

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) – CPT 43644-43645, 43770-43775, 43842-43848, 43886-43889

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, 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: L0113–L0120, L0140–L0160, L0172–L0210, L0810–L0859, L0450, L0454–L0472, L0488–L0492, L0621, L0623, L0625–L0628, L0630–L0631, L0633, L0635, L0637, L0639, L0641–L0651, L1001, L1600–L1620, L1650–L1660, L1686–L1690, L1810–L1833, L1836, L1843, L1845, L1847–L1852, L1902, L1906, L1910, L1930–L1932, L1951, L1971, L2035, L2112–L2116, L2132–L2136, L3040–L3170, L3201–L3229, L3253–L3265, L3650–L3670, L3675–L3678, L3710, L3760–L3762, L3807, L3809, L3908–L3912, L3915–L3918, L3923–L3931, L3960, L3962, L3980–L3981, L4350–L4387, L4396–L4398, A5510, A5512 excluding codes described as custom fabricated or molded to patient model
- *Ostomy and wound care supplies:*
 - Ostomy: A4361 – A4438
 - Various Ostomy supplies: A5051 – A5093
 - Wound Care supplies: A6000 – A6208, A6250 - A6412
- Minor prosthetic repair: L7510
- *Enteral feeding and infusion therapy supplies:*
 - Enteral Feeding & Infusion therapy pump & supplies: B4034 – B9999, E0776 - E0791
 - Enteral Formula & Additives: B4100 - B4162
- *Auditory implants, hearing aids:*
 - Auditory Implants (Cochlear Implant): L8614 (L9900 only if billed with auditory implant or hearing aid code)
- Replacement of a complete external sound processor system: L8694

The following services require prior authorization.

- Cochlear Implant supplies (headset, microphone, transmitting coil, transmitter cable for use with cochlear implant device): L8615 - L8618
- Hearing Aids: V5120, V5130, V5140, V5150
- *Continuous glucose monitors and other diabetes supplies:*
 - Continuous glucose monitor: E2102, E2103
 - Continuous glucose monitors supplies: A4233 – A4236, A4253, A4256, A4258, A4259, A4206, A9276 - A9278, A4230 - A4232, A4238 – A4239
- *Diabetic supplies:*
 - Insulin Pump: E0784, E0787, J1817
 - Insulin Pump Supplies: A4206 – A4209, A4210-A4213, A4215, A4216 – A4218, A4220-A4226, A4230-A4239, A4244-A4248, A4250-A4259

Genetic Testing. 81105–81112, 81120–81121, 81161–81168, 81170–81195, 81200–81479, 81493, 81518–81525, 81529, 81540–81542, 81546, 81551–81552, 81554, 81558, 81595, 88230, 88233, 88235, 88237, 88239–88241, 88245, 88248–88249, 88261–88264, 88267, 88269, 88271–88275, 88280, 88283, 88285, 88289, 88291, 88299, 0011M–0013M, 0015M–0016M, 0019M–0020M, 0009U–0010U, 0016U–0019U, 0022U–0023U, 0026U–0027U, 0031U–0034U, 0036U–0037U, 0039U–0040U, 0045U–0050U, 0053U, 0055U, 0058U, 0060U, 0069U–0076U, 0079U–0080U, 0086U–0090U, 0094U, 0101U–0103U, 0111U–0112U, 0120U, 0129U–0138U, 0140U–0142U, 0152U–0162U, 0169U–0175U, 0177U, 0179U–0203U, 0205U, 0209U, 0211U–0219U, 0221U–0222U, 0228U–0239U, 0242U, 0244U–0246U, 0248U–0254U, 0258U, 0260U–0274U, 0276U–0302U, 0306U–0307U, 0310U, 0313U–0315U, 0317U–0318U, 0326U–0327U, 0332U–0336U, 0339U–0341U, 0343U, 0345U, 0347U–0350U, 0364U, 0368U–0374U, 0378U–0379U, 0388U, 0391U–0392U, 0395U, 0400U–0407U, 0409U–0411U, 0413U–0414U, 0417U, 0419U–0426U, 0429U, 0433U–0434U, 0437U–0440U, 0444U, 0448U–0449U, 0452U–0454U, 0458U, 0460U–0461U, 0463U–0467U, 0469U–0471U, 0473U–0478U, 0480U–0481U, 0485U–0489U, 0493U–0494U, 0496U–0501U, 0506U–0510U, 0516U, 0523U, 0529U–0533U, 0537U–0540U, 0543U–0544U, 0549U, 0552U, 0560U–0561U, 0567U, 0576U, 0578U, 0582U–0583U, 0586U, 0592U, 0597U, 0616U–0628U, S3800–S3853, S3861–S3870 Exception: no prior authorization required if done in conjunction with amniocentesis, HCPCS 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. Immunotherapy, including immune checkpoint inhibitors and monoclonal antibodies, requires prior authorization for all indications.

Injectables, therapeutics - outpatient and office. Excluding the following:

- Corticosteroids (for medical use)
- Antibiotics
- Analgesics
- Local anesthetics
- Intravenous fluids
- Vaccines and immunizations
- Antiemetics
- Antihistamines
- Epinephrine
- Routine electrolyte replacement

In Vitro Fertilization (IVF)/Gamete Intrafallopian Transfer (GIFT)**Out of Network/Non-Par (For any non-emergency service)**

The following services require prior authorization.

PET Scans (if CH is financially responsible) – 78608-78609, 78811-78816; G0219, G0235, G0252

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

Ambulatory Services Requiring Prior Authorization			
Category	Description	Codes	Code Description
	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	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement
Joint surgeries	All	25350	Hand/Wrist: OSTEOTOMY RADIUS DISTAL THIRD
		25355	Hand/Wrist: OSTEOTOMY RADIUS; MIDDLE OR PROXIMAL THIRD
		25360	Hand/Wrist: OSTEOTOMY ULNA
		25365	Hand/Wrist: OSTEOTOMY RADIUS & ULNA
		25370	Hand/Wrist: MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS/ULNA (one bone)
		25375	Hand/Wrist: MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS/ULNA (both bones)
		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/AUTOGRAFT
		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	Knee: Other Procedures on the Femur or Knee Joint replacement
		27097 - 27187	Hip: Repair, Revision, and/or Reconstruction Procedures on the Pelvis and Hip Joint
		27299	Hip: Other Procedures on the Pelvis or Hip Joint

If new CPT codes or HCPCS codes are added or replaced the new code would fall into the applicable category above.

Ambulatory Services Requiring Prior Authorization			
Category	Description	Codes	Code Description
		24300 - 24498	Elbow: Repair, Revision, and/or Reconstruction Procedures on the Humerus (Upper Arm) and Elbow
		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
		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 or replacement of a cranial neurostimulator pulse generator or receiver, connected to a single electrode array.
		20999	Unlisted procedure, musculoskeletal system, general
Dentoalveolar structure		41899	Unlisted procedure, dentoalveolar structures (gums and alveolar ridge)
Orthognathic procedures	TMJ treatment	97035	Ultrasound therapy
		D7872 - D7877	TMJ arthroscopy
		29804	Surgical Arthroscopy TMJ

Ambulatory Services Requiring Prior Authorization			
Category	Description	Codes	Code Description
		21010	Arthrotomy of the TMJ
		21060	Meniscectomy/Discectomy of the TMJ
		21240	TMJ arthroplasty (including disc repositioning/plication)
		21050	Condylectomy of the TMJ
		21243	Total Joint Replacement of the TMJ
		21196	Sagittal split Mandibular Osteotomy (BSSO)
		21141 - 21147	Le Fort I Maxillary Osteotomy
		21198 & 21206	Maxilla/Mandible Segments
		21121	Genioplasty
Spinal surgery	Laminotomy, fusion, discectomy, vertebroplasty, nucleoplasty, stabilization, and X-Stop	22010 - 22899	Surgical procedures on the spine (vertebral column)
		63001 - 63048	Posterior extradural laminotomy or laminectomy for exploration/decompression of neural elements or excision of herniated intervertebral disks
		63050 - 63051	Cervical laminoplasty
		63035	Add on for each additional interspace treated during the same surgery.
		20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only
		20936	Autograft from the same incision, such as local bone from the laminectomy
		20938	Structural autograft harvested through a separate incision
		63075	Anterior discectomy with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace.
		63077	Anterior discectomy with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace
		63055	Discectomy: Thoracic Spine: Posterior (Transpedicular)
		62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc; one interspace, lumbar.

If new CPT codes or HCPCS codes are added or replaced the new code would fall into the applicable category above.

Ambulatory Services Requiring Prior Authorization			
Category	Description	Codes	Code Description
		62287	Percutaneous decompression of nucleus pulposus of intervertebral disc, any method, using needle-based technique under fluoroscopic or other indirect visualization, including discography and/or epidural injection(s) at treated level(s) when performed; single or multiple levels, lumbar
Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP	All surgical in this category	42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)
		42299	Unlisted procedure, palate, uvula.
		HCPCS S2080	Primary code recommended when a specific CPT code does not exist. Laser-assisted uvulopalatoplasty (LAUP).
Vestibuloplasty	All surgical in this category	40830 - 40845	Repair Procedures on the Vestibule of Mouth
		D7980	Dental Procedure: Sialolithotomy is a surgical procedure for the removal of a sialolith

Cosmetic Codes
Breast Augmentation: 19325
Breast Lift: 19316 - Cosmetic
Breast Reduction: 19318 - Women's Health and Cancer Rights Act of 1998, also include 19300 Mastectomy for gynecomastia
Facelift: 15828 Cosmetic
Rhinoplasty: 30400
Blepharoplasty (Eyelid Surgery): 15820 - Cosmetic unless medically necessary additional possible codes 15821, 15822 & 15823 Brow Ptosis 67900 and Upper eyelid ptosis (blepharoptosis) 67901, 67902, 67903, 67904, 67906, 67908, 67909, Lid Retraction 67911, Lagophthalmos 67912, Ectropion & Entropion 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, Canthoplasty & Canthopexy 21280, 21282, 67950, 67961, 67966, Floppy Eyelid Syndrome 67961 & 67966
Abdominoplasty (Tummy Tuck)/Liposuction: 15847, 15830, 15877, 15878, 15879, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 36465 - 36468, 36466, 36470 & 36471
Non-Surgical Procedures
Botox: 64612
Dermal Filler: 11950-11954 Cosmetic
Chemical Peels & Chemical Exfoliation: 15788, 15789, 15792, 15793, 17360 Cosmetic
Microdermabrasion: 15780 Cosmetic
Laser Treatment of Vascular Lesions: 17106-17108 Cosmetic

Cosmetic Codes

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 lesions or less (List separately in addition to code for primary procedure)
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

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

Cosmetic Codes
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 pedicle(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

Cosmetic Codes
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 bone (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 bone (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 bone (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

Cosmetic Codes

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 prosthesis, silicone or equal
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and 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)

Neutron Beam Therapy

- 77423** – High energy neutron radiation treatment delivery

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 simple cranial lesion
- 61797** – Each additional simple cranial lesion (add-on code)
- 61798** – SRS, 1 complex cranial lesion
- 61799** – Each additional complex cranial lesion (add-on code)
- 61800** – Application of stereotactic headframe

Stereotactic Body Radiotherapy (SBRT) (typically extracranial):

Codes for Additional Categories Listed Above**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** – SRS delivery, cranial, 1 session, multi-source cobalt based**77372** – SRS delivery, linear accelerator-based, 1 session**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 member's 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 member's 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.