300 LBS	Durable Medical Equipn	Wheelchair Accessories
E1039	TRNSPRT CHAIR ADLT SZ HEVY DUTY PT WT CAP>300 LB	Durable Medical Equipn	Wheelchair Accessories
E1050	WHELCHR FXD FULL LENGTH ARMS	Durable Medical Equipn	Wheelchairs
E1060	WHEELCHAIR DETACHABLE ARMS	Durable Medical Equipn	Wheelchairs
E1070	WHEELCHAIR DETACHABLE FOOT R	Durable Medical Equipn	Wheelchairs
E1083	HEMI-WHEELCHAIR FIXED ARMS, DETACHABLE ELEVATING LEG RESTS	Durable Medical Equipn	Wheelchairs
E1084	HEMI-WHEELCHAIR DETACHABLE ARMS, DETACHABLE ELEVATING LEG RESTS	Durable Medical Equipn	Wheelchairs
E1085	HEMI-WHEELCHAIR FIXED ARMS, DETACHABLE FOOT RESTS	Durable Medical Equipn	Wheelchairs
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS, DETACHABLE FOOT RESTS	Durable Medical Equipn	Wheelchairs
E1087	WHEELCHAIR LIGHTWT FIXED ARM, SWING AWAY DETACHABLE ELEV LEG REST	Durable Medical Equipn	Wheelchairs
E1088	WHEELCHAIR LIGHTWEIGHT DET ARMS DESK, DETACHABLE ELEVATING LEG RE	Durable Medical Equipn	Wheelchairs
E1090	WHEELCHAIR LIGHTWEIGHT DET ARMS DESK, DETACHABLE FOOT RESTS	Durable Medical Equipn	Wheelchairs
E1092	WHEELCHAIR WIDE W/ LEG RESTS	Durable Medical Equipn	Wheelchairs
E1093	WHEELCHAIR WIDE W/ FOOT REST	Durable Medical Equipn	Wheelchairs
E1100	WHCHR S-RECL FXD ARM LEG RES	Durable Medical Equipn	Wheelchairs
E1110	WHEELCHAIR SEMI-RECL DETACH	Durable Medical Equipn	Wheelchairs
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable eleva	Durable Medical Equipn	Wheelchairs
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Durable Medical Equipn	Wheelchairs
E1161	MANUAL ADULT WC W TILTINSPAC	Durable Medical Equipn	Wheelchairs
E1170	AMPUTEE WC, FIXED ARMS, SWING AWAY DETACH ELEV LEGRESTS	Durable Medical Equipn	Wheelchairs
E1171	AMPUTEE WC, FIXED ARMS, W/O LEGRESTS	Durable Medical Equipn	Wheelchairs
E1172	AMPUTEE WC, DETACH ARMS, W/O LEGRESTS	Durable Medical Equipn	Wheelchairs
E1180	AMPUTEE WC, DETACH ARMS, W/ SWING AWAY DETACH LEGRESTS	Durable Medical Equipn	Wheelchairs
E1190	AMPUTEE WC, DETACH ARMS, SWING AWAY DETACH ELEV LEGRESTS	Durable Medical Equipn	Wheelchairs
E1195	HEAVY DUTY AMPUTEE WC , FIXED ARMS, SWING AWAY DETACH ELEV LEGRESTS	Durable Medical Equipn	Wheelchairs
E1200	AMPUTEE WC, FIXED ARMS, SWING AWAY DETACH FOOTREST	Durable Medical Equipn	Wheelchairs
E1220	WHLCHR SPECIAL SIZE/CONSTRC	Durable Medical Equipn	Wheelchairs
E1221	WHEELCHAIR SPEC SIZE W FOOT, FIXED ARM	Durable Medical Equipn	Wheelchairs
E1222	WHEELCHAIR SPEC SIZE W/ ELEV LEGRESTS, FIXED ARM	Durable Medical Equipn	Wheelchairs
E1223	WHEELCHAIR SPEC SIZE W FOOT, DETACHABLE ARMS	Durable Medical Equipn	Wheelchairs

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
E1224	WHEELCHAIR SPEC SIZE W/ ELEV LEGRESTS, DETACHABLE ARMS	Durable Medical Equipn	Wheelchairs
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK	Durable Medical Equipn	Wheelchairs
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK	Durable Medical Equipn	Wheelchairs
E1227	Special height arms for wheelchair	Durable Medical Equipn	Wheelchairs
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	Durable Medical Equipn	Wheelchairs
E1229	WHEELCHAIR PEDIATRIC SIZE NOS	Durable Medical Equipn	Wheelchairs
E1230	POWER OPERATED VEHICLE	Durable Medical Equipn	Wheelchairs
E1231	RIGID PED W/C TILT-IN-SPACE, W/ SEATING SYSTEM	Durable Medical Equipn	Wheelchairs
E1232	FOLDING PED WC TILT-IN-SPACE, W/ SEATING SYSTEM	Durable Medical Equipn	Wheelchairs
E1233	RIG PED WC TLTNPC W/O SEATING SYSTEM	Durable Medical Equipn	Wheelchairs
E1234	FLD PED WC TLTNPC W/O SEATING SYSTEM	Durable Medical Equipn	Wheelchairs
E1235	RIGID PED WC ADJUSTABLE, W/ SEATING SYSTEM	Durable Medical Equipn	Wheelchairs
E1236	FOLDING PED WC ADJUSTABLE, W/ SEATING SYSTEM	Durable Medical Equipn	Wheelchairs
E1237	RGD PED WC ADJSTABL W/O SEATING SYSTEM	Durable Medical Equipn	Wheelchairs
E1238	FLD PED WC ADJSTABL W/O SEATING SYSTEM	Durable Medical Equipn	Wheelchairs
E1239	POWER WHEELCHAIR PEDIATRIC SIZE NOS	Durable Medical Equipn	Wheelchairs
E1240	WHEELCHAIR LITWT DET ARMS, SWING AWAY DET ELEV LEGRESTS	Durable Medical Equipn	Wheelchairs
E1250	WHEELCHAIR LITWT FIXED ARMS, SWING AWAY DET ELEV LEGRESTS	Durable Medical Equipn	Wheelchairs
E1260	WHEELCHAIR LITWT DET ARMS, SWING AWAY DET ELEV LEGRESTS	Durable Medical Equipn	Wheelchairs
E1270	WHEELCHAIR LIGHTWEIGHT, FIXED ARMS, SWING AWAY DET ELEV LEGRESTS	Durable Medical Equipn	Wheelchairs
E1280	WHEELCHAIR HEAVY DUTY, DET ARM LEGRESTS	Durable Medical Equipn	Wheelchairs
E1285	WHEELCHAIR HEAVY DUTY, FIXED ARM , SWING AWAY DET LEGRESTS	Durable Medical Equipn	Wheelchairs
E1290	WHEELCHAIR HEAVY DUTY, DET ARM, SWING AWAY FOOTRESTS	Durable Medical Equipn	Wheelchairs
E1295	WHEELCHAIR HEAVY DUTY FIXED, ELEVATING LEGREST	Durable Medical Equipn	Wheelchairs
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Durable Medical Equipn	Wheelchairs
E1297	SPECIAL WHEELCHAIR SEAT DEPTH BU UPHOLSTRY	Durable Medical Equipn	Wheelchairs
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	Durable Medical Equipn	Wheelchairs
E1372	OXYGEN SUPPLY HEATER FOR NEBULIZER	Durable Medical Equipn	Additional Oxygen Related Equipment
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY, CAP DELIVERY 85% OR > OXYGEN	Durable Medical Equipn	Additional Oxygen Related Equipment
E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY, CAP DELIVERY 85% OR > OXYGEN	Durable Medical Equipn	Additional Oxygen Related Equipment
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	Durable Medical Equipn	Additional Oxygen Related Equipment

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
E1399	DURABLE MEDICAL EQUIPMENT, MISC	Durable Medical Equipn	Additional Oxygen Related Equipment
E1405	O2/WATER VAPOR ENRICH SYS W/HEATED DELIVERY	Durable Medical Equipn	Additional Oxygen Related Equipment
E1406	O2/WATER VAPOR ENRICH SYS W/O HEATED DELIVERY	Durable Medical Equipn	Additional Oxygen Related Equipment
E1700	JAW MOTION REHABILITATION SYSTEM	Durable Medical Equipn	Jaw Motion Rehabilitation System and
E1701	Replacement cushions for jaw motion rehabilitation system, package of 6	Durable Medical Equipn	Jaw Motion Rehabilitation System and
E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 6	Durable Medical Equipn	Jaw Motion Rehabilitation System and
E1800	DYNAMIC ADJ ELBOW EXT/FLEX DEVICE	Durable Medical Equipn	Flexion/Extension Device
E1801	STATIC PROGRESSIVE STRETCH ELBOW DEVICE EXT/FLEX DEVICE	Durable Medical Equipn	Flexion/Extension Device
E1802	DYNAMIC ADJ FOREARM PRONATION/SUPINATION DEVICE	Durable Medical Equipn	Flexion/Extension Device
E1805	DYNAMIC ADJ WRIST EXT/FLEX DEVICE	Durable Medical Equipn	Flexion/Extension Device
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE EXT/FLEX DEVICE	Durable Medical Equipn	Flexion/Extension Device
E1810	DYNAMIC ADJ KNEE EXT/FLEX DEVICE, INCL SOFT INERFACE MATL	Durable Medical Equipn	Flexion/Extension Device
E1811	STATIC PROG KNEE DEVICE, EXT/FLEX, W/ OR W/O ROM ADJ	Durable Medical Equipn	Flexion/Extension Device
E1812	DYNAMIC ADJ KNEE EXT/FLEX DEVICE, W/ ACTIVE RESISTANCE CONTROL	Durable Medical Equipn	Flexion/Extension Device
E1815	DYNAMIC ADJ KNEE EXT/FLEX DEVICE, INCL SOFT INERFACE MATL	Durable Medical Equipn	Flexion/Extension Device
E1816	STATIC PROGRESSIVE STRETCH ANKLE DEVICE EXT/FLEX DEVICE	Durable Medical Equipn	Flexion/Extension Device
E1818	STATIC PROGRESSIVE STRETCH FOREARM PRONATION/SUPINATION DEVICE	Durable Medical Equipn	Flexion/Extension Device
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	Durable Medical Equipn	Flexion/Extension Device
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC	Durable Medical Equipn	Flexion/Extension Device
E1825	DYNAMIC ADJ FINGER EXTENSION/FLEXION DEVICE	Durable Medical Equipn	Flexion/Extension Device
E1830	DYNAMIC ADJ TOE EXTENSION/FLEXION DEVICE	Durable Medical Equipn	Flexion/Extension Device
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION/FLEXION	Durable Medical Equipn	Flexion/Extension Device
E1840	DYNAMIC ADJ SHOULDER FLEX/ABD/ROTATION	Durable Medical Equipn	Flexion/Extension Device
E1841	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE	Durable Medical Equipn	Flexion/Extension Device
E1902	AAC NON-ELECTRONIC BOARD	Durable Medical Equipn	Other Devices
E1905	Virtual reality cognitive behavioral therapy device (CBT), including preprogram	Durable Medical Equipn	Other Devices
E2000	BLD GLUCOSE MONITOR W/INTEGRATED VOICE SYNT	Durable Medical Equipn	Other Devices
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	Durable Medical Equipn	Other Devices
E2100	BLD GLUCOSE MONITOR W VOICE	Durable Medical Equipn	Other Devices
E2101	BLD GLUCOSE MONITOR W/INTEGRATED LANCING	Durable Medical Equipn	Other Devices
E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	Durable Medical Equipn	Other Devices

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
E2103	Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	Durable Medical Equipn	Other Devices
E2120	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT INNER EAR	Durable Medical Equipn	Other Devices
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or e	Durable Medical Equipn	DME Wheelchair Accessories
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in	Durable Medical Equipn	DME Wheelchair Accessories
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 2	Durable Medical Equipn	DME Wheelchair Accessories
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in	Durable Medical Equipn	DME Wheelchair Accessories
E2205	Manual wheelchair accessory, handrim without projections (includes ergonom	Durable Medical Equipn	DME Wheelchair Accessories
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement or	Durable Medical Equipn	DME Wheelchair Accessories
E2207	Wheelchair accessory, crutch and cane holder, each	Durable Medical Equipn	DME Wheelchair Accessories
E2208	Wheelchair accessory, cylinder tank carrier, each	Durable Medical Equipn	DME Wheelchair Accessories
E2209	Accessory, arm trough, with or without hand support, each	Durable Medical Equipn	DME Wheelchair Accessories
E2210	Wheelchair accessory, bearings, any type, replacement only, each	Durable Medical Equipn	DME Wheelchair Accessories
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	Durable Medical Equipn	DME Wheelchair Accessories
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, ea	Durable Medical Equipn	DME Wheelchair Accessories
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable	Durable Medical Equipn	DME Wheelchair Accessories
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	Durable Medical Equipn	DME Wheelchair Accessories
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Durable Medical Equipn	DME Wheelchair Accessories
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	Durable Medical Equipn	DME Wheelchair Accessories
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	Durable Medical Equipn	DME Wheelchair Accessories
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	Durable Medical Equipn	DME Wheelchair Accessories
E2219	Manual wheelchair accessory, foam caster tire, any size, each	Durable Medical Equipn	DME Wheelchair Accessories
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, r	Durable Medical Equipn	DME Wheelchair Accessories
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), an	Durable Medical Equipn	DME Wheelchair Accessories
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated	Durable Medical Equipn	DME Wheelchair Accessories
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replace	Durable Medical Equipn	DME Wheelchair Accessories
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacem	Durable Medical Equipn	DME Wheelchair Accessories
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	Durable Medical Equipn	DME Wheelchair Accessories
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	Durable Medical Equipn	DME Wheelchair Accessories
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	Durable Medical Equipn	DME Wheelchair Accessories
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), incl	Durable Medical Equipn	DME Wheelchair Accessories
E2291	BACK, PLANAR, PEDS WHEELCHAIR INCL FIXED ATTACHING HARDWARE	Durable Medical Equipn	DME Wheelchair Accessories

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
E2292	SEAT, PLANAR, PEDS WHEELCHAIR INCL FIXED ATTACHING HARDWARE	Durable Medical Equipn	DME Wheelchair Accessories
E2293	BACK, CONTOURED, PEDS WHEELCHAIR INCL FIXED ATTACHING HARDWARE	Durable Medical Equipn	DME Wheelchair Accessories
E2294	SEAT, CONTOURED, PEDS WHEELCHAIR INCL FIXED ATTACHING HARDWARE	Durable Medical Equipn	DME Wheelchair Accessories
E2295	MANUAL WC ACCESS, PED SIZE, DYNAMIC SEATING SYSTEM	Durable Medical Equipn	DME Wheelchair Accessories
E2300	Pwr seat elevation sys	Durable Medical Equipn	DME Wheelchair Accessories
E2301	Pwr standing	Durable Medical Equipn	DME Wheelchair Accessories
E2310	POWER WC ACCESS; ELECTRONIC CONNECTION CONTROLLER/POWER SEATING	Durable Medical Equipn	DME Wheelchair Accessories
E2311	POWER WC ACCESS; ELECTRONIC CONNECTION CONTROLLER/2 OR MORE POW	Durable Medical Equipn	DME Wheelchair Accessories
E2312	POWER WC ACCESS; HAND/CHIN CONTROL INTERFACE W/ JOYSTICK	Durable Medical Equipn	DME Wheelchair Accessories
E2313	POWER WC ACCESS, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER	Durable Medical Equipn	DME Wheelchair Accessories
E2321	POWER WC ACCESS; HAND CONTROL INTERFACE W/ JOYSTICK	Durable Medical Equipn	DME Wheelchair Accessories
E2322	POWER WC ACCESS; HAND CONTROL INTERFACE W/ MULT MECH SWITCHES	Durable Medical Equipn	DME Wheelchair Accessories
E2323	POWER WC ACCESS; HAND CONTROL INTERFACE W/ SPECIALTY JOYSTICK	Durable Medical Equipn	DME Wheelchair Accessories
E2324	POWER WC ACCESS, CHIN CUP FOR CHIN CONTROL	Durable Medical Equipn	DME Wheelchair Accessories
E2325	POWER WC ACCESS, SIP/PUFF INTERFACE	Durable Medical Equipn	DME Wheelchair Accessories
E2326	POWER WC ACCESS, BREATH TUBE KIT FOR SIP/PUFF INTERFACE	Durable Medical Equipn	DME Wheelchair Accessories
E2327	POWER WC ACCESS, HEAD CONTROL INTERFACE, MECHANICAL	Durable Medical Equipn	DME Wheelchair Accessories
E2328	POWER WC ACCESS, HEAD CONTROL OR EXT INTERFACE, ELECTRONIC	Durable Medical Equipn	DME Wheelchair Accessories
E2329	POWER WC ACCESS, HEAD CONTROL INTERFACE, NONPROPORTIONAL, MECH/	Durable Medical Equipn	DME Wheelchair Accessories
E2330	POWER WC ACCESS, HEAD CONTROL INTERFACE, NONPROPORTIONAL, MECH/	Durable Medical Equipn	DME Wheelchair Accessories
E2340	POWER WC ACCESS, NON STANDARD SEAT FRAME, 20-23IN	Durable Medical Equipn	DME Wheelchair Accessories
E2341	POWER WC ACCESS, NON STANDARD SEAT FRAME, 24-27IN	Durable Medical Equipn	DME Wheelchair Accessories
E2342	POWER WC ACCESS, NON STANDARD SEAT FRAME, 20 OR 21IN	Durable Medical Equipn	DME Wheelchair Accessories
E2343	POWER WC ACCESS, NON STANDARD SEAT FRAME, 22-25IN	Durable Medical Equipn	DME Wheelchair Accessories
E2351	POWER WC ACCESS, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING	Durable Medical Equipn	DME Wheelchair Accessories
E2358	POWER WC ACCESS, GROUP 34 NON SEALED LEAD ACID BATTERY, EA	Durable Medical Equipn	DME Wheelchair Accessories
E2359	POWER WC ACCESS, GROUP 34 SEALED LEAD ACID BATTERY, EA	Durable Medical Equipn	DME Wheelchair Accessories
E2360	POWER WC ACCESS, GROUP 22 NF NON SEALED LEAD ACID BATTERY, EA	Durable Medical Equipn	DME Wheelchair Accessories
E2361	POWER WC ACCESS, GROUP 22 NF SEALED LEAD ACID BATTERY, EA	Durable Medical Equipn	DME Wheelchair Accessories
E2362	POWER WC ACCESS, GROUP 24 NON SEALED LEAD ACID BATTERY, EA	Durable Medical Equipn	DME Wheelchair Accessories
E2363	POWER WC ACCESS, GROUP 24 SEALED LEAD ACID BATTERY, EA	Durable Medical Equipn	DME Wheelchair Accessories

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
E2364	POWER WC ACCESS, GROUP U-1 NON SEALED LEAD ACID BATTERY, EA	Durable Medical Equipn	DME Wheelchair Accessories
E2365	POWER WC ACCESS, GROUP U-1 SEALED LEAD ACID BATTERY, EA	Durable Medical Equipn	DME Wheelchair Accessories
E2366	POWER WC ACCESS, BATTERY CHARGER, SINGLE MODE	Durable Medical Equipn	DME Wheelchair Accessories
E2367	POWER WC ACCESS, BATTERY CHARGER, DUAL MODE	Durable Medical Equipn	DME Wheelchair Accessories
E2368	POWER WC COMPONENT, MOTOR, REPLACEMENT ONLY	Durable Medical Equipn	DME Wheelchair Accessories
E2369	POWER WC COMPONENT, GEAR BOX, REPLACEMENT ONLY	Durable Medical Equipn	DME Wheelchair Accessories
E2370	POWER WC COMPONENT, MOTOR AND GEAR BOX, REPLACEMENT ONLY	Durable Medical Equipn	DME Wheelchair Accessories
E2371	POWER WC ACCESS, GROUP 27 SEALED LEAD ACID BATTERY, EA	Durable Medical Equipn	DME Wheelchair Accessories
E2372	POWER WC ACCESS, GROUP U-1 NON SEALED LEAD ACID BATTERY, EA	Durable Medical Equipn	DME Wheelchair Accessories
E2373	POWER WC ACCESS, HAND OR CHIN CONTROL INTERFACE, FIXED MOUNTING I	Durable Medical Equipn	DME Wheelchair Accessories
E2374	POWER WC ACCESS, HAND OR CHIN CONTROL INTERFACE, REPLACMENT ONLY	Durable Medical Equipn	DME Wheelchair Accessories
E2375	PWER WC ACC, NON EXPANDABLE CONTROLLER INCL ELECTRONICS AND HARD	Durable Medical Equipn	DME Wheelchair Accessories
E2376	POWER WC ACCESS, EXPANDABLE CONTROLLER INCL ELECTORNICS AND HARD	Durable Medical Equipn	DME Wheelchair Accessories
E2377	POWER WC ACCESS, EXPANDABLE CONTROLLER, UPGRADED AT INITIAL ISSUE	Durable Medical Equipn	DME Wheelchair Accessories
E2378	POWER WC COMPONENT, ACTUATR, REPLACEMENT ONLY	Durable Medical Equipn	DME Wheelchair Accessories
E2381	POWER WC ACCESS, PNEUMATIC DRIVE WHEEL TIRE, REPLACEMENT ONLY	Durable Medical Equipn	DME Wheelchair Accessories
E2382	POWER WC ACCESS, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, REPLACEMEN	Durable Medical Equipn	DME Wheelchair Accessories
E2383	POWER WC ACCESS, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE, REPLACEME	Durable Medical Equipn	DME Wheelchair Accessories
E2384	POWER WC ACCESS, PNEMATIC CASTER TIRE, REPLACEMENT ONLY	Durable Medical Equipn	DME Wheelchair Accessories
E2385	POWER WC ACCESS, TUBE FOR PNEMATIC CASTER TIRE, REPLACEMENT ONLY	Durable Medical Equipn	DME Wheelchair Accessories
E2386	POWER WC ACCESS, FOAM FILLED DRIVE WHEEL, REPLACEMENT ONLY	Durable Medical Equipn	DME Wheelchair Accessories
E2387	POWER WC ACCESS, FOAM FILLED CASTER TIRE, REPLACEMENT ONLY	Durable Medical Equipn	DME Wheelchair Accessories
E2388	POWER WC ACCESS, FOAM DRIVE WHEEL TIRE, REPLACEMENT ONLY	Durable Medical Equipn	DME Wheelchair Accessories
E2389	POWER WC ACCESS, FOAM CASTER TIRE, REPLACEMENT ONLY	Durable Medical Equipn	DME Wheelchair Accessories
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, re	Durable Medical Equipn	DME Wheelchair Accessories
E2391	POWER WC ACCESS, SOLID DRIVE WHEEL TIRE, REPLACEMENT ONLY	Durable Medical Equipn	DME Wheelchair Accessories
E2392	POWER WC ACCESS, SOLID CASTER TIRE W/INTEGRATED WHEEL, REPLACEMEN	Durable Medical Equipn	DME Wheelchair Accessories
E2394	POWER WC ACCESS, DRIVE WHEEL EXCLUDES TIRE, REPLACEMENT ONLY	Durable Medical Equipn	DME Wheelchair Accessories
E2395	POWER WC ACCESS, CASTER WHEEL EXCLUDES TIRE, REPLACEMENT ONLY	Durable Medical Equipn	DME Wheelchair Accessories
E2396	POWER WC ACCESS, CASTER FORK, REPLACEMENT ONLY	Durable Medical Equipn	DME Wheelchair Accessories
E2397	POWER WC ACCESS, LITHIUM BASED BATTERY, EACH	Durable Medical Equipn	DME Wheelchair Accessories

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
E2398	Wheelchair accessory, dynamic positioning hardware for back	Durable Medical Equipn	DME Wheelchair Accessories
E2402	NEGATIVE PRESS WOUND THERAPY PUMP	Durable Medical Equipn	Wound Therapy
E2500	SPEECH GEN DEVC DIGITIZED </= 8 MINS REC TIME	Durable Medical Equipn	Speech Generating Device
E2502	SGD PREREC MSG >8MIN <=20MIN	Durable Medical Equipn	Speech Generating Device
E2504	SGD PREREC MSG>20MIN <=40MIN	Durable Medical Equipn	Speech Generating Device
E2506	SGD PREREC MSG > 40 MIN	Durable Medical Equipn	Speech Generating Device
E2508	SGD SPELLING PHYS CONTACT	Durable Medical Equipn	Speech Generating Device
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE N	Durable Medical Equipn	Speech Generating Device
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR P	Durable Medical Equipn	Speech Generating Device
E2512	SGD ACCESSORY, MOUNTING SYS	Durable Medical Equipn	Speech Generating Device
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	Durable Medical Equipn	Speech Generating Device
E2603	Skin protection wheelchair seat cushion, width less than 22 in, any depth	Durable Medical Equipn	Wheelchair Cushion
E2604	Skin protection wheelchair seat cushion, width 22 in or greater, any depth	Durable Medical Equipn	Wheelchair Cushion
E2605	Positioning wheelchair seat cushion, width less than 22 in, any depth	Durable Medical Equipn	Wheelchair Cushion
E2606	Positioning wheelchair seat cushion, width 22 in or greater, any depth	Durable Medical Equipn	Wheelchair Cushion
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in,	Durable Medical Equipn	Wheelchair Cushion
E2608	Skin protection and positioning wheelchair seat cushion, width 22 in or greater	Durable Medical Equipn	Wheelchair Cushion
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Durable Medical Equipn	Wheelchair Cushion
E2613	Positioning wheelchair back cushion, posterior, width less than 22 in, any heigl	Durable Medical Equipn	Wheelchair Cushion
E2614	Positioning wheelchair back cushion, posterior, width 22 in or greater, any heiç	Durable Medical Equipn	Wheelchair Cushion
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, ar	Durable Medical Equipn	Wheelchair Cushion
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, ç	Durable Medical Equipn	Wheelchair Cushion
E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	Durable Medical Equipn	Wheelchair Cushion
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width l	Durable Medical Equipn	Wheelchair Cushion
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 2	Durable Medical Equipn	Wheelchair Cushion
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any	Durable Medical Equipn	Wheelchair Cushion
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, an	Durable Medical Equipn	Wheelchair Cushion
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less	Durable Medical Equipn	Wheelchair Cushion
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 i	Durable Medical Equipn	Wheelchair Cushion
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheel	Durable Medical Equipn	Wheelchair Arm Support
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheel	Durable Medical Equipn	Wheelchair Arm Support

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheel	Durable Medical Equipn	Wheelchair Arm Support
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheel	Durable Medical Equipn	Wheelchair Arm Support
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension	Durable Medical Equipn	Wheelchair Arm Support
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	Durable Medical Equipn	Wheelchair Arm Support
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker	Durable Medical Equipn	Wheelchair Arm Support
E2633	Wheelchair accessory, addition to mobile arm support, supinator	Durable Medical Equipn	Wheelchair Arm Support
E3000	Speech volume modulation system, any type, including all components and accessories		
K0003	Lightweight wheelchair	Temporary Codes	Wheelchairs and Accessories
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	Temporary Codes	Wheelchairs and Accessories
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Temporary Codes	Wheelchairs and Accessories
K0006	HEAVY DUTY WHEELCHAIR	Temporary Codes	Wheelchairs and Accessories
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Temporary Codes	Wheelchairs and Accessories
K0009	OTHER MANUAL WHEELCHAIR/BASE	Temporary Codes	Wheelchairs and Accessories
K0010	STANDARD-WEIGHT FRAME, MOTORIZED/POWER WHEELCHAIR	Temporary Codes	Wheelchairs and Accessories
K0011	Standard-weight frame motorized/power wheelchair with programmable cont	Temporary Codes	Wheelchairs and Accessories
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Temporary Codes	Wheelchairs and Accessories
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	Temporary Codes	Wheelchairs and Accessories
K0014	Other motorized/power wheelchair base	Temporary Codes	Wheelchairs and Accessories
K0015	Detachable, nonadjustable height armrest, each	Temporary Codes	Wheelchairs and Accessories
K0017	Detachable, adjustable height armrest, base, replacement only, each	Temporary Codes	Wheelchairs and Accessories
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	Temporary Codes	Wheelchairs and Accessories
K0019	Arm pad, replacement only, each	Temporary Codes	Wheelchairs and Accessories
K0020	Fixed, adjustable height armrest, pair	Temporary Codes	Wheelchairs and Accessories
K0037	High mount flip-up footrest, each	Temporary Codes	Wheelchairs and Accessories
K0038	Leg strap, each	Temporary Codes	Wheelchairs and Accessories
K0039	Leg strap, H style, each	Temporary Codes	Wheelchairs and Accessories
K0040	Adjustable angle footplate, each	Temporary Codes	Wheelchairs and Accessories
K0041	Large size footplate, each	Temporary Codes	Wheelchairs and Accessories
K0042	Standard size footplate, replacement only, each	Temporary Codes	Wheelchairs and Accessories
K0043	Footrest, lower extension tube, replacement only, each	Temporary Codes	Wheelchairs and Accessories
K0044	Footrest, upper hanger bracket, replacement only, each	Temporary Codes	Wheelchairs and Accessories

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
K0045	Footrest, complete assembly, replacement only, each	Temporary Codes	Wheelchairs and Accessories
K0046	Elevating legrest, lower extension tube, replacement only, each	Temporary Codes	Wheelchairs and Accessories
K0047	Elevating legrest, upper hanger bracket, replacement only, each	Temporary Codes	Wheelchairs and Accessories
K0050	Ratchet assembly, replacement only	Temporary Codes	Wheelchairs and Accessories
K0051	Cam release assembly, footrest or legrest, replacement only, each	Temporary Codes	Wheelchairs and Accessories
K0052	Swingaway, detachable footrests, replacement only, each	Temporary Codes	Wheelchairs and Accessories
K0053	Elevating footrests, articulating (telescoping), each	Temporary Codes	Wheelchairs and Accessories
K0056	Seat height less than 17 in or equal to or greater than 21 in for a high-strength,	Temporary Codes	Wheelchairs and Accessories
K0065	Spoke protectors, each	Temporary Codes	Wheelchairs and Accessories
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacemen	Temporary Codes	Wheelchairs and Accessories
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replac	Temporary Codes	Wheelchairs and Accessories
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	Temporary Codes	Wheelchairs and Accessories
K0072	Front caster assembly, complete, with semipneumatic tire, replacement only, i	Temporary Codes	Wheelchairs and Accessories
K0073	Caster pin lock, each	Temporary Codes	Wheelchairs and Accessories
K0077	Front caster assembly, complete, with solid tire, replacement only, each	Temporary Codes	Wheelchairs and Accessories
K0098	Drive belt for power wheelchair, replacement only	Temporary Codes	Wheelchairs and Accessories
K0105	IV hanger, each	Temporary Codes	Wheelchairs and Accessories
K0108	Wheelchair component or accessory, not otherwise specified	Temporary Codes	Wheelchairs and Accessories
K0195	Elevating legrests, pair (for use with capped rental wheelchair base)	Temporary Codes	Wheelchairs and Accessories
K0455	Infusion pump used for uninterrupted parenteral administration of medication	Temporary Codes	Equipment, Replacement, Repair, Rent
K0552	Supplies for external noninsulin drug infusion pump, syringe type cartridge, ste	Temporary Codes	Equipment, Replacement, Repair, Rent
K0601	Replacement battery for external infusion pump owned by patient, silver oxide	Temporary Codes	Equipment, Replacement, Repair, Rent
K0602	Replacement battery for external infusion pump owned by patient, silver oxide	Temporary Codes	Equipment, Replacement, Repair, Rent
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.	Temporary Codes	Equipment, Replacement, Repair, Rent
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6	Temporary Codes	Equipment, Replacement, Repair, Rent
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5	Temporary Codes	Equipment, Replacement, Repair, Rent
K0606	AED GARMENT W/ ECG ANALYSIS	Temporary Codes	Equipment, Replacement, Repair, Rent
K0607	REPL BATT FOR AED	Temporary Codes	Equipment, Replacement, Repair, Rent
K0608	REPL GARMENT FOR AED	Temporary Codes	Equipment, Replacement, Repair, Rent
K0672	Addition to lower extremity orthotic, removable soft interface, all components	Temporary Codes	Equipment, Replacement, Repair, Rent
K0730	Controlled dose inhalation drug delivery system	Temporary Codes	Equipment, Replacement, Repair, Rent

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each	Temporary Codes	Equipment, Replacement, Repair, Rent
K0738	PORTABLE GAS OXYGEN SYSTEM	Temporary Codes	Equipment, Replacement, Repair, Rent
K0743	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	Temporary Codes	Equipment, Replacement, Repair, Rent
K0744	ABSORPTIVE WOUND DSG FOR USE WITH SUCTION PUMP, PORTABLE, PAD SIZ	Temporary Codes	Equipment, Replacement, Repair, Rent
K0745	ABSORPTIVE WOUND DSG FOR USE WITH SUCTION PUMP, PORTABLE, PAD SIZ	Temporary Codes	Equipment, Replacement, Repair, Rent
K0746	ABSORPTIVE WOUND DSG FOR USE WITH SUCTION PUMP, PORTABLE, PAD SIZ	Temporary Codes	Equipment, Replacement, Repair, Rent
K0800	POV GROUP 1 STD UP TO 300 LBS	Temporary Codes	Power Operated Vehicle and Accessori
K0801	POV GROUP 1 HD 301-450 LBS	Temporary Codes	Power Operated Vehicle and Accessori
K0802	POV GROUP 1 VHD 451-600 LBS	Temporary Codes	Power Operated Vehicle and Accessori
K0806	POV GROUP 2 STD UP TO 300LBS	Temporary Codes	Power Operated Vehicle and Accessori
K0807	POV GROUP 2 HD 301-450 LBS	Temporary Codes	Power Operated Vehicle and Accessori
K0808	POV GROUP 2 VHD 451-600 LBS	Temporary Codes	Power Operated Vehicle and Accessori
K0812	POWER OPERATED VEHICLE NOC	Temporary Codes	Power Operated Vehicle and Accessori
K0813	PWC GP 1 STD PORTSLING/SOLID SEAT/BACK UP TO 300#	Temporary Codes	Power Wheelchairs
K0814	PWC GP 1 STD PORT CAP CHAIR	Temporary Codes	Power Wheelchairs
K0815	PWC GP 1 STD SEAT/BACK	Temporary Codes	Power Wheelchairs
K0816	PWC GP 1 STD CAP CHAIR	Temporary Codes	Power Wheelchairs
K0820	PWC GP 2 STD PORT SEAT/BACK	Temporary Codes	Power Wheelchairs
K0821	PWC GP 2 STD PORT CAP CHAIR	Temporary Codes	Power Wheelchairs
K0822	PWC GP 2 STD SEAT/BACK	Temporary Codes	Power Wheelchairs
K0823	PWC GP 2 STD CAP CHAIR	Temporary Codes	Power Wheelchairs
K0824	PWC GP 2 HD SEAT/BACK	Temporary Codes	Power Wheelchairs
K0825	PWC GP 2 HD CAP CHAIR	Temporary Codes	Power Wheelchairs
K0826	PWC GP2 VHD SEAT/BACK	Temporary Codes	Power Wheelchairs
K0827	PWC GP 2 VHD CAP CHAIR	Temporary Codes	Power Wheelchairs
K0828	PWC GP 2 XTRA HD SEAT/BACK	Temporary Codes	Power Wheelchairs
K0829	PWC GP 2 XTRA HD CAP CHAIR	Temporary Codes	Power Wheelchairs
K0830	PWC GP2 STD SEAT ELEVATE S/B	Temporary Codes	Power Wheelchairs
K0831	PWC GP2 STD SEAT ELEVATE CAP	Temporary Codes	Power Wheelchairs
K0835	PWC GP2 STD SING POW OPT S/B	Temporary Codes	Power Wheelchairs
K0836	PWC GP2 STD SING POW OPT CAP	Temporary Codes	Power Wheelchairs

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
K0837	PWC GP 2 HD SING POW OPT S/B	Temporary Codes	Power Wheelchairs
K0838	PWC GP 2 HD SING POW OPT CAP	Temporary Codes	Power Wheelchairs
K0839	PWC GP2 VHD SING POW OPT S/B	Temporary Codes	Power Wheelchairs
K0840	PWC GP2 XHD SING POW OPT S/B	Temporary Codes	Power Wheelchairs
K0841	PWC GP2 STD MULT POW OPT S/B	Temporary Codes	Power Wheelchairs
K0842	PWC GP2 STD MULT POW OPT CAP	Temporary Codes	Power Wheelchairs
K0843	PWC GP2 HD MULT POW OPT S/B	Temporary Codes	Power Wheelchairs
K0848	PWC GP 3 STD SEAT/BACK	Temporary Codes	Power Wheelchairs
K0849	PWC GP 3 STD CAP CHAIR	Temporary Codes	Power Wheelchairs
K0850	PWC GP 3 HD SEAT/BACK	Temporary Codes	Power Wheelchairs
K0851	PWC GP 3 HD CAP CHAIR	Temporary Codes	Power Wheelchairs
K0852	PWC GP 3 VHD SEAT/BACK	Temporary Codes	Power Wheelchairs
K0853	PWC GP 3 VHD CAP CHAIR	Temporary Codes	Power Wheelchairs
K0854	PWC GP 3 XHD SEAT/BACK	Temporary Codes	Power Wheelchairs
K0855	PWC GP 3 XHD CAP CHAIR	Temporary Codes	Power Wheelchairs
K0856	PWC GP3 STD SING POW OPT S/B	Temporary Codes	Power Wheelchairs
K0857	PWC GP3 STD SING POW OPT CAP	Temporary Codes	Power Wheelchairs
K0858	PWC GP3 HD SING POW OPT S/B	Temporary Codes	Power Wheelchairs
K0859	PWC GP3 HD SING POW OPT CAP	Temporary Codes	Power Wheelchairs
K0860	PWC GP3 VHD SING POW OPT S/B	Temporary Codes	Power Wheelchairs
K0861	PWC GP3 STD MULT POW OPT S/B	Temporary Codes	Power Wheelchairs
K0862	PWC GP3 HD MULT POW OPT S/B	Temporary Codes	Power Wheelchairs
K0863	PWC GP3 VHD MULT POW OPT S/B	Temporary Codes	Power Wheelchairs
K0864	PWC GP3 XHD MULT POW OPT S/B	Temporary Codes	Power Wheelchairs
K0868	PWC GP 4 STD SEAT/BACK	Temporary Codes	Power Wheelchairs
K0869	PWC GP 4 STD CAP CHAIR	Temporary Codes	Power Wheelchairs
K0870	PWC GP 4 HD SEAT/BACK	Temporary Codes	Power Wheelchairs
K0871	PWC GP 4 VHD SEAT/BACK	Temporary Codes	Power Wheelchairs
K0877	PWC GP4 STD SING POW OPT S/B	Temporary Codes	Power Wheelchairs
K0878	PWC GP4 STD SING POW OPT CAP	Temporary Codes	Power Wheelchairs
K0879	PWC GP4 HD SING POW OPT S/B	Temporary Codes	Power Wheelchairs

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
K0880	PWC GP4 VHD SING POW OPT S/B	Temporary Codes	Power Wheelchairs
K0884	PWC GP4 STD MULT POW OPT S/B	Temporary Codes	Power Wheelchairs
K0885	PWC GP4 STD MULT POW OPT CAP	Temporary Codes	Power Wheelchairs
K0886	PWC GP4 HD MULT POW S/B	Temporary Codes	Power Wheelchairs
K0890	PWC GP5 PED SING POW OPT S/B	Temporary Codes	Power Wheelchairs
K0891	PWC GP5 PED MULT POW OPT S/B	Temporary Codes	Power Wheelchairs
K0898	POWER WHEELCHAIR NOC	Temporary Codes	Power Wheelchairs
K0899	POW MOBILITY DEV NO SADMERC	Temporary Codes	Power Wheelchairs
K0900	Customized durable medical equipment, other than wheelchair	Temporary Codes	Other DME
K1004	Low frequency ultrasonic diathermy treatment device for home use	Temporary Codes	Other DME
K1007	NEW 10/01/20 Bilateral hip, knee, ankle, foot (HKAFO) device, powered, includ	Temporary Codes	Other DME
K1010	NEW 10/01/20 Indwelling intraurethral drainage device with valve, patient insc	Temporary Codes	Other DME
K1011	NEW 10/01/20 Activation device for intraurethral drainage device with valve, r	Temporary Codes	Other DME
K1012	NEW 10/01/20 Charger and base station for intraurethral activation device, re	Temporary Codes	Other DME
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed	Temporary Codes	Other DME
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interf	Orthotic Devices and Pr	Cervical
L0113	Cranial cervical orthosis, torticollis type, with or without joint, with or without	Orthotic Devices and Pr	Cervical
L0450	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, upper	Orthotic Devices and Pr	Thoracic
L0452	TLSO FLEX CUSTOM FAB THORACIC	Orthotic Devices and Pr	Thoracic
L0454	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, exten	Orthotic Devices and Pr	Thoracic
L0455	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, exten	Orthotic Devices and Pr	Thoracic
L0456	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thorac	Orthotic Devices and Pr	Thoracic
L0457	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thorac	Orthotic Devices and Pr	Thoracic
L0458	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented :	Orthotic Devices and Pr	Thoracic
L0460	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented :	Orthotic Devices and Pr	Thoracic
L0462	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented :	Orthotic Devices and Pr	Thoracic
L0464	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented :	Orthotic Devices and Pr	Thoracic
L0466	Thoracic-lumbar-sacral orthosis (TLSO), sagittal control, rigid posterior frame a	Orthotic Devices and Pr	Thoracic
L0467	Thoracic-lumbar-sacral orthosis (TLSO), sagittal control, rigid posterior frame a	Orthotic Devices and Pr	Thoracic
L0468	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, rigid posterior	Orthotic Devices and Pr	Thoracic
L0469	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, rigid posterior	Orthotic Devices and Pr	Thoracic

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L0470	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, rigid posterior frame	Orthotic Devices and Pr	Thoracic
L0472	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, hyperextension, rigid	Orthotic Devices and Pr	Thoracic
L0480	TLSO RIGID PLASTIC CUSTOM FA	Orthotic Devices and Pr	Thoracic
L0482	TLSO RIGID LINED CUSTOM FAB	Orthotic Devices and Pr	Thoracic
L0484	TLSO RIGID PLASTIC CUST FAB	Orthotic Devices and Pr	Thoracic
L0486	TLSO RIGIDLINED CUST FAB TWO	Orthotic Devices and Pr	Thoracic
L0488	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plasti	Orthotic Devices and Pr	Thoracic
L0490	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, one-piece rigi	Orthotic Devices and Pr	Thoracic
L0491	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segm	Orthotic Devices and Pr	Thoracic
L0492	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segm	Orthotic Devices and Pr	Thoracic
L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion abc	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion abc	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0623	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid pane	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid pane	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior exten	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, post	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0628	Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterio	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0629	Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterio	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0630	Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), pos	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0632	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0633	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior fram	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0634	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior fram	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0635	Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid pos	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0636	Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid pos	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0637	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and p	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0638	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and p	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0639	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), pc	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0640	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), pc	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior exten	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, post	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0643	Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), pos	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0648	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0649	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior fram	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0650	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and p	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0651	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), pc	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0700	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral cor	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0710	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral cor	Orthotic Devices and Pr	Cervical-Thoracic-Lumbar-Sacral Ortho:
L0810	Halo procedure, cervical halo incorporated into jacket vest	Orthotic Devices and Pr	Halo Procedure
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	Orthotic Devices and Pr	Halo Procedure
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthotic	Orthotic Devices and Pr	Halo Procedure
L0859	Addition to halo procedure, magnetic resonance image compatible systems, ri	Orthotic Devices and Pr	Halo Procedure
L0861	Addition to halo procedure, replacement liner/interface material	Orthotic Devices and Pr	Halo Procedure
L0970	Thoracic-lumbar-sacral orthosis (TLSO), corset front	Orthotic Devices and Pr	Additions to Spinal Orthoses
L0972	Lumbar-sacral orthosis (LSO), corset front	Orthotic Devices and Pr	Additions to Spinal Orthoses
L0974	Thoracic-lumbar-sacral orthosis (TLSO), full corset	Orthotic Devices and Pr	Additions to Spinal Orthoses
L0976	Lumbar-sacral orthosis (LSO), full corset	Orthotic Devices and Pr	Additions to Spinal Orthoses
L0978	Axillary crutch extension	Orthotic Devices and Pr	Additions to Spinal Orthoses
L0980	Peroneal straps, prefabricated, off-the-shelf, pair	Orthotic Devices and Pr	Additions to Spinal Orthoses
L0982	Stocking supporter grips, prefabricated, off-the-shelf, set of four (4)	Orthotic Devices and Pr	Additions to Spinal Orthoses
L0984	PROTECTIVE BODY SOCK	Orthotic Devices and Pr	Additions to Spinal Orthoses
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furn	Orthotic Devices and Pr	Orthotic Devices - Scoliosis Procedures
L1001	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), immobilizer, infant size, pref	Orthotic Devices and Pr	Orthotic Devices - Scoliosis Procedures
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjust	Orthotic Devices and Pr	Orthotic Devices - Scoliosis Procedures
L1010	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthos	Orthotic Devices and Pr	Orthotic Devices - Scoliosis Procedures
L1020	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthos	Orthotic Devices and Pr	Orthotic Devices - Scoliosis Procedures
L1025	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthos	Orthotic Devices and Pr	Orthotic Devices - Scoliosis Procedures
L1030	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthos	Orthotic Devices and Pr	Orthotic Devices - Scoliosis Procedures
L1040	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthos	Orthotic Devices and Pr	Orthotic Devices - Scoliosis Procedures
L1050	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthos	Orthotic Devices and Pr	Orthotic Devices - Scoliosis Procedures
L1060	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthos	Orthotic Devices and Pr	Orthotic Devices - Scoliosis Procedures

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L1070	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis	Orthotic Devices and Pr	Orthotic Devices - Scoliosis Procedures
L1080	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis	Orthotic Devices and Pr	Orthotic Devices - Scoliosis Procedures
L1085	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis	Orthotic Devices and Pr	Orthotic Devices - Scoliosis Procedures
L1090	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis	Orthotic Devices and Pr	Orthotic Devices - Scoliosis Procedures
L1100	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis	Orthotic Devices and Pr	Orthotic Devices - Scoliosis Procedures
L1110	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis	Orthotic Devices and Pr	Orthotic Devices - Scoliosis Procedures
L1120	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO), scoliosis orthosis,	Orthotic Devices and Pr	Orthotic Devices - Scoliosis Procedures
L1200	Thoracic-lumbar-sacral orthosis (TLSO), inclusive of furnishing initial orthosis o	Orthotic Devices and Pr	Thoracic-Lumbar-Sacral Orthosis (TLSO)
L1210	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral thoraci	Orthotic Devices and Pr	Thoracic-Lumbar-Sacral Orthosis (TLSO)
L1220	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior thora	Orthotic Devices and Pr	Thoracic-Lumbar-Sacral Orthosis (TLSO)
L1230	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), Milwaukee ty	Orthotic Devices and Pr	Thoracic-Lumbar-Sacral Orthosis (TLSO)
L1240	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lumbar derot	Orthotic Devices and Pr	Thoracic-Lumbar-Sacral Orthosis (TLSO)
L1250	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior ASIS	Orthotic Devices and Pr	Thoracic-Lumbar-Sacral Orthosis (TLSO)
L1260	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior thora	Orthotic Devices and Pr	Thoracic-Lumbar-Sacral Orthosis (TLSO)
L1270	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), abdominal pa	Orthotic Devices and Pr	Thoracic-Lumbar-Sacral Orthosis (TLSO)
L1280	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), rib gusset (ela	Orthotic Devices and Pr	Thoracic-Lumbar-Sacral Orthosis (TLSO)
L1290	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral trocha	Orthotic Devices and Pr	Thoracic-Lumbar-Sacral Orthosis (TLSO)
L1300	Other scoliosis procedure, body jacket molded to patient model	Orthotic Devices and Pr	Other Scoliosis Procedures
L1310	Other scoliosis procedure, postoperative body jacket	Orthotic Devices and Pr	Other Scoliosis Procedures
L1499	Spinal orthosis, not otherwise specified	Orthotic Devices and Pr	Other Scoliosis Procedures
L1600	Hip orthosis (HO), abduction control of hip joints, flexible, Frejka type with cov	Orthotic Devices and Pr	Hip Orthoses (HO) - Flexible
L1610	Hip orthosis (HO), abduction control of hip joints, flexible, (Frejka cover only),	Orthotic Devices and Pr	Hip Orthoses (HO) - Flexible
L1620	Hip orthosis (HO), abduction control of hip joints, flexible, (Pavlik harness), pre	Orthotic Devices and Pr	Hip Orthoses (HO) - Flexible
L1630	Hip orthosis (HO), abduction control of hip joints, semi-flexible (Von Rosen typ	Orthotic Devices and Pr	Hip Orthoses (HO) - Flexible
L1640	Hip orthosis (HO), abduction control of hip joints, static, pelvic band or spread	Orthotic Devices and Pr	Hip Orthoses (HO) - Flexible
L1650	Hip orthosis (HO), abduction control of hip joints, static, adjustable, (Ilflf type	Orthotic Devices and Pr	Hip Orthoses (HO) - Flexible
L1652	Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar,	Orthotic Devices and Pr	Hip Orthoses (HO) - Flexible
L1660	Hip orthosis (HO), abduction control of hip joints, static, plastic, prefabricated,	Orthotic Devices and Pr	Hip Orthoses (HO) - Flexible
L1680	Hip orthosis (HO), abduction control of hip joints, dynamic, pelvic control, adju	Orthotic Devices and Pr	Hip Orthoses (HO) - Flexible
L1681	Hip orthosis (HO), bilateral hip joints and thigh cuffs, adjustable flexion, extens	Orthotic Devices and Pr	Hip Orthoses (HO) - Flexible
L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction t	Orthotic Devices and Pr	Hip Orthoses (HO) - Flexible

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L1686	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction t	Orthotic Devices and Pr	Hip Orthoses (HO) - Flexible
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction z	Orthotic Devices and Pr	Hip Orthoses (HO) - Flexible
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	Orthotic Devices and Pr	Legg Perthes
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	Orthotic Devices and Pr	Legg Perthes
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	Orthotic Devices and Pr	Legg Perthes
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	Orthotic Devices and Pr	Legg Perthes
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	Orthotic Devices and Pr	Legg Perthes
L1810	KNEE ORTHOTIC,ELASTIC WITH JOINTS, PREFAB	Orthotic Devices and Pr	Knee Orthosis
L1812	Knee orthosis (KO), elastic with joints, prefabricated, off-the-shelf	Orthotic Devices and Pr	Knee Orthosis
L1820	Knee orthosis (KO), elastic with condylar pads and joints, with or without patel	Orthotic Devices and Pr	Knee Orthosis
L1830	Knee orthosis (KO), immobilizer, canvas longitudinal, prefabricated, off-the-shr	Orthotic Devices and Pr	Knee Orthosis
L1831	Knee orthosis (KO), locking knee joint(s), positional orthosis, prefabricated, inc	Orthotic Devices and Pr	Knee Orthosis
L1832	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positiona	Orthotic Devices and Pr	Knee Orthosis
L1833	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positiona	Orthotic Devices and Pr	Knee Orthosis
L1834	KO W/O JOINT RIGID MOLDED TO	Orthotic Devices and Pr	Knee Orthosis
L1836	Knee orthosis (KO), rigid, without joint(s), includes soft interface material, pref	Orthotic Devices and Pr	Knee Orthosis
L1840	KO DEROT ANT CRUCIATE CUSTOM	Orthotic Devices and Pr	Knee Orthosis
L1843	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and e	Orthotic Devices and Pr	Knee Orthosis
L1844	KO 1 UPRT THI&CALF ADJ UNICNT/POLYCNT CSTM FAB	Orthotic Devices and Pr	Knee Orthosis
L1845	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and i	Orthotic Devices and Pr	Knee Orthosis
L1846	KO THIGH & CALF CSTM FAB	Orthotic Devices and Pr	Knee Orthosis
L1847	Knee orthosis (KO), double upright with adjustable joint, with inflatable air sup	Orthotic Devices and Pr	Knee Orthosis
L1848	Knee orthosis (KO), double upright with adjustable joint, with inflatable air sup	Orthotic Devices and Pr	Knee Orthosis
L1850	Knee orthosis (KO), Swedish type, prefabricated, off-the-shelf	Orthotic Devices and Pr	Knee Orthosis
L1851	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and e	Orthotic Devices and Pr	Knee Orthosis
L1852	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and i	Orthotic Devices and Pr	Knee Orthosis
L1860	KO SUPRACONDYLAR SOCKET MOLD	Orthotic Devices and Pr	Knee Orthosis
L1900	AFO SPRNG WIR DRSFLX CALF BD	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)
L1902	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, prefabric	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)
L1904	AFO MOLDED ANKLE GAUNTLET	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)
L1906	Ankle foot orthosis (AFO), multiligamentous ankle support, prefabricated, off-t	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L1907	AFO SUPRAMALLEOLAR W/STRAPS CUSTOM FABRICATED	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)
L1910	Ankle-foot orthosis (AFO), posterior, single bar, clasp attachment to shoe coun	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)
L1920	AFO SING UPRIGHT W/ ADJUST S	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)
L1930	Ankle-foot orthosis (AFO), plastic or other material, prefabricated, includes fitt	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)
L1932	Ankle-foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equ	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)
L1940	AFO MOLDED TO PATIENT PLASTI	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)
L1945	AFO MOLDED PLAS RIG ANT TIB	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)
L1950	AFO SPIRAL MOLDED TO PT PLAS	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)
L1951	Ankle-foot orthosis (AFO), spiral, (Institute of rehabilitative Medicine type), pla	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)
L1960	AFO POS SOLID ANK PLASTIC MO	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)
L1970	AFO PLASTIC MOLDED W/ANKLE J	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)
L1971	Ankle-foot orthosis (AFO), plastic or other material with ankle joint, prefabrica	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)
L1980	AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP FAB	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)
L1990	AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM	Orthotic Devices and Pr	Ankle-Foot Orthosis (AFO)
L2000	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	Orthotic Devices and Pr	Knee-Ankle-Foot Orthosis (KAFO) - Or /
L2005	KAFO ANY MATL AUTO LOCK&SWNG RLSE W/ANK JNT CSTM	Orthotic Devices and Pr	Knee-Ankle-Foot Orthosis (KAFO) - Or /
L2006	Knee-ankle-foot (KAF) device, any material, single or double upright, swing anc	Orthotic Devices and Pr	Knee-Ankle-Foot Orthosis (KAFO) - Or /
L2010	KAFO 1 UPRT SOLID STIRUP W/O KNEE JNT CSTM FAB	Orthotic Devices and Pr	Knee-Ankle-Foot Orthosis (KAFO) - Or /
L2020	KAFO DBL UPRT SOLID STIRUP THI&CALF CSTM FAB	Orthotic Devices and Pr	Knee-Ankle-Foot Orthosis (KAFO) - Or /
L2030	KAFO DBL UPRT SOLID STIRUP W/O KNEE JNT CSTM	Orthotic Devices and Pr	Knee-Ankle-Foot Orthosis (KAFO) - Or /
L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Orthotic Devices and Pr	Knee-Ankle-Foot Orthosis (KAFO) - Or /
L2035	KAFO FULL PLSTC STAT PED W/O FREE MOT ANK PRFAB	Orthotic Devices and Pr	Knee-Ankle-Foot Orthosis (KAFO) - Or /
L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Orthotic Devices and Pr	Knee-Ankle-Foot Orthosis (KAFO) - Or /
L2037	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Orthotic Devices and Pr	Knee-Ankle-Foot Orthosis (KAFO) - Or /
L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Orthotic Devices and Pr	Knee-Ankle-Foot Orthosis (KAFO) - Or /
L2040	HKAFO TORSION BIL ROT STRAPS	Orthotic Devices and Pr	Torsion Control: Hip-Knee-Ankle-Foot (
L2050	HKAFO TORSION CABLE HIP PELV	Orthotic Devices and Pr	Torsion Control: Hip-Knee-Ankle-Foot (
L2060	HKAFO TORSION BALL BEARING J	Orthotic Devices and Pr	Torsion Control: Hip-Knee-Ankle-Foot (
L2070	HKAFO TORSION UNILAT ROT STR	Orthotic Devices and Pr	Torsion Control: Hip-Knee-Ankle-Foot (
L2080	HKAFO UNILAT TORSION CABLE	Orthotic Devices and Pr	Torsion Control: Hip-Knee-Ankle-Foot (
L2090	HKAFO UNILAT TORSION BALL BR	Orthotic Devices and Pr	Torsion Control: Hip-Knee-Ankle-Foot (

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L2106	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, therm	Orthotic Devices and Pr	Torsion Control: Hip-Knee-Ankle-Foot C
L2108	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custor	Orthotic Devices and Pr	Torsion Control: Hip-Knee-Ankle-Foot C
L2112	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefa	Orthotic Devices and Pr	Torsion Control: Hip-Knee-Ankle-Foot C
L2114	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid,	Orthotic Devices and Pr	Torsion Control: Hip-Knee-Ankle-Foot C
L2116	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefa	Orthotic Devices and Pr	Torsion Control: Hip-Knee-Ankle-Foot C
L2126	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast ortho	Orthotic Devices and Pr	Torsion Control: Hip-Knee-Ankle-Foot C
L2128	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast ortho	Orthotic Devices and Pr	Torsion Control: Hip-Knee-Ankle-Foot C
L2132	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast ortho	Orthotic Devices and Pr	Torsion Control: Hip-Knee-Ankle-Foot C
L2134	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast ortho	Orthotic Devices and Pr	Torsion Control: Hip-Knee-Ankle-Foot C
L2136	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast ortho	Orthotic Devices and Pr	Torsion Control: Hip-Knee-Ankle-Foot C
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joi	Orthotic Devices and Pr	Additions to Fracture Orthosis
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	Orthotic Devices and Pr	Additions to Fracture Orthosis
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	Orthotic Devices and Pr	Additions to Fracture Orthosis
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Le	Orthotic Devices and Pr	Additions to Fracture Orthosis
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	Orthotic Devices and Pr	Additions to Fracture Orthosis
L2190	Addition to lower extremity fracture orthosis, waist belt	Orthotic Devices and Pr	Additions to Fracture Orthosis
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flang	Orthotic Devices and Pr	Additions to Fracture Orthosis
L2200	Addition to lower extremity, limited ankle motion, each joint	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joi	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle-f	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2240	Addition to lower extremity, round caliper and plate attachment	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attac	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2265	Addition to lower extremity, long tongue stirrup	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2270	Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, pad	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2280	Addition to lower extremity, molded inner boot	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2310	Addition to lower extremity, abduction bar, straight	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L2320	Addition to lower extremity, nonmolded lacer, for custom fabricated orthosis	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabrica	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2335	Addition to lower extremity, anterior swing band	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2340	Addition to lower extremity, pretibial shell, molded to patient model	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient m	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2360	Addition to lower extremity, extended steel shank	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2370	Addition to lower extremity, Patten bottom	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2385	Addition to lower extremity, straight knee joint, heavy-duty, each joint	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2390	Addition to lower extremity, offset knee joint, each joint	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2395	Addition to lower extremity, offset knee joint, heavy-duty, each joint	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2397	Addition to lower extremity orthosis, suspension sleeve	Orthotic Devices and Pr	Additions to Lower Extremity Orthosis:
L2405	Addition to knee joint, drop lock, each	Orthotic Devices and Pr	Additions to Straight Knee or Offset Kn
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal)	Orthotic Devices and Pr	Additions to Straight Knee or Offset Kn
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	Orthotic Devices and Pr	Additions to Straight Knee or Offset Kn
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension,	Orthotic Devices and Pr	Additions to Straight Knee or Offset Kn
L2492	Addition to knee joint, lift loop for drop lock ring	Orthotic Devices and Pr	Additions to Straight Knee or Offset Kn
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearin	Orthotic Devices and Pr	Additions: Thigh/Weight Bearing - Glut
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, moldec	Orthotic Devices and Pr	Additions: Thigh/Weight Bearing - Glut
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom	Orthotic Devices and Pr	Additions: Thigh/Weight Bearing - Glut
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow	Orthotic Devices and Pr	Additions: Thigh/Weight Bearing - Glut
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow	Orthotic Devices and Pr	Additions: Thigh/Weight Bearing - Glut
L2530	Addition to lower extremity, thigh/weight bearing, lacer, nonmolded	Orthotic Devices and Pr	Additions: Thigh/Weight Bearing - Glut
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient m	Orthotic Devices and Pr	Additions: Thigh/Weight Bearing - Glut
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	Orthotic Devices and Pr	Additions: Thigh/Weight Bearing - Glut
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type two-position j	Orthotic Devices and Pr	Additions: Pelvic and Thoracic Control
L2580	Addition to lower extremity, pelvic control, pelvic sling	Orthotic Devices and Pr	Additions: Pelvic and Thoracic Control
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bea	Orthotic Devices and Pr	Additions: Pelvic and Thoracic Control
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, l	Orthotic Devices and Pr	Additions: Pelvic and Thoracic Control

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	Orthotic Devices and Pr Additions: Pelvic and Thoracic Control	
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	Orthotic Devices and Pr Additions: Pelvic and Thoracic Control	
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extens	Orthotic Devices and Pr Additions: Pelvic and Thoracic Control	
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, r	Orthotic Devices and Pr Additions: Pelvic and Thoracic Control	
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint	Orthotic Devices and Pr Additions: Pelvic and Thoracic Control	
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	Orthotic Devices and Pr Additions: Pelvic and Thoracic Control	
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	Orthotic Devices and Pr Additions: Pelvic and Thoracic Control	
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	Orthotic Devices and Pr Additions: Pelvic and Thoracic Control	
L2660	Addition to lower extremity, thoracic control, thoracic band	Orthotic Devices and Pr Additions: Pelvic and Thoracic Control	
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	Orthotic Devices and Pr Additions: Pelvic and Thoracic Control	
L2680	Addition to lower extremity, thoracic control, lateral support uprights	Orthotic Devices and Pr Additions: Pelvic and Thoracic Control	
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	Orthotic Devices and Pr Additions: General	
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hy	Orthotic Devices and Pr Additions: General	
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lin	Orthotic Devices and Pr Additions: General	
L2768	Orthotic side bar disconnect device, per bar	Orthotic Devices and Pr Additions: General	
L2780	Addition to lower extremity orthosis, noncorrosive finish, per bar	Orthotic Devices and Pr Additions: General	
L2785	Addition to lower extremity orthosis, drop lock retainer, each	Orthotic Devices and Pr Additions: General	
L2795	Addition to lower extremity orthosis, knee control, full kneecap	Orthotic Devices and Pr Additions: General	
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral	Orthotic Devices and Pr Additions: General	
L2810	Addition to lower extremity orthosis, knee control, condylar pad	Orthotic Devices and Pr Additions: General	
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below k	Orthotic Devices and Pr Additions: General	
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above k	Orthotic Devices and Pr Additions: General	
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	Orthotic Devices and Pr Additions: General	
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, e	Orthotic Devices and Pr Additions: General	
L3000	FT INSRT MOLD PT MDL UCB TYPE BERKLY SHELL EA	Orthotic Devices and Pr Inserts	
L3001	FOOT INSERT REMOV MOLDED SPE	Orthotic Devices and Pr Inserts	
L3002	FOOT INSERT PLASTAZOTE OR EQ	Orthotic Devices and Pr Inserts	
L3003	FOOT INSERT SILICONE GEL EAC	Orthotic Devices and Pr Inserts	
L3010	FOOT LONGITUDINAL ARCH SUPPO	Orthotic Devices and Pr Inserts	
L3020	FOOT LONGITUD/METATARSAL SUP	Orthotic Devices and Pr Inserts	
L3030	FOOT ARCH SUPPORT REMOV PREM	Orthotic Devices and Pr Inserts	

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L3031	FOOT, INSERT PLACE, REMOV, ADD TO LE ORTHOTIC	Orthotic Devices and Pr Inserts	
L3040	FT ARCH SUPRT PREMOLD LONGIT	Orthotic Devices and Pr Arch Support, Removable, Premolded	
L3050	FOOT ARCH SUPP PREMOLD METAT	Orthotic Devices and Pr Arch Support, Removable, Premolded	
L3060	FOOT ARCH SUPP LONGITUD/META	Orthotic Devices and Pr Arch Support, Removable, Premolded	
L3070	Foot, arch support, nonremovable, attached to shoe, longitudinal, each	Orthotic Devices and Pr Arch Support, Nonremovable, Attached	
L3080	Foot, arch support, nonremovable, attached to shoe, metatarsal, each	Orthotic Devices and Pr Arch Support, Nonremovable, Attached	
L3090	Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal,	Orthotic Devices and Pr Arch Support, Nonremovable, Attached	
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf	Orthotic Devices and Pr Arch Support, Nonremovable, Attached	
L3140	Foot, abduction rotation bar, including shoes	Orthotic Devices and Pr Abduction and Rotation Bars	
L3150	Foot, abduction rotation bar, without shoes	Orthotic Devices and Pr Abduction and Rotation Bars	
L3161	Foot, adductus positioning device, adjustable	Orthotic Devices and Procedures	
L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each	Orthotic Devices and Pr Abduction and Rotation Bars	
L3224	Orthopedic footwear, woman's shoe, Oxford, used as an integral part of a brace	Orthotic Devices and Pr Orthopedic Shoes and Boots	
L3225	Orthopedic footwear, man's shoe, Oxford, used as an integral part of a brace (	Orthotic Devices and Pr Orthopedic Shoes and Boots	
L3252	FOOT SHOE MOLDED PT MDL PLASTAZOTE CSTM FABR EA	Orthotic Devices and Pr Orthopedic Shoes and Boots	
L3253	SHOE MOLDED PLASTAZOTE CUSTOM FITTED	Orthotic Devices and Pr Orthopedic Shoes and Boots	
L3254	ORTH FOOT NON-STNDARD SIZE/W	Orthotic Devices and Pr Orthopedic Shoes and Boots	
L3255	ORTH FOOT NON-STANDARD SIZE/	Orthotic Devices and Pr Orthopedic Shoes and Boots	
L3257	ORTH FOOT ADD CHARGE SPLIT S	Orthotic Devices and Pr Orthopedic Shoes and Boots	
L3300	SHO LIFT TAPER TO METATARSAL	Orthotic Devices and Pr Shoe Modifications - Lifts	
L3310	SHOE LIFT ELEV HEEL/SOLE NEO	Orthotic Devices and Pr Shoe Modifications - Lifts	
L3320	SHOE LIFT ELEV HEEL/SOLE COR	Orthotic Devices and Pr Shoe Modifications - Lifts	
L3330	SHOE LIFT ELEV HEEL/SOLE COR	Orthotic Devices and Pr Shoe Modifications - Lifts	
L3332	LIFTS ELEVATION METAL EXTENS	Orthotic Devices and Pr Shoe Modifications - Lifts	
L3334	LIFT ELEVATION, INSIDE SHOE	Orthotic Devices and Pr Shoe Modifications - Lifts	
L3340	SHOE LIFTS ELEVATION HEEL PER	Orthotic Devices and Pr Shoe Modifications - Wedges	
L3350	Heel wedge	Orthotic Devices and Pr Shoe Modifications - Wedges	
L3360	Sole wedge, outside sole	Orthotic Devices and Pr Shoe Modifications - Wedges	
L3370	Sole wedge, between sole	Orthotic Devices and Pr Shoe Modifications - Wedges	
L3380	Clubfoot wedge	Orthotic Devices and Pr Shoe Modifications - Wedges	
L3390	Outflare wedge	Orthotic Devices and Pr Shoe Modifications - Wedges	

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L3400	Metatarsal bar wedge, rocker	Orthotic Devices and Pr	Shoe Modifications - Wedges
L3410	Metatarsal bar wedge, between sole	Orthotic Devices and Pr	Shoe Modifications - Wedges
L3420	Full sole and heel wedge, between sole	Orthotic Devices and Pr	Shoe Modifications - Wedges
L3430	Heel, counter, plastic reinforced	Orthotic Devices and Pr	Shoe Modifications - Heels
L3440	Heel, counter, leather reinforced	Orthotic Devices and Pr	Shoe Modifications - Heels
L3450	Heel, SACH cushion type	Orthotic Devices and Pr	Shoe Modifications - Heels
L3455	Heel, new leather, standard	Orthotic Devices and Pr	Shoe Modifications - Heels
L3460	Heel, new rubber, standard	Orthotic Devices and Pr	Shoe Modifications - Heels
L3465	Heel, Thomas with wedge	Orthotic Devices and Pr	Shoe Modifications - Heels
L3470	Heel, Thomas extended to ball	Orthotic Devices and Pr	Shoe Modifications - Heels
L3480	Heel, pad and depression for spur	Orthotic Devices and Pr	Shoe Modifications - Heels
L3500	Heel, pad, removable for spur	Orthotic Devices and Pr	Miscellaneous Shoe Additions
L3510	Orthopedic shoe addition, insole, rubber	Orthotic Devices and Pr	Miscellaneous Shoe Additions
L3520	Orthopedic shoe addition, insole, felt covered with leather	Orthotic Devices and Pr	Miscellaneous Shoe Additions
L3530	Orthopedic shoe addition, sole, half	Orthotic Devices and Pr	Miscellaneous Shoe Additions
L3540	Orthopedic shoe addition, sole, full	Orthotic Devices and Pr	Miscellaneous Shoe Additions
L3550	Orthopedic shoe addition, toe tap, standard	Orthotic Devices and Pr	Miscellaneous Shoe Additions
L3560	Orthopedic shoe addition, toe tap, horseshoe	Orthotic Devices and Pr	Miscellaneous Shoe Additions
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	Orthotic Devices and Pr	Miscellaneous Shoe Additions
L3580	Orthopedic shoe addition, convert instep to Velcro closure	Orthotic Devices and Pr	Miscellaneous Shoe Additions
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	Orthotic Devices and Pr	Miscellaneous Shoe Additions
L3595	Orthopedic shoe addition, March bar	Orthotic Devices and Pr	Miscellaneous Shoe Additions
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	Orthotic Devices and Pr	Transfer or Replacement
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	Orthotic Devices and Pr	Transfer or Replacement
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	Orthotic Devices and Pr	Transfer or Replacement
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	Orthotic Devices and Pr	Transfer or Replacement
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Rivet)	Orthotic Devices and Pr	Transfer or Replacement
L3650	Shoulder orthosis (SO), figure of eight design abduction restrainer, prefabricate	Orthotic Devices and Pr	Shoulder Orthosis (SO)
L3660	Shoulder orthosis (SO), figure of eight design abduction restrainer, canvas and	Orthotic Devices and Pr	Shoulder Orthosis (SO)
L3670	Shoulder orthosis (SO), acromio/clavicular (canvas and webbing type), prefabri	Orthotic Devices and Pr	Shoulder Orthosis (SO)
L3671	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft i	Orthotic Devices and Pr	Shoulder Orthosis (SO)

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L3674	SHLDR ORTHOSIC ABDUCT PSTN TH COMP SUPP BAR CUSTM	Orthotic Devices and Pr	Shoulder Orthosis (SO)
L3675	Shoulder orthosis (SO), vest type abduction restrainer, canvas webbing type or	Orthotic Devices and Pr	Shoulder Orthosis (SO)
L3702	ELBOW ORTHOSIS W/O JOINTS CUSTOM FABRICATED	Orthotic Devices and Pr	Elbow Orthosis (EO)
L3710	Elbow orthosis (EO), elastic with metal joints, prefabricated, off-the-shelf	Orthotic Devices and Pr	Elbow Orthosis (EO)
L3720	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, cust	Orthotic Devices and Pr	Elbow Orthosis (EO)
L3730	Elbow orthosis (EO), double upright with forearm/arm cuffs, extension/ flexior	Orthotic Devices and Pr	Elbow Orthosis (EO)
L3740	Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable positio	Orthotic Devices and Pr	Elbow Orthosis (EO)
L3760	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, ite	Orthotic Devices and Pr	Elbow Orthosis (EO)
L3761	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, ofi	Orthotic Devices and Pr	Elbow Orthosis (EO)
L3762	Elbow orthosis (EO), rigid, without joints, includes soft interface material, pref	Orthotic Devices and Pr	Elbow Orthosis (EO)
L3763	Elbow-wrist-hand orthosis (EWHO), rigid, without joints, may include soft inter	Orthotic Devices and Pr	Elbow Orthosis (EO)
L3764	Elbow-wrist-hand orthosis (EWHO), includes one or more nontorsion joints, el	Orthotic Devices and Pr	Elbow Orthosis (EO)
L3765	Elbow-wrist-hand-finger orthosis (EWHFO), rigid, without joints, may include s	Orthotic Devices and Pr	Elbow Orthosis (EO)
L3766	Elbow-wrist-hand-finger orthosis (EWHFO), includes one or more nontorsion jc	Orthotic Devices and Pr	Elbow Orthosis (EO)
L3806	Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), t	Orthotic Devices and Pr	Wrist-Hand-Finger Orthosis (WHFO)
L3807	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated item that h	Orthotic Devices and Pr	Wrist-Hand-Finger Orthosis (WHFO)
L3808	Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft inter	Orthotic Devices and Pr	Wrist-Hand-Finger Orthosis (WHFO)
L3809	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated, off-the-she	Orthotic Devices and Pr	Wrist-Hand-Finger Orthosis (WHFO)
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsior	Orthotic Devices and Pr	Additions to Upper Extremity Orthosis
L3900	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist exte	Orthotic Devices and Pr	Dynamic Flexor Hinge, Reciprocal Wrist
L3901	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist exte	Orthotic Devices and Pr	Dynamic Flexor Hinge, Reciprocal Wrist
L3904	Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabrica	Orthotic Devices and Pr	External Power
L3905	Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bar	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3906	Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, i	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3908	Wrist-hand orthosis (WHO), wrist extension control cock-up, nonmolded, pref	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3912	Hand-finger orthosis (HFO), flexion glove with elastic finger control, prefabrica	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3913	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, c	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3915	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic b	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3916	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic b	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3917	Hand orthosis (HO), metacarpal fracture orthosis, prefabricated item that has l	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3918	Hand orthosis (HO), metacarpal fracture orthosis, prefabricated, off-the-shelf	Orthotic Devices and Pr	Other Upper Extremity Orthoses

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L3919	Hand orthosis (HO), without joints, may include soft interface, straps, custom f	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3921	Hand-finger orthosis (HFO), includes one or more nontorsion joints, elastic bar	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3923	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, r	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3924	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, r	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3925	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3927	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3929	Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuck	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3930	Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuck	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3931	Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), t	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3933	Finger orthosis (FO), without joints, may include soft interface, custom fabrica	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3935	Finger orthosis (FO), nontorsion joint, may include soft interface, custom fabri	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3956	Addition of joint to upper extremity orthosis, any material; per joint	Orthotic Devices and Pr	Other Upper Extremity Orthoses
L3960	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane	Orthotic Devices and Pr	Shoulder, Elbow, Wrist, Hand Orthosis
L3961	Shoulder-elbow-wrist-hand orthosis (SEWHO), shoulder cap design, without jo	Orthotic Devices and Pr	Shoulder, Elbow, Wrist, Hand Orthosis
L3962	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, Erb's pal	Orthotic Devices and Pr	Shoulder, Elbow, Wrist, Hand Orthosis
L3967	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane	Orthotic Devices and Pr	Shoulder, Elbow, Wrist, Hand Orthosis
L3971	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes oi	Orthotic Devices and Pr	Additions to Mobile Arm Supports
L3973	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane	Orthotic Devices and Pr	Additions to Mobile Arm Supports
L3975	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, with	Orthotic Devices and Pr	Additions to Mobile Arm Supports
L3976	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (ai	Orthotic Devices and Pr	Additions to Mobile Arm Supports
L3977	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, incl	Orthotic Devices and Pr	Additions to Mobile Arm Supports
L3978	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (ai	Orthotic Devices and Pr	Additions to Mobile Arm Supports
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and	Orthotic Devices and Pr	Fracture Orthotic
L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder c	Orthotic Devices and Pr	Fracture Orthotic
L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting	Orthotic Devices and Pr	Fracture Orthotic
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adj	Orthotic Devices and Pr	Fracture Orthotic
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	Orthotic Devices and Pr	Fracture Orthotic
L3999	Upper limb orthosis, not otherwise specified	Orthotic Devices and Pr	Fracture Orthotic
L4000	Replace girdle for spinal orthosis (cervical-thoracic-lumbar-sacral orthosis (CTL	Orthotic Devices and Pr	Repairs
L4002	Replacement strap, any orthosis, includes all components, any length, any type	Orthotic Devices and Pr	Repairs
L4010	Replace trilateral socket brim	Orthotic Devices and Pr	Repairs

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L4020	Replace quadrilateral socket brim, molded to patient model	Orthotic Devices and Pr Repairs	
L4030	Replace quadrilateral socket brim, custom fitted	Orthotic Devices and Pr Repairs	
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	Orthotic Devices and Pr Repairs	
L4045	Replace nonmolded thigh lacer, for custom fabricated orthosis only	Orthotic Devices and Pr Repairs	
L4050	Replace molded calf lacer, for custom fabricated orthosis only	Orthotic Devices and Pr Repairs	
L4055	Replace nonmolded calf lacer, for custom fabricated orthosis only	Orthotic Devices and Pr Repairs	
L4060	Replace high roll cuff	Orthotic Devices and Pr Repairs	
L4070	Replace proximal and distal upright for KAFO	Orthotic Devices and Pr Repairs	
L4080	Replace metal bands KAFO, proximal thigh	Orthotic Devices and Pr Repairs	
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	Orthotic Devices and Pr Repairs	
L4100	Replace leather cuff KAFO, proximal thigh	Orthotic Devices and Pr Repairs	
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh	Orthotic Devices and Pr Repairs	
L4130	Replace pretibial shell	Orthotic Devices and Pr Repairs	
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pne	Orthotic Devices and Pr Miscellaneous Lower Limb Supports	
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or witho	Orthotic Devices and Pr Miscellaneous Lower Limb Supports	
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or witho	Orthotic Devices and Pr Miscellaneous Lower Limb Supports	
L4370	Pneumatic full leg splint, prefabricated, off-the-shelf	Orthotic Devices and Pr Miscellaneous Lower Limb Supports	
L4386	Walking boot, nonpneumatic, with or without joints, with or without interface	Orthotic Devices and Pr Miscellaneous Lower Limb Supports	
L4387	Walking boot, nonpneumatic, with or without joints, with or without interface	Orthotic Devices and Pr Miscellaneous Lower Limb Supports	
L4392	Replacement, soft interface material, static AFO	Orthotic Devices and Pr Miscellaneous Lower Limb Supports	
L4394	Replace soft interface material, foot drop splint	Orthotic Devices and Pr Miscellaneous Lower Limb Supports	
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjusta	Orthotic Devices and Pr Miscellaneous Lower Limb Supports	
L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjusta	Orthotic Devices and Pr Miscellaneous Lower Limb Supports	
L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	Orthotic Devices and Pr Miscellaneous Lower Limb Supports	
L4631	Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker b	Orthotic Devices and Pr Miscellaneous Lower Limb Supports	
L5000	SHO INSERT W ARCH TOE FILLER	Prosthetic Devices and I Partial Foot	
L5010	MOLD SOCKET ANK HGT W/ TOE F	Prosthetic Devices and I Partial Foot	
L5020	TIBIAL TUBERCLE HGT W/ TOE F	Prosthetic Devices and I Partial Foot	
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	Prosthetic Devices and I Ankle	
L5060	ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK	Prosthetic Devices and I Ankle	
L5100	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	Prosthetic Devices and I Below Knee	

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L5105	BELOW KNEE PLSTC SOCKT JNT&THIGH LACER SACH FOOT	Prosthetic Devices and	Below Knee
L5150	KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT	Prosthetic Devices and	Knee Disarticulation
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT	Prosthetic Devices and	Knee Disarticulation
L5200	ABVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION	Prosthetic Devices and	Above Knee
L5210	ABVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA	Prosthetic Devices and	Above Knee
L5220	ABVE KNEE SHRT PROSTH W/ARTIC ANK/FOOT DYN	Prosthetic Devices and	Above Knee
L5230	ABVE KNEE PROX FEM FOCAL DEFIC SACH FOOT	Prosthetic Devices and	Above Knee
L5250	HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT	Prosthetic Devices and	Hip Disarticulation
L5270	HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT	Prosthetic Devices and	Hip Disarticulation
L5280	HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT	Prosthetic Devices and	Hemipelvectomy
L5301	BELW KNEE MOLD SOCKT SHIN SACH FT ENDOSKEL SYS	Prosthetic Devices and	Hemipelvectomy
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS	Prosthetic Devices and	Hemipelvectomy
L5321	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE	Prosthetic Devices and	Hemipelvectomy
L5331	JOINT SINGLE AXIS KNEE SACH FOOT	Prosthetic Devices and	Hemipelvectomy
L5341	SINGLE AXIS KNEE SACH FOOT	Prosthetic Devices and	Hemipelvectomy
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, inclu	Prosthetic Devices and	Immediate Postsurgical or Early Fitting
L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, inclu	Prosthetic Devices and	Immediate Postsurgical or Early Fitting
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, inclu	Prosthetic Devices and	Immediate Postsurgical or Early Fitting
L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, inclu	Prosthetic Devices and	Immediate Postsurgical or Early Fitting
L5450	Immediate postsurgical or early fitting, application of nonweight bearing rigid	Prosthetic Devices and	Immediate Postsurgical or Early Fitting
L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid	Prosthetic Devices and	Immediate Postsurgical or Early Fitting
L5500	Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover,	Prosthetic Devices and	Initial Prosthesis
L5505	Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable	Prosthetic Devices and	Initial Prosthesis
L5510	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no	Prosthetic Devices and	Preparatory Prosthesis
L5520	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no	Prosthetic Devices and	Preparatory Prosthesis
L5530	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no	Prosthetic Devices and	Preparatory Prosthesis
L5535	Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover,	Prosthetic Devices and	Preparatory Prosthesis
L5540	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no	Prosthetic Devices and	Preparatory Prosthesis
L5560	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalig	Prosthetic Devices and	Preparatory Prosthesis
L5570	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalig	Prosthetic Devices and	Preparatory Prosthesis
L5580	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalig	Prosthetic Devices and	Preparatory Prosthesis

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L5585	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalig	Prosthetic Devices and	Preparatory Prosthesis
L5590	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalig	Prosthetic Devices and	Preparatory Prosthesis
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, 1	Prosthetic Devices and	Preparatory Prosthesis
L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, 1	Prosthetic Devices and	Preparatory Prosthesis
L5610	ABOVE KNEE HYDRACADENCE	Prosthetic Devices and	Additions: Lower Extremity
L5611	AK 4 BAR LINK W/FRICTION SWING	Prosthetic Devices and	Additions: Lower Extremity
L5613	AK 4 BAR LINKAGE W/HYDRAULIC S	Prosthetic Devices and	Additions: Lower Extremity
L5614	AK 4-BAR LINKAGE W/PNEUM SWING	Prosthetic Devices and	Additions: Lower Extremity
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swin	Prosthetic Devices and	Procedures
L5616	AK UNIV MULTIPLEX SYSTEM FRICT	Prosthetic Devices and	Additions: Lower Extremity
L5617	AK/BK SELF-ALIGNING UNIT EA	Prosthetic Devices and	Additions: Lower Extremity
L5618	Addition to lower extremity, test socket, Symes	Prosthetic Devices and	Additions: Test Sockets
L5620	Addition to lower extremity, test socket, below knee (BK)	Prosthetic Devices and	Additions: Test Sockets
L5622	Addition to lower extremity, test socket, knee disarticulation	Prosthetic Devices and	Additions: Test Sockets
L5624	Addition to lower extremity, test socket, above knee (AK)	Prosthetic Devices and	Additions: Test Sockets
L5626	Addition to lower extremity, test socket, hip disarticulation	Prosthetic Devices and	Additions: Test Sockets
L5628	Addition to lower extremity, test socket, hemipelvectomy	Prosthetic Devices and	Additions: Test Sockets
L5629	Addition to lower extremity, below knee, acrylic socket	Prosthetic Devices and	Additions: Test Sockets
L5630	Addition to lower extremity, Symes type, expandable wall socket	Prosthetic Devices and	Additions: Socket Variations
L5631	Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic so	Prosthetic Devices and	Additions: Socket Variations
L5632	Addition to lower extremity, Symes type, PTB brim design socket	Prosthetic Devices and	Additions: Socket Variations
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	Prosthetic Devices and	Additions: Socket Variations
L5636	Addition to lower extremity, Symes type, medial opening socket	Prosthetic Devices and	Additions: Socket Variations
L5637	Addition to lower extremity, below knee (BK), total contact	Prosthetic Devices and	Additions: Socket Variations
L5638	Addition to lower extremity, below knee (BK), leather socket	Prosthetic Devices and	Additions: Socket Variations
L5639	Addition to lower extremity, below knee (BK), wood socket	Prosthetic Devices and	Additions: Socket Variations
L5640	Addition to lower extremity, knee disarticulation, leather socket	Prosthetic Devices and	Additions: Socket Variations
L5642	Addition to lower extremity, above knee (AK), leather socket	Prosthetic Devices and	Additions: Socket Variations
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external	Prosthetic Devices and	Additions: Socket Variations
L5644	Addition to lower extremity, above knee (AK), wood socket	Prosthetic Devices and	Additions: Socket Variations
L5645	Addition to lower extremity, below knee (BK), flexible inner socket, external fr	Prosthetic Devices and	Additions: Socket Variations

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L5646	Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion s	Prosthetic Devices and	Additions: Socket Variations
L5647	Addition to lower extremity, below knee (BK), suction socket	Prosthetic Devices and	Additions: Socket Variations
L5648	Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion s	Prosthetic Devices and	Additions: Socket Variations
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	Prosthetic Devices and	Additions: Socket Variations
L5650	Additions to lower extremity, total contact, above knee (AK) or knee disarticul	Prosthetic Devices and	Additions: Socket Variations
L5651	Addition to lower extremity, above knee (AK), flexible inner socket, external fr	Prosthetic Devices and	Additions: Socket Variations
L5652	Addition to lower extremity, suction suspension, above knee (AK) or knee disa	Prosthetic Devices and	Additions: Socket Variations
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	Prosthetic Devices and	Additions: Socket Variations
L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Pla	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5655	Addition to lower extremity, socket insert, below knee (BK) (Kemblo, Pelite, Al	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5658	Addition to lower extremity, socket insert, above knee (AK) (Kemblo, Pelite, Al	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5661	Addition to lower extremity, socket insert, multidurometer Symes	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5665	Addition to lower extremity, socket insert, multidurometer, below knee (BK)	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5666	Addition to lower extremity, below knee (BK), cuff suspension	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5668	Addition to lower extremity, below knee (BK), molded distal cushion	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5670	Addition to lower extremity, below knee (BK), molded supracondylar suspensi	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5671	Addition to lower extremity, below knee (BK)/above knee (AK) suspension lock	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5672	Addition to lower extremity, below knee (BK), removable medial brim suspens	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5673	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabrica	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5676	Additions to lower extremity, below knee (BK), knee joints, single axis, pair	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5677	Additions to lower extremity, below knee (BK), knee joints, polycentric, pair	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5678	Additions to lower extremity, below knee (BK), joint covers, pair	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5679	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabrica	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5680	Addition to lower extremity, below knee (BK), thigh lacer, nonmolded	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5681	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabrica	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5682	Addition to lower extremity, below knee (BK), thigh lacer, gluteal/ischial, mold	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5683	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabrica	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5684	Addition to lower extremity, below knee, fork strap	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve	Prosthetic Devices and	Additions: Socket Insert and Suspensio
L5686	Addition to lower extremity, below knee (BK), back check (extension control)	Prosthetic Devices and	Additions: Socket Insert and Suspensio

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L5688	Addition to lower extremity, below knee (BK), waist belt, webbing	Prosthetic Devices and	Additions: Socket Insert and Suspension
L5690	Addition to lower extremity, below knee (BK), waist belt, padded and lined	Prosthetic Devices and	Additions: Socket Insert and Suspension
L5692	Addition to lower extremity, above knee (AK), pelvic control belt, light	Prosthetic Devices and	Additions: Socket Insert and Suspension
L5694	Addition to lower extremity, above knee (AK), pelvic control belt, padded and lined	Prosthetic Devices and	Additions: Socket Insert and Suspension
L5695	Addition to lower extremity, above knee (AK), pelvic control, sleeve suspension	Prosthetic Devices and	Additions: Socket Insert and Suspension
L5696	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic joint	Prosthetic Devices and	Additions: Socket Insert and Suspension
L5697	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic band	Prosthetic Devices and	Additions: Socket Insert and Suspension
L5698	Addition to lower extremity, above knee (AK) or knee disarticulation, Silesian belt	Prosthetic Devices and	Additions: Socket Insert and Suspension
L5699	All lower extremity prostheses, shoulder harness	Prosthetic Devices and	Additions: Socket Insert and Suspension
L5700	Replacement, socket, below knee (BK), molded to patient model	Prosthetic Devices and	Replacements
L5701	Replacement, socket, above knee (AK)/knee disarticulation, including attachment	Prosthetic Devices and	Replacements
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient	Prosthetic Devices and	Replacements
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel	Prosthetic Devices and	Replacements
L5704	Custom shaped protective cover, below knee (BK)	Prosthetic Devices and	Replacements
L5705	Custom shaped protective cover, above knee (AK)	Prosthetic Devices and	Replacements
L5706	Custom shaped protective cover, knee disarticulation	Prosthetic Devices and	Replacements
L5707	Custom shaped protective cover, hip disarticulation	Prosthetic Devices and	Replacements
L5710	KNEE-SHIN EXO SNG AXI MANUAL L	Prosthetic Devices and	Additions: Exoskeletal Knee-Shin System
L5711	KNEE-SHIN EXO MNL LOCK ULTRA	Prosthetic Devices and	Additions: Exoskeletal Knee-Shin System
L5712	KNEE-SHIN EXO FRICT SWING/STANCE	Prosthetic Devices and	Additions: Exoskeletal Knee-Shin System
L5714	KNEE-SHIN EXO VARIABLE FRICT S	Prosthetic Devices and	Additions: Exoskeletal Knee-Shin System
L5716	KNEE-SHIN EXO MECH STANCE PHASE	Prosthetic Devices and	Additions: Exoskeletal Knee-Shin System
L5718	KNEE-SHIN EXO FRICTION SWING/S	Prosthetic Devices and	Additions: Exoskeletal Knee-Shin System
L5722	KNEE-SHIN PNEUM SWING FRICTION	Prosthetic Devices and	Additions: Exoskeletal Knee-Shin System
L5724	KNEE-SHIN EXO FLUID SWING PHASE	Prosthetic Devices and	Additions: Exoskeletal Knee-Shin System
L5726	KNEE-SHIN EXT JNTS FLUID SWING	Prosthetic Devices and	Additions: Exoskeletal Knee-Shin System
L5728	KNEE-SHIN FLUID SWING/STANCE	Prosthetic Devices and	Additions: Exoskeletal Knee-Shin System
L5780	KNEE-SHIN PNEUM/HYDRA PNEUM SW	Prosthetic Devices and	Additions: Exoskeletal Knee-Shin System
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management	Prosthetic Devices and	Additions: Exoskeletal Knee-Shin System
L5782	HD low limb pros vacuum pump	Prosthetic Devices and	Additions: Exoskeletal Knee-Shin System
L5785	EXOSKELETAL BK ULTRALIGHT MATER	Prosthetic Devices and	Component Modification

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L5790	EXOSKELETAL AK ULTRA-LIGHT M	Prosthetic Devices and	Component Modification
L5795	EXOSKEL HIP ULTRA-LIGHT MATE	Prosthetic Devices and	Component Modification
L5810	ENDOSKEL KNEE-SHIN MANUAL LOCK	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5811	ENDO KNEE-SHIN MNL LCK ULTRA	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5812	ENDO KNEE-SHIN FRICT SWING/STA	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5814	ENDO KNEE-SHIN HYDRAUL SWNG PH	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5816	ENDO KNEE-SHIN POLYCENT MECH S	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5818	ENDO KNEE-SHIN FRICT SWING/STA	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5822	ENDO KNEE-SHIN PNEUM SWG FRCT	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5824	ENDO KNEE-SHIN FLUID SWING PHA	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5826	MINIATURE KNEE JOINT	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5828	ENDO KNEE-SHIN FLUID SWING/STA	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5830	ENDO KNEE-SHIN PNEUM/SWING PHA	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5840	MULTI-AXIAL KNEE/SHIN SYSTEM	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5845	KNEE-SHIN SYS STANCE FLEXION A	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5848	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5850	ENDO AK/HIP KNEE EXTENS ASSIST	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5855	MECH HIP EXTENSION ASSIST	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING&STANCE PHSE	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, power	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5910	Addition, endoskeletal system, below knee (BK), alignable system	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5920	Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5925	Addition, endoskeletal system, above knee (AK), knee disarticulation or hip dis	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, abo	Prosthetic Devices and	Procedures
L5930	HIGH ACTIVITY KNEE FRAME	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5940	ENDO BK ULTRA-LIGHT MATERIAL	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5950	ENDO AK ULTRA-LIGHT MATERIAL	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5960	ENDO HIP ULTRA-LIGHT MATERIA	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic co	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L5962	BELOW KNEE FLEX COVER SYSTEM	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5964	ABOVE KNEE FLEX COVER SYSTEM	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5966	HIP FLEXIBLE COVER SYSTEM	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5968	MULTIAXIAL ANKLE W DORSIFLEX	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5969	AK/FT POWER ASST INCL MOTORS	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5970	ALL LOW EXTREM PROSTH FT EXTERNAL KEEL SACH FOOT	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5971	ALL LOWER EXTREM PROS SACH FOOT REPLACEMENT ONLY	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5972	ALL LOWER EXTREM PROSTHESES FLEXIBLE KEEL FOOT	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexio	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5974	FOOT SINGLE AXIS ANKLE/FOOT	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5975	COMBO ANKLE/FOOT PROSTHESIS	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5976	ALL LOWER EXTREM PROSTHESES ENERGY STORING FOOT	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5978	FT PROSTH MULTIAXIAL ANKL/FT	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5979	MULTI-AXIAL ANKLE/FT PROSTH	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5980	FLEX FOOT SYSTEM	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5981	FLEX-WALK SYS LOW EXT PROSTH	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5982	EXOSKELETAL AXIAL ROTATION U	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5984	ENDOSKELETAL AXIAL ROTATION	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5985	LWR EXT DYNAMIC PROSTH PYLON	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5986	ALL LOW EXTREM PROSTH MULTI-AXIAL ROTATION UNIT	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5987	SHANK FT W VERT LOAD PYLON	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5988	VERTICAL SHOCK REDUCING PYLO	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5990	Addition to lower extremity prosthesis, user adjustable heel height	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic c	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L5999	LOWR EXTREMITY PROSTHES NOS	Prosthetic Devices and	Additions: Endoskeletal Knee-Shin Syst
L6000	PARTIAL HAND ROBIN-AIDS THUMB REMAINING	Prosthetic Devices and	Partial Hand
L6010	PART HAND ROBIN-AIDS LITTLE &OR RING FNGR REMAIN	Prosthetic Devices and	Partial Hand
L6020	PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING	Prosthetic Devices and	Partial Hand
L6025	PART HAND DISART MYOELECTRIC	Prosthetic Devices and	Partial Hand
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external pov	Prosthetic Devices and	Partial Hand
L6050	WRST MLD SCK FLX HNG TRI PAD	Prosthetic Devices and	Wrist Disarticulation

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L6055	WRST MOLD SOCK W/EXP INTERFA	Prosthetic Devices and	Wrist Disarticulation
L6100	ELB MOLD SOCK FLEX HINGE PAD	Prosthetic Devices and	Below Elbow
L6110	ELBOW MOLD SOCK SUSPENSION T	Prosthetic Devices and	Below Elbow
L6120	ELBOW MOLD DOUB SPLT SOC STE	Prosthetic Devices and	Below Elbow
L6130	ELBOW STUMP ACTIVATED LOCK H	Prosthetic Devices and	Below Elbow
L6200	ELBOW MOLD OUTSID LOCK HINGE	Prosthetic Devices and	Elbow Disarticulation
L6205	ELBOW MOLDED W/ EXPAND INTER	Prosthetic Devices and	Elbow Disarticulation
L6250	ELBOW INTER LOC ELBOW FORARM	Prosthetic Devices and	Above Elbow
L6300	SHLDER DISART INT LOCK ELBOW	Prosthetic Devices and	Shoulder Disarticulation
L6310	SHOULDER PASSIVE RESTOR COMP	Prosthetic Devices and	Shoulder Disarticulation
L6320	SHOULDER PASSIVE RESTOR CAP	Prosthetic Devices and	Shoulder Disarticulation
L6350	THORACIC INTERN LOCK ELBOW	Prosthetic Devices and	Interscapular Thoracic
L6360	THORACIC PASSIVE RESTOR COMP	Prosthetic Devices and	Interscapular Thoracic
L6370	THORACIC PASSIVE RESTOR CAP	Prosthetic Devices and	Interscapular Thoracic
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, inclu	Prosthetic Devices and	Immediate and Early Postsurgical Proce
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing inclu	Prosthetic Devices and	Immediate and Early Postsurgical Proce
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing inclu	Prosthetic Devices and	Immediate and Early Postsurgical Proce
L6386	Immediate postsurgical or early fitting, each additional cast change and realign	Prosthetic Devices and	Immediate and Early Postsurgical Proce
L6388	Immediate postsurgical or early fitting, application of rigid dressing only	Prosthetic Devices and	Immediate and Early Postsurgical Proce
L6400	BELOW ELBOW PROSTH TISS SHAP	Prosthetic Devices and	Molded Socket
L6450	ELB DISART PROSTH TISS SHAP	Prosthetic Devices and	Molded Socket
L6500	ABOVE ELBOW PROSTH TISS SHAP	Prosthetic Devices and	Molded Socket
L6550	SHLDR DISAR PROSTH TISS SHAP	Prosthetic Devices and	Molded Socket
L6570	SCAP THORAC PROSTH TISS SHAP	Prosthetic Devices and	Molded Socket
L6580	WRIST/ELBOW BOWDEN CABLE MOLDE	Prosthetic Devices and	Preparatory Socket
L6582	WRIST/ELBOW BOWDEN CABLE DIREC	Prosthetic Devices and	Preparatory Socket
L6584	ELBOW FAIR LEAD CABLE MOLDED	Prosthetic Devices and	Preparatory Socket
L6586	ELBOW FAIR LEAD CABLE DIRECT F	Prosthetic Devices and	Preparatory Socket
L6588	SHOULDER FAIR LEAD CABLE MOLDE	Prosthetic Devices and	Preparatory Socket
L6590	SHOULDER FAIR LEAD CABLE DIREC	Prosthetic Devices and	Preparatory Socket
L6600	Upper extremity additions, polycentric hinge, pair	Prosthetic Devices and	Additions: Upper Limb

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.



# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L6605	Upper extremity additions, single pivot hinge, pair	Prosthetic Devices and	Additions: Upper Limb
L6610	Upper extremity additions, flexible metal hinge, pair	Prosthetic Devices and	Additions: Upper Limb
L6611	ADD UPPER EXT PROS EXTERNAL PWR ADDITIONAL SWTCH	Prosthetic Devices and	Additions: Upper Limb
L6615	Upper extremity addition, disconnect locking wrist unit	Prosthetic Devices and	Additions: Upper Limb
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, e	Prosthetic Devices and	Additions: Upper Limb
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction	Prosthetic Devices and	Additions: Upper Limb
L6621	UP EXTREM PROS ADD FLEXION/EXTENSION WRIST	Prosthetic Devices and	Additions: Upper Limb
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch releas	Prosthetic Devices and	Additions: Upper Limb
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	Prosthetic Devices and	Additions: Upper Limb
L6625	Upper extremity addition, rotation wrist unit with cable lock	Prosthetic Devices and	Additions: Upper Limb
L6628	QUICK DISCONN HOOK ADAPTER O	Prosthetic Devices and	Additions: Upper Limb
L6629	LAMINATION COLLAR W/ COUPLIN	Prosthetic Devices and	Additions: Upper Limb
L6630	STAINLESS STEEL ANY WRIST	Prosthetic Devices and	Additions: Upper Limb
L6632	LATEX SUSPENSION SLEEVE EACH	Prosthetic Devices and	Additions: Upper Limb
L6635	LIFT ASSIST FOR ELBOW	Prosthetic Devices and	Additions: Upper Limb
L6637	NUDGE CONTROL ELBOW LOCK	Prosthetic Devices and	Additions: Upper Limb
L6638	ELEC LOCK ON MANUAL PW ELBOW	Prosthetic Devices and	Additions: Upper Limb
L6640	SHOULDER ABDUCTION JOINT PAI	Prosthetic Devices and	Additions: Upper Limb
L6641	EXCURSION AMPLIFIER PULLEY T	Prosthetic Devices and	Additions: Upper Limb
L6642	EXCURSION AMPLIFIER LEVER TY	Prosthetic Devices and	Additions: Upper Limb
L6645	SHOULDER FLEXION-ABDUCTION J	Prosthetic Devices and	Additions: Upper Limb
L6646	MULTIPO LOCKING SHOULDER JNT	Prosthetic Devices and	Additions: Upper Limb
L6647	SHOULDER LOCK ACTUATOR	Prosthetic Devices and	Additions: Upper Limb
L6648	EXT PWRD SHLDER LOCK/UNLOCK	Prosthetic Devices and	Additions: Upper Limb
L6650	SHOULDER UNIVERSAL JOINT	Prosthetic Devices and	Additions: Upper Limb
L6655	STANDARD CONTROL CABLE EXTRA	Prosthetic Devices and	Additions: Upper Limb
L6660	HEAVY DUTY CONTROL CABLE	Prosthetic Devices and	Additions: Upper Limb
L6665	TEFLON OR EQUAL CABLE LINING	Prosthetic Devices and	Additions: Upper Limb
L6670	HOOK TO HAND CABLE ADAPTER	Prosthetic Devices and	Additions: Upper Limb
L6672	HARNESS CHEST/SHLDER SADDLE	Prosthetic Devices and	Additions: Upper Limb
L6675	HARNESS FIGURE OF 8 SING CON	Prosthetic Devices and	Additions: Upper Limb

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L6676	HARNESS FIGURE OF 8 DUAL CON	Prosthetic Devices and	Additions: Upper Limb
L6677	UP EXT ADD HARNESS 3 CNTRL SIMULTAN OP DEVC&ELB	Prosthetic Devices and	Additions: Upper Limb
L6680	TEST SOCK WRIST DISART/BEL E	Prosthetic Devices and	Additions: Upper Limb
L6682	TEST SOCK ELBW DISART/ABOVE	Prosthetic Devices and	Additions: Upper Limb
L6684	TEST SOCKET SHLDR DISART/THO	Prosthetic Devices and	Additions: Upper Limb
L6686	SUCTION SOCKET	Prosthetic Devices and	Additions: Upper Limb
L6687	FRAME TYP SOCKET BEL ELBOW/W	Prosthetic Devices and	Additions: Upper Limb
L6688	FRAME TYP SOCK ABOVE ELB/DIS	Prosthetic Devices and	Additions: Upper Limb
L6689	FRAME TYP SOCKET SHOULDER DI	Prosthetic Devices and	Additions: Upper Limb
L6690	FRAME TYP SOCK INTERSCAP-THO	Prosthetic Devices and	Additions: Upper Limb
L6691	REMOVABLE INSERT EACH	Prosthetic Devices and	Additions: Upper Limb
L6692	SILICONE GEL INSERT OR EQUAL	Prosthetic Devices and	Additions: Upper Limb
L6693	LOCKINGELBOW FOREARM CNTRBAL	Prosthetic Devices and	Additions: Upper Limb
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fat	Prosthetic Devices and	Additions: Upper Limb
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fat	Prosthetic Devices and	Additions: Upper Limb
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fat	Prosthetic Devices and	Additions: Upper Limb
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fat	Prosthetic Devices and	Additions: Upper Limb
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mech:	Prosthetic Devices and	Additions: Upper Limb
L6703	TERMINAL DEVICE PASSIVE HND/MITT ANY MATERIAL SZ	Prosthetic Devices and	Terminal Device
L6704	TERMINAL DEVICE SPORT/RECREATIONAL/WORK ATTACH	Prosthetic Devices and	Terminal Device
L6706	TERMINAL DEVICE HOOK MECH VOLUNTARY OPENING	Prosthetic Devices and	Terminal Device
L6707	TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING	Prosthetic Devices and	Terminal Device
L6708	TERMINAL DEVICE HAND MECH VOLUNTARY OPENING	Prosthetic Devices and	Terminal Device
L6709	TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING	Prosthetic Devices and	Terminal Device
L6711	TERMINAL DEVICE, HOOK, MECHANICAL	Prosthetic Devices and	Terminal Device
L6712	TERMINAL DEVICE, HOOK, MECHANICAL	Prosthetic Devices and	Terminal Device
L6713	TERMINAL DEVICE, HAND, MECHANICAL	Prosthetic Devices and	Terminal Device
L6714	TERMINAL DEVICE, HAND, MECHANICAL	Prosthetic Devices and	Terminal Device
L6715	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INIT	Prosthetic Devices and	Terminal Device
L6721	TERMINAL DEVICE, HOOK OR HAND	Prosthetic Devices and	Terminal Device
L6722	TERMINAL DEVICE, HOOK OR HAND	Prosthetic Devices and	Terminal Device

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L6805	ADDITION TERMINAL DEVICE MODIFIER WRIST UNIT	Prosthetic Devices and	Addition to Terminal Device
L6810	ADDITION TERMINAL DEVICE PRECISION PINCH DEVICE	Prosthetic Devices and	Addition to Terminal Device
L6880	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INDEPENDENTLY A	Prosthetic Devices and	Addition to Terminal Device
L6881	AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC	Prosthetic Devices and	Addition to Terminal Device
L6882	MICROPROCESSOR CONTROL UPLMB	Prosthetic Devices and	Addition to Terminal Device
L6883	REPL SOCKET BE/WD MOLDED TO PATIENT MODEL	Prosthetic Devices and	Replacement Socket
L6884	REPL SOCKET ABOVE ELBOW/ELBOW DISART MOLD TO PT	Prosthetic Devices and	Replacement Socket
L6885	REPL SOCKET SD/INTERSCAPULAR THOR MOLD PT MODEL	Prosthetic Devices and	Replacement Socket
L6890	ADD UP EXT PROSTH GLOV TERM DEVC PRFAB W/FIT&ADJ	Prosthetic Devices and	Hand Restoration
L6895	ADD UP EXT PROSTH GLOV TERM DEVC MATL CSTM FAB	Prosthetic Devices and	Hand Restoration
L6900	HAND RESTORAT THUMB/1 FINGER	Prosthetic Devices and	Hand Restoration
L6905	HAND RESTORATION MULTIPLE FI	Prosthetic Devices and	Hand Restoration
L6910	HAND RESTORATION NO FINGERS	Prosthetic Devices and	Hand Restoration
L6915	HAND RESTORATION REPLACMNT G	Prosthetic Devices and	Hand Restoration
L6920	WRIST DISARTICUL SWITCH CTRL	Prosthetic Devices and	External Power
L6925	WRST DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM DEVC	Prosthetic Devices and	External Power
L6930	BELW ELB OTTO BOCK/=SWITCH CNTRL TERM DEVC	Prosthetic Devices and	External Power
L6935	BELW ELB OTTO BOCK/=MYOELEC CNTRL TERM DEVC	Prosthetic Devices and	External Power
L6940	ELB DISARTIC OTTO BOCK/=SWITCH CNTRL TERM DEVC	Prosthetic Devices and	External Power
L6945	ELB DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM DEVC	Prosthetic Devices and	External Power
L6950	ABVE ELB OTTO BOCK/=SWITCH CNTRL TERM DEVC	Prosthetic Devices and	External Power
L6955	ABVE ELB OTTO BOCK/=MYOELEC CNTRL TERM DEVC	Prosthetic Devices and	External Power
L6960	SHLDR DISARTIC OTTO BOCK/=SWTCH CNTRL TERM DEVC	Prosthetic Devices and	External Power
L6965	SHLDR DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM	Prosthetic Devices and	External Power
L6970	INTERSCAP-THOR OTTO BOCK/=SWTCH CNTRL TERM DEVC	Prosthetic Devices and	External Power
L6975	INTERSCAP-THOR OTTO BOCK/=MYOELEC CNTRL TERM DVC	Prosthetic Devices and	External Power
L7007	ELECTRIC HAND SWITCH/MYOELECTRIC CONTROL ADULT	Prosthetic Devices and	Electric Hand and Accessories
L7008	ELECTRIC HAND SWITCH/MYOELECTRIC CNTRL PEDIATRIC	Prosthetic Devices and	Electric Hand and Accessories
L7009	ELECTRIC HOOK SWITCH/MYOELECTRIC CONTROL ADULT	Prosthetic Devices and	Electric Hand and Accessories
L7040	PREHENSILE ACTUATOR SWITCH CONTROLLED	Prosthetic Devices and	Electric Hand and Accessories
L7045	ELEC HOOK SWITCH/MYOELECTRIC CONTOL PEDIATRIC	Prosthetic Devices and	Electric Hand and Accessories

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L7170	ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED	Prosthetic Devices and	Electronic Elbow and Accessories
L7180	ELEC ELB MICROPRC SEQUENTIAL CNTRL ELB&TERM DEVC	Prosthetic Devices and	Electronic Elbow and Accessories
L7181	ELEC ELB MICROPRC SIMULTAN CNTRL ELB&TERM DEVC	Prosthetic Devices and	Electronic Elbow and Accessories
L7185	ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL	Prosthetic Devices and	Electronic Elbow and Accessories
L7186	ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL	Prosthetic Devices and	Electronic Elbow and Accessories
L7190	ELEC ELB ADOLES VRITY VILLAGE/= MYOELEC CNTRL	Prosthetic Devices and	Electronic Elbow and Accessories
L7191	ELEC ELB CHLD VRITY VILL/= MYOELECTRNICALY CNTRL	Prosthetic Devices and	Electronic Elbow and Accessories
L7259	Electronic wrist rotator, any type	Prosthetic Devices and	Electronic Wrist and Accessories
L7260	ELECTRONIC WRIST ROTATOR OTTO BOCK OR EQUAL	Prosthetic Devices and	NOT ON OPTUM
L7261	ELECTRONIC WRIST ROTATOR FOR UTAH ARM	Prosthetic Devices and	NOT ON OPTUM
L7360	Six volt battery, each	Prosthetic Devices and	Battery Components
L7362	Battery charger, six volt, each	Prosthetic Devices and	Battery Components
L7364	Twelve volt battery, each	Prosthetic Devices and	Battery Components
L7366	Battery charger, 12 volt, each	Prosthetic Devices and	Battery Components
L7367	Lithium ion battery, rechargeable, replacement	Prosthetic Devices and	Battery Components
L7368	Lithium ion battery charger, replacement only	Prosthetic Devices and	Battery Components
L7400	ADD UP EXTREM PROS BELOW ELB/WD ULTRALIGHT MATL	Prosthetic Devices and	Additions to Upper Extremity Prothesi
L7401	ADD UP EXTREM PROS AE DISART ULTRALIGHT MATL	Prosthetic Devices and	Additions to Upper Extremity Prothesi
L7402	ADD UP EXT PROS SD/INTRSCAPULR THOR ULTRALT MATL	Prosthetic Devices and	Additions to Upper Extremity Prothesi
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acry	Prosthetic Devices and	Additions to Upper Extremity Prothesi
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic ma	Prosthetic Devices and	Additions to Upper Extremity Prothesi
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular	Prosthetic Devices and	Additions to Upper Extremity Prothesi
L7499	UPPER EXTREMITY PROSTHES NOS	Prosthetic Devices and	Additions to Upper Extremity Prothesi
L7510	Repair of prosthetic device, repair or replace minor parts	Prosthetic Devices and	Repairs
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each	Prosthetic Devices and	Prosthesis Supplies
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form,	Prosthetic Devices and	Breast Prosthesis
L8001	BREAST PROSTHESIS BRA & FORM	Prosthetic Devices and	Breast Prosthesis
L8002	BRST PRSTH BRA & BILAT FORM	Prosthetic Devices and	Breast Prosthesis
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy	Prosthetic Devices and	Breast Prosthesis
L8020	Breast prosthesis, mastectomy form	Prosthetic Devices and	Breast Prosthesis
L8030	Breast prosthesis, silicone or equal, without integral adhesive	Prosthetic Devices and	Breast Prosthesis

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L8032	Nipple prosthesis, prefabricated, reusable, any type, each	Prosthetic Devices and	Breast Prosthesis
L8040	NASAL PROSTHESIS, BY NON-PHYSICIAN	Prosthetic Devices and	Face and Ear Prosthesis
L8041	MIDFACIAL PROSTHESIS	Prosthetic Devices and	Face and Ear Prosthesis
L8042	ORBITAL PROSTHESIS, BY NON-PHYSICIAN	Prosthetic Devices and	Face and Ear Prosthesis
L8043	UPPER FACIAL PROSTHESIS	Prosthetic Devices and	Face and Ear Prosthesis
L8044	HEMI-FACIAL PROSTHESIS	Prosthetic Devices and	Face and Ear Prosthesis
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Prosthetic Devices and	Face and Ear Prosthesis
L8046	PARTIAL FACIAL PROSTHESIS	Prosthetic Devices and	Face and Ear Prosthesis
L8047	NASAL SEPTAL PROSTHESIS, BY NON-PHYSICIAN	Prosthetic Devices and	Face and Ear Prosthesis
L8049	REPAIR MAXILLOFACIAL PROSTH	Prosthetic Devices and	Face and Ear Prosthesis
L8300	Truss, single with standard pad	Prosthetic Devices and	Trusses
L8310	Truss, double with standard pads	Prosthetic Devices and	Trusses
L8320	Truss, addition to standard pad, water pad	Prosthetic Devices and	Trusses
L8330	Truss, addition to standard pad, scrotal pad	Prosthetic Devices and	Trusses
L8400	Prosthetic sheath, below knee, each	Prosthetic Devices and	Prosthetic Socks
L8410	Prosthetic sheath, above knee, each	Prosthetic Devices and	Prosthetic Socks
L8415	Prosthetic sheath, upper limb, each	Prosthetic Devices and	Prosthetic Socks
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee (BK) or above	Prosthetic Devices and	Prosthetic Socks
L8420	Prosthetic sock, multiple ply, below knee (BK), each	Prosthetic Devices and	Prosthetic Socks
L8430	Prosthetic sock, multiple ply, above knee (AK), each	Prosthetic Devices and	Prosthetic Socks
L8435	Prosthetic sock, multiple ply, upper limb, each	Prosthetic Devices and	Prosthetic Socks
L8440	Prosthetic shrinker, below knee (BK), each	Prosthetic Devices and	Prosthetic Socks
L8460	Prosthetic shrinker, above knee (AK), each	Prosthetic Devices and	Prosthetic Socks
L8465	Prosthetic shrinker, upper limb, each	Prosthetic Devices and	Prosthetic Socks
L8470	Prosthetic sock, single ply, fitting, below knee (BK), each	Prosthetic Devices and	Prosthetic Socks
L8480	Prosthetic sock, single ply, fitting, above knee (AK), each	Prosthetic Devices and	Prosthetic Socks
L8485	Prosthetic sock, single ply, fitting, upper limb, each	Prosthetic Devices and	Prosthetic Socks
L8499	UNLISTED MISC PROSTHETIC SER	Prosthetic Devices and	Prosthetic Socks
L8500	ARTIFICIAL LARYNX	Prosthetic Devices and	Larynx and Trachea Prosthetics and Acc
L8501	Tracheostomy speaking valve	Prosthetic Devices and	Larynx and Trachea Prosthetics and Acc
L8507	TRACH-ESOPH VOICE PROS PT IN	Prosthetic Devices and	Larynx and Trachea Prosthetics and Acc

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
L8509	TRACH-ESOPH VOICE PROS MD IN	Prosthetic Devices and	Larynx and Trachea Prosthetics and Acc
L8510	Voice amplifier	Prosthetic Devices and	Larynx and Trachea Prosthetics and Acc
L8511	Insert for indwelling tracheo-esophageal prosthesis, with or without valve, rep	Prosthetic Devices and	Larynx and Trachea Prosthetics and Acc
L8512	Gelatin capsules or equivalent, for use with tracheo-esophageal voice prosthes	Prosthetic Devices and	Larynx and Trachea Prosthetics and Acc
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or	Prosthetic Devices and	Larynx and Trachea Prosthetics and Acc
L8514	Tracheo-esophageal puncture dilator, replacement only, each	Prosthetic Devices and	Larynx and Trachea Prosthetics and Acc
L8515	Gelatin capsule, application device for use with tracheo-esophageal voice pros	Prosthetic Devices and	Larynx and Trachea Prosthetics and Acc
L8616	Microphone for use with cochlear implant device, replacement	Prosthetic Devices and	Eye and Ear Implants and Accessories
L8617	Transmitting coil for use with cochlear implant device, replacement	Prosthetic Devices and	Eye and Ear Implants and Accessories
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegr	Prosthetic Devices and	Eye and Ear Implants and Accessories
L8619	Cochlear implant, external speech processor and controller, integrated system	Prosthetic Devices and	Eye and Ear Implants and Accessories
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegra	Prosthetic Devices and	Eye and Ear Implants and Accessories
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, e	Prosthetic Devices and	Eye and Ear Implants and Accessories
L8623	Lithium ion battery for use with cochlear implant device speech processor, oth	Prosthetic Devices and	Eye and Ear Implants and Accessories
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated	Prosthetic Devices and	Eye and Ear Implants and Accessories
L8625	External recharging system for battery for use with cochlear implant or audito	Prosthetic Devices and	Eye and Ear Implants and Accessories
L8627	Cochlear implant, external speech processor, component, replacement	Prosthetic Devices and	Eye and Ear Implants and Accessories
L8628	Cochlear implant, external controller component, replacement	Prosthetic Devices and	Eye and Ear Implants and Accessories
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, r	Prosthetic Devices and	Eye and Ear Implants and Accessories
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulat	Prosthetic Devices and	Miscellaneous Prosthetics and Accesso
L8690	AUDITORY OSSEOINTEGRTD DEVICE, INC INT & EXT COMPONENTS	Prosthetic Devices and	Miscellaneous Prosthetics and Accesso
L8691	AUDITORY OSSEOINTEGRTD EXT S	Prosthetic Devices and	Miscellaneous Prosthetics and Accesso
L8692	AUDITORY OSSEOINTEGRTD DEV, EXT SOUND PROCESSOR, USED W/O OSSEOI	Prosthetic Devices and	Miscellaneous Prosthetics and Accesso
L8693	Auditory osseointegrated device abutment, any length, replacement only	Prosthetic Devices and	Miscellaneous Prosthetics and Accesso
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	Prosthetic Devices and	Miscellaneous Prosthetics and Accesso
L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stim	Prosthetic Devices and	Miscellaneous Prosthetics and Accesso
L8698	Miscellaneous component, supply or accessory for use with total artificial hear	Prosthetic Devices and	Miscellaneous Prosthetics and Accesso
L8699	PROSTHETIC IMPLANT NOS	Prosthetic Devices and	Miscellaneous Prosthetics and Accesso
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand wi	Prosthetic Devices and	Miscellaneous Prosthetics and Accesso
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, fin	Prosthetic Devices and	Miscellaneous Prosthetics and Accesso
L9900	Orthotic and prosthetic supply, accessory, and/or service component of anothe	Prosthetic Devices and	Miscellaneous Prosthetics and Accesso

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
S1001	Deluxe item, patient aware (list in addition to code for basic item)	Temporary National Coi	Supplies & DME Temporary Codes
S1002	Customized item (list in addition to code for basic item)	Temporary National Coi	Supplies & DME Temporary Codes
S1005	IV tubing extension set	Temporary National Coi	Supplies and DME Temporary National
S1030	CONT NONINVASIVE GLUC M ONITOR DEVICE,PURCHASE	Temporary National Coi	Supplies and DME Temporary National
S1031	CONT NONINVASIVE GLUC MONITOR DEVICE,RENTAL	Temporary National Coi	Supplies and DME Temporary National
S1040	CRANIAL REMOLDING ORTHOSIS PED RIGID CUSTOM FAB	Temporary National Coi	Supplies and DME Temporary National
S5165	Home modifications; per service	Temporary National Coi	Home Services
S5180	Home health respiratory therapy, initial evaluation	Temporary National Coi	Home Services
S5181	Home health respiratory therapy, NOS, per diem	Temporary National Coi	Home Services
S8120	O2 CONTENTS GAS CUBIC FT	Temporary National Coi	Respiratory Services
S8121	O2 CONTENTS LIQUID LB	Temporary National Coi	Respiratory Services
S8185	Flutter device	Temporary National Coi	Respiratory Services
S8186	Swivel adaptor	Temporary National Coi	Respiratory Services
S8189	Tracheostomy supply, not otherwise classified	Temporary National Coi	Respiratory Services
S8210	Mucus trap	Temporary National Coi	Respiratory Services
S8265	Haberman feeder for cleft lip/palate	Temporary National Coi	Musculoskeletal Supplies/Services Tem
S8420	CUSTOM GRADIENT SLEEV/GLOV	Temporary National Coi	Musculoskeletal Supplies/Services Tem
S8421	READY GRADIENT SLEEV/GLOV	Temporary National Coi	Musculoskeletal Supplies/Services Tem
S8422	CUSTOM GRAD SLEEVE MED	Temporary National Coi	Musculoskeletal Supplies/Services Tem
S8423	CUSTOM GRAD SLEEVE HEAVY	Temporary National Coi	Musculoskeletal Supplies/Services Tem
S8424	READY GRADIENT SLEEVE	Temporary National Coi	Musculoskeletal Supplies/Services Tem
S8425	CUSTOM GRAD GLOVE MED	Temporary National Coi	Musculoskeletal Supplies/Services Tem
S8426	CUSTOM GRAD GLOVE HEAVY	Temporary National Coi	Musculoskeletal Supplies/Services Tem
S8427	READY GRADIENT GLOVE	Temporary National Coi	Musculoskeletal Supplies/Services Tem
S8428	READY GRADIENT GAUNTLET	Temporary National Coi	Musculoskeletal Supplies/Services Tem
S8429	GRADIENT PRESSURE WRAP	Temporary National Coi	Musculoskeletal Supplies/Services Tem
S8430	Padding for compression bandage, roll	Temporary National Coi	Musculoskeletal Supplies/Services Tem
S8431	Compression bandage, roll	Temporary National Coi	Musculoskeletal Supplies/Services Tem
S8450	Splint, prefabricated, digit (specify digit by use of modifier)	Temporary National Coi	Musculoskeletal Supplies/Services Tem
S8451	Splint, prefabricated, wrist or ankle	Temporary National Coi	Musculoskeletal Supplies/Services Tem
S8452	Splint, prefabricated, wrist or ankle	Temporary National Coi	Musculoskeletal Supplies/Services Tem

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.

# Durable Medical Equipment (DME) HCPCS Codes Requiring Prior Authorization

## Kaiser Permanente

HCPCS	Description	Category	Sub-Category
S8460	Camisole, postmastectomy	Temporary National Codes (Non-Medicare)	Musculoskeletal Supplies/Services Temporary National Codes (Non-Medicare)
T5001	Positioning seat for persons with special orthopedic needs	Temporary National Codes (Non-Medicare)	Musculoskeletal Supplies/Services Temporary National Codes (Non-Medicare)
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	Vision Services	Prosthetic Eye
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	Vision Services	Prosthetic Eye
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	Vision Services	Prosthetic Eye
V2626	REDUCTION OF OCULAR PROSTHESIS	Vision Services	Prosthetic Eye
V2627	SCLERAL COVER SHELL	Vision Services	Prosthetic Eye
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	Vision Services	Prosthetic Eye

\* Prior authorization is not a guarantee of payment.

Benefits are based on eligibility at the time of service and subject to applicable contract terms.