CANOPY HEALTH PRIOR AUTHORIZATION LIST EFFECTIVE JANUARY 1, 2026

The following services require prior authorization.

Ambulance (BLS and CCT). Excluding interfacility transfers to a higher level of care or repatriation from an out-of-network facility to an in-network facility

Ambulatory Surgery.

- SEE FOLLOWING PAGES FOR SPECIFIC AMBULATORY SURGERIES THAT REQUIRE PRIOR AUTH
- OBS that is done with ambulatory surgery does not require separate auth.

Bariatric Surgery. Professional (if Canopy is financially responsible)

Inpatient (hospital, LTAC, SNF). Emergency room services do not require prior authorization but once the patient is stabilized authorization needs to be obtained for the remainder of the patient's stay. For maternity, inpatient stay does not need to be authorized in addition to the global maternity authorization.

Cosmetic Surgery. Facility & Prof (if Canopy is financially responsible) - see Cosmetic Codes

DME/Prosthetics/Orthotics. Excluding the following:

- *Maternal health:*
  - Breastfeeding pumps: E0602 - E0604
  - Breastfeeding pump supplies: A4285 - A4287
- *Mobility aids including standard manual wheelchairs, crutches, walking boots, and canes*
  - Manual wheelchairs: K0001 – K0005, E1130 - E1161
  - Crutches: E0110 - E0116
  - Walking boots: L4360, L4361, L4386, L4387
  - Canes: E0100, E0105
- *Oxygen therapy equipment and respiratory equipment including CPAP/BiPAP and vent supplies:*
  - Oxygen Therapy: E0424, E0425, E0430, E0431, E0431, E0433, E0434, E0439
  - CPAP: E0601
  - CPAP Supplies: A7030 - A7039
  - Bi-PAP: E0470, E0471
  - Bi-Pap Supplies: A7030 - A7039
- *Basic (non-custom) orthotics:*
  - Basic (non-custom) Orthotics: L0112 - L4631
- *Ostomy and wound care supplies:*
  - Ostomy: A4361 – A4438
  - Various Ostomy supplies: A5051 – A5093
  - Wound Care supplies: A6000 – A6208, A6250 - A6412
- *Enteral feeding and infusion therapy supplies:*
  - Enteral Feeding & Infusion therapy supplies: B4034 – B9999
  - Enteral Formula & Additives: B4100 - B4162
- *Auditory implants, hearing aids:*
  - Auditory Implants (Cochlear Implant): L9900

▪ Replacement of a complete external sound processor system: L8694 ▪ Cochlear Implant supplies (headset, microphone, transmitting coil, transmitter cable for use with cochlear implant device): L7510 ▪ Hearing Aids: V5120, V5130, V5140, V5150 • *Continuous glucose monitors and other diabetes supplies:* ▪ Continuous glucose monitor: E2102 ▪ Continuous glucose monitors supplies: A4233 – A4236, A4253, A4256, A4256, A4258, A4259, A4206, A8004, A9276, A4230 - A4232, A4238 – A4239 • *Diabetic supplies*: ▪ Insulin Pump: E0776 – E0791, J1817 ▪ Insulin Pump Supplies: A4206 – A4209, A4210-A4213, A4215, A4216 – A4218, A4220-A4226, A4230-A4239, A4244-A4248, A4250-A4259
Genetic Testing. Exception: no prior authorization required if done in conjunction with amniocentesis, HCPC 81420 or any cancer diagnosis listed below: • C00-D499- Neoplasms • Z08- Encounter for follow-up examination after completed treatment for malignant neoplasm • Z85-Z859- Personal History of malignant neoplasm
Home Health
Infused drugs, outpatient and office, excluding chemotherapy and adjunctive therapy for cancer
Injectables, therapeutics - outpatient and office. Excluding the following: • Steroids (for medical use) • Antibiotics • Analgesics • Local anesthetics • Intravenous fluids • Vaccines and immunizations • Antiemetics • Antihistamines • Epinephrine • Routine electrolyte replacement
Out of Network/Non-Par (For any non-emergency service)
PET Scans (if CH is financially responsible)
Radiation Therapy -- Limited to (see codes below): **· Intensity modulated radiation therapy (IMRT)** **· Neutron beam therapy** **· Proton beam therapy** **· Stereotactic radiosurgery and stereotactic body radiotherapy (SBRT)**

The following services do not require prior authorization as long as provided by a Canopy Health participating provider.
Fetal non stress test
Blood, blood products, storage, blood factors
Chemotherapy and adjunctive therapy (not including immunotherapy)
Colostomy supplies
Dialysis - including any infused drugs during dialysis
Emergency room visits
Emergency charges that are part of an emergency admission
Hearing aids
Hospice
OBS that is part of ambulatory surgery admission
Palliative care
Tissue plasminogen activator
Stress echocardiogram
Wound care - facility
ER to OBS
Health Plan Responsibility (both authorization and payment)
Self injectables
Out of Area Emergency (per OOA Grid)
Transplants
Transgender Services
Experimental/Investigational/Clinical Trials

AMBULATORY SERVICES REQUIRING PRIOR AUTHORIZATION:

Category	Description	Codes	Code Description
Ear, nose, throat (ENT) services	Balloon sinuplasty	31295 - 31298	Balloon sinuplasty
	polyp excision, choanal atresia rhinoplasty or septoplasty	30110	Excision, nasal polyp(s), simple.
		30115	Excision, nasal polyp(s), extensive.
		30540	Repair choanal atresia; intranasal.
		30545	Repair choanal atresia; transpalatine.
		30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft.
		31237	Under Endoscopy Procedures on the Accessory Sinuses
Joint surgeries	all	25350	Hand/Wrist: OSTEOTOMY RADIUS DISTAL THIRD
		25355	Hand/Wrist: OSTEOTOMY RADIUS MIDDLE/PROXIMAL THIRD
		25360	Hand/Wrist: OSTEOTOMY ULNA
		25365	Hand/Wrist: OSTEOTOMY RADIUS & ULNA
		25370	Hand/Wrist: MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS/ULNA
		25375	Hand/Wrist: MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS&ULNA
		25390	Hand/Wrist: OSTEOPLASTY RADIUS/ULNA SHORTENING
		25391	Hand/Wrist: OSTEOPLASTY RADIUS/ULNA LENGTHENING W/AUTOGRAFT
		25392	Hand/Wrist: OSTEOPLASTY RADIUS & ULNA SHORTENING
		25393	Hand/Wrist: OSTEOPLASTY RADIUS&ULNA LENGTHENING W/AUTOGRAF
		25394	Hand/Wrist: OSTEOPLASTY CARPAL BONE SHORTENING
		22010-22899	Spinal surgery, including decompression, fusion, and disc replacement
		27380-27499	Knee: Repair, Revision, and/or Reconstruction Procedures on the Femur (Thigh Region) and Knee Joint
		27599-27599	Knee: Other Procedures on the Femur or Knee Joint

		27097-27187	Hip: Repair, Revision, and/or Reconstruction Procedures on the Pelvis and Hip Joint
		27299-27299	Hip: Other Procedures on the Pelvis or Hip Joint
		24300-24498	Elbow: Repair, Revision, and/or Reconstruction Procedures on the Humerus (Upper Arm) and Elbow
		24999-24999	Elbow: Other Procedures on the Humerus or Elbow
		27650-27745	Ankle/Leg: Repair, Revision, and/or Reconstruction Procedures on the Leg (Tibia and Fibula) and Ankle Joint
		27892-27899	Ankle/Leg: Other Procedures on the Leg (Tibia and Fibula) and Ankle Joint
		23395-23500	Shoulder: Repair, Revision, and/or Reconstruction Procedures on the Shoulder
		23450-23466	Shoulder: Bankart/Rotator Cuff Repair (Open)
		23470-23473	Shoulder: Joint Replacement
		29800–29999	Arthroscopy
Neuro and spinal cord stimulators	all	63650	Implant neuroelectrodes
		63655	Implant neuroelectrodes
		63661	Remove spine eltrd perq aray
		63662	Remove spine eltrd plate
		63663	Revise spine eltrd perq aray
		63664	Revise spine eltrd plate
		63685	Ins/rplc spi npg/rcvr pocket
		63688	Rev/rmv imp sp npg/r dtch cn
		L8680	Implt neurostim elctr each
		61850-61892	Neurostimulators (Intracranial) Procedures on the Skull, Meninges, and Brain
		64553-64598	Neurostimulator Procedures on the Peripheral Nerves
		61885	Insertion/replacement of a neurostimulator pulse generator for a cranial device.
Orthognathic procedures	TMJ treatment	20999	Unlisted procedure, musculoskeletal system, head and neck
		41899	Unlisted procedure, excision of soft tissue of mouth
		97035	Ultrasound therapy

		D7980	TMJ arthroscopy
		29804	Surgical Arthroscopy
		21010	Arthrotomy
		21060	Meniscectomy/Discectomy
		21240	Disc Plication/Arthroplasty
		21050	Condylectomy
		21243	Total Joint Replacement
		21196	Mandibular Osteotomy (BSSO)
		21141–21147	Le Fort I Maxillary Osteotomy
		21198	Maxilla/Mandible Segments
		21121	Genioplasty
Spinal surgery	laminotomy, fusion, diskectomy, vertebroplasty, nucleoplasty, stabilization, and X-Stop	63001-63053	Posterior Extradural Laminotomy or Laminectomy for Exploration/ Decompression of Neural Elements or Excision of Herniated Intervertebral Disks
		+63035	Add on for each additional interspace treated during the same surgery.
		22612	Fusion: Lumbar Spine: Posterior/Posterolateral
		22630	Fusion: Lumbar Spine: Posterior Interbody Fusion (PLIF/TLIF)
		22558	Fusion: Lumbar Spine: Anterior Interbody Fusion (ALIF/XLIF/OLIF)
		22554	Fusion: Cervical Spine: Anterior Interbody Fusion (ACDF)
		22600	Fusion: Cervical Spine: Posterior Fusion
		22610	Fusion: Thoracic Spine: Posterior Fusion
		22556	Fusion: Thoracic Spine: Anterior Interbody Fusion
		+22585, +22614, +22632, +22634	Fusion: Used for each extra level fused.
		+22842, +22845, +22846	Fusion: Insertion of spinal instrumentation (screws, rods, plates).
		+20930, +20936, +20938	Fusion: Harvest or insertion of bone graft material.
		63075	Diskectomy: Cervical Spine: Anterior
		63077	Diskectomy: Thoracic Spine: Anterior/Anterolateral

		63055	Diskectomy: Thoracic Spine: Posterior (Transpedicular)
		62380	Diskectomy: Lumbar/Thoracic: Endoscopic
		22510	Vertebroplasty: Cervicothoracic (Neck & Upper/Mid Back)
		22511	Vertebroplasty: Lumbosacral (Lower Back & Sacrum)
		+22512	Vertebroplasty: Add-on code for each additional vertebral body treated during the same session. (Cervicothoracic or Lumbosacral)
		62287	Nucleoplasty: DCMPRN PX PERQ NUCLEUS PULPOSUS 1/MLT LVL LUMBAR
		22840	Stabilization: Posterior non-segmental instrumentation (e.g., Harrington rod technique, without fixation at each segment).
		+22842	Stabilization: Posterior segmental instrumentation, 3 to 6 vertebral segments.
		+22845	Stabilization: Anterior instrumentation; 2 to 3 vertebral segments.
		+22846	Stabilization: Anterior instrumentation; 4 to 7 vertebral segments.
		+22847	Stabilization: Anterior instrumentation; 8 or more vertebral segments.
		+22848	Stabilization: Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum.
		+22849	Stabilization: Posterior segmental instrumentation, 7 to 12 vertebral segments.
		+22850	Stabilization: Posterior segmental instrumentation, 13 or more vertebral segments.
		22853	Stabilization: Insertion of interbody biomechanical devices (like cages) with integral central attachments at a single lumbar interspace.
		22867	Stabilization: Insertion of an interlaminar/interspinous process

		22868 22867 +22868 22869 +22870	stabilization/distraction device with open decompression but without fusion at a single lumbar level, including imaging when performed. Stabilization: Insertion of an interlaminar/interspinous process stabilization/distraction device without open decompression or fusion at a single lumbar level, including imaging when performed. X-Stop: insertion with open decompression for single and additional lumbar levels, respectively. X-Stop: add-on code for the insertion of an interlaminar/interspinous process stabilization/distraction device without fusion X-Stop: used for insertion without open decompression or fusion for single and additional lumbar X-Stop: add-on code for the insertion of an interlaminar/interspinous process stabilization or distraction device at a second lumbar level
Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP	all surgical in this category	42145 42299 HCPCS=S2080	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty) Unlisted procedure, palate, uvula. Primary code recommended when a specific CPT code does not exist. Laser-assisted uvulopalatoplasty (LAUP). Temporary, non-Medicare national code (S-code) often accepted by commercial/private payers to specifically describe LAUP.
Vestibuloplasty	all surgical in this category	40830-40845 D7030	Repair Procedures on the Vestibule of Mouth Dental Procedure: Sialolithotomy is a surgical procedure for the removal of a sialolith

Cosmetic Codes:
Breast Augmentation: 19325 - Cosmetic unless DX is CA diagnosis and approved as Medically Necessary
Breast Lift: 19318 - Cosmetic

Breast Reduction: 19318 - Medically Necessary must have prior authorization not always considered cosmetic DX covered per Women's Health and Cancer rights acts of 1998, also include 19300 Mastectomy for gynecomastia- Is not cosmetic and covered for males with certain dx including non CA and non-tumor DX
Facelift: 15828 Cosmetic
Rhinoplasty: 30400 - Cosmetic unless DX is deviated septum
Blepharoplasty (Eyelid Surgery): 15820 - Cosmetic unless medically necessary additional possible codes 15821, 15822 & 15823 Brow Ptosis 67900 and Upper brow 67901, 67902, 67903, 67904, 67906, 67908, 67909, Lid Reduction 67911, Lagophthalmos 67911, 67912, Ectropion & Entropion 67914, 67915, 67916, 67917, 67821, 67922, 67923, 67924, Canthoplasty & Canthopexy 21280, 21282, 67950, 67961, 67966, Floppy Eyelid Syndrome 67961 & 67966
Abdominoplasty (Tummy Tuck) : 15847 - Is not always considered cosmetic, may be medically necessary along with the following codes 15830, 15877,15878, 15879, 15832, 15833, 15834, 15835 must have prior approval. The cosmetic procedures are 15836, 158837, 15838, 15839, 15876
Liposuction: 15876 - Is not always considered cosmetic, may be medically necessary if dx is lipedema possible other codes include 15877, 15878 & 15879
36438 - Is cosmetic treatment for spider veins - The non cosmetic procedures are 36465, 36466, 36470 & 36471 for sclerotherapy for up to 3 sessions per leg within a year. (includes the 0744T code to insert the port/valve)
Non- Surgical Procedures
Botox: 64612- Not always Cosmetic used to treat migraines, GI issues and Urological disorders this is multi-purpose
Dermal Filler: 11950-11954 Cosmetic
Chemical Peels: 17360 Cosmetic
Microdermabrasion: 15780 Cosmetic
Laser Skin Resurfacing: 17106-17108 Cosmetic - can be medically necessary if related to a burn victim
The following codes are considered Cosmetic; the codes do not improve a Functional, Physical, or Physiological impairment
11950 Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
11951 Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
11952 Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
11954 Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc
15775 Punch graft for hair transplant; 1 to 15 punch grafts
15776 Punch graft for hair transplant; more than 15 punch grafts
15780 Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
15781 Dermabrasion; segmental, face
15782 Dermabrasion; regional, other than face
15783 Dermabrasion; superficial, any site (e.g., tattoo removal) 15786 Abrasion; single lesion (e.g., keratosis, scar)
15787 Abrasion; each additional 4 lesion or less) List separately in addition to code for primary procedure) 157888 Chemical peel, facial; epidermal
15789 Chemical peel, facial; dermal

15792 Chemical Peel, nonfacial; epidermal
15793 Chemical peel, nonfacial; dermal
15824 Rhytidectomy; forehead
15825 Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826 Rhytidectomy; glabellar frown lines
15828 Rhytidectomy; cheek, chin, and neck
15829 Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
17380 Electrolysis epilation, each 30 minutes
21270 Malar augmentation, prosthetic material
69090 Ear piercing
69300 Otoplasty, protruding ear, with or without size reduction Cosmetic and Reconstructive Procedures
The following codes may be Cosmetic; review is required to determine if considered Cosmetic or Reconstructive
11920 Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921 Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922 Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
11960 Insertion of tissue expander(s) for other than breast, including subsequent expansion
14000 Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001 Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
14020 Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14021 Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14040 Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041 Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet 10.1 sq cm to 30.0 sq cm
14060 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
14301 Adjacent tissue transfer or rearrangement, any area, defect 30/1 sq cm to 60.0 sq cm
14302 Adjacent tissue transfer or rearrangement, any area,; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
15570 Formation of direct or tubed pedicle, with or without transfer; trunk
15572 Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
15574 Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
15730 Midface flap (i.e.., zygomaticofacial flap) with preservation of vascular pedicles(s)

15731 Forehead flap with preservation of vascular pedicle (e.g., axial pattern flap, paramedian forehead flap)
15733 Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (i.e., buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)
15734 Muscle, myocutaneous, or fasciocutaneous flap; trunk
15736 Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
15738 Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15740 Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel
15756 Free muscle or myocutaneous flap with microvascular anastomosis
15769 Grafting of autologous soft tissue, other, harvested by direct excision (e.g., fat, dermis, fascia)
15771 Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate. Note: Refer to the Health Plan Medical Policy titled Breast Reconstruction.
15772 Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure) Note: Refer to the Health Plan Medical Policy titled Breast Reconstruction.
15773 Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
15774 Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)
17999 Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19316 Mastopexy
19325 Breast augmentation with implant
21137 Reduction forehead; contouring only
21138 Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139 Reduction forehead; contouring and setback of anterior frontal sinus wall
21172 Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175 Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179 Reconstruction, entire or majority of forehead and/ or supraorbital rims; with grafts (allograft or prosthetic material)
21180 Reconstruction, entire or majority of forehead and/ or supraorbital rims; with autograft (includes obtaining grafts)
21181 Reconstruction by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial
21182 Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra-and extracranial excision of benign tumor of cranial bond (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
21183 Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra-and extracranial excision of benign tumor of cranial bond (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm

21184 Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra-and extracranial excision of benign tumor of cranial bond (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm
21208 Osteoplasty, facial bones, augmentation (autograft, allograft, or prosthetic implant)
21209 Osteoplasty, facial bones; reduction
21230 Graft; rib cartilage, autogenous, to face, chin , nose or ear (includes obtaining graft)
21235 Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21248 Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
21249 Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete
21255 Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256 Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., micro-ophthalmia)
21260 Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261 Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
21263 Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267 Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268 Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21275 Secondary revision of orbitocraniofacial reconstruction
21295 Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach
21296 Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); intraoral approach
21299 Unlisted craniofacial and maxillofacial procedure
28344 Reconstruction, toe(s); polydactyly
30540 Repair choanal atresia; intranasal
30545 Repair choanal atresia; transpalatine
30620 Septal or other intranasal dermatoplasty (does not include obtaining graft)
L8600 Implantable breast prothesis, silicone or equal
L8607 Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping necessary supplies
Q2026 Injection, Radiesse, 0.1 ml
Q2028 Injection, sculptra, 0.5 mg
CODES FOR ADDITIONAL CATEGORIES LISTED ABOVE:
Intensity Modulated Radiation Therapy (IMRT)
Treatment Planning & Delivery:
77301 – IMRT planning (includes dose-volume histograms)
77338 – Multi-leaf collimator device(s) for IMRT (used with 77301)
Treatment Delivery:

77418 – IMRT delivery (non-proton, non-neutron)
G6015 – IMRT delivery (Medicare-specific HCPCS code, used interchangeably with 77418)
G6016 – Compensator-based IMRT delivery (if applicable, rarely used)
Neutron Beam Therapy
77422 – Neutron beam treatment delivery; single treatment session
77423 – Neutron beam treatment delivery; multiple treatment sessions
Proton Beam Therapy
Treatment Delivery:
77520 – Proton beam treatment; simple
77522 – Proton beam treatment; intermediate
77523 – Proton beam treatment; complex
77525 – Proton beam treatment; very complex
(The complexity depends on factors like number of fields, modulation, and beam shaping.)
Stereotactic Radiosurgery (SRS) & Stereotactic Body Radiotherapy (SBRT)
Intracranial Stereotactic Radiosurgery (SRS):
61796 – SRS, 1 lesion, using linear accelerator
61797 – Each additional lesion (add-on code)
61798 – SRS, 1 lesion, using mult-source Cobalt-60
61799 – Each additional lesion (add-on code)
61800 – Application of stereotactic headframe
Stereotactic Body Radiotherapy (SBRT) (typically extracranial):
77373 – SBRT treatment delivery, per fraction
77435 – SBRT management, per treatment course
SRS/SBRT Planning & Guidance (may be shared across modalities):
77295 – 3D radiotherapy plan (used in SBRT/SRS planning)
77371 – Radiation treatment delivery, stereotactic, complete course of treatment, 1 or more sessions
77372 – SRS delivery, linear accelerator-based, 1 session
77373 – SRS/SBRT delivery, per fraction (as above)

Health Net Contacts
Self-injectables – Centene Pharmacy Services phone number (800) 548-5524, option 3 https://pharmacy.envolvehealth.com Carrier ID: NVCHN
Out of Area Emergency (per OOA Grid) – • Call the phone number on the back of the members ID card
Transplants: • Phone number (866) 447-8773 option 2 • Fax number (833) 769-1142 • California_Transplant_Services_CTU@CENTENE.COM
Transgender Services: • Phone number (800) 641-7761 • Fax number (844) 694-9165 • PCU_Admin@HealthNet.com
Experimental/Investigational/Clinical Trials: • Call the phone number on the back of the members ID card

Reminder: This list pertains to those services that are typically Canopy Health's responsibility although that may differ depending on our DOFR with each IPA. Each IPA can apply additional prior auth requirements for services that are the IPA's responsibility.