

## Final List of Outpatient Department Services That Require Prior Authorization

| <b>Beginning for service dates on or after July 1, 2020</b> |  |
|---|--|
| Code  | (i) Blepharoplasty, Blepharoptosis Repair, and Brow Ptosis Repair <sup>1</sup>   |
| 15820   | Blepharoplasty, lower eyelid   |
| 15821   | Blepharoplasty, lower eyelid; with extensive herniated fat pad   |
| 15822   | Blepharoplasty, upper eyelid   |
| 15823   | Blepharoplasty, upper eyelid; with excessive skin weighting down lid   |
| 67900   | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)   |
| 67901   | Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)   |
| 67902   | Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)   |
| 67903   | Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach  |
| 67904   | Repair of blepharoptosis; (tarso) levator resection or advancement, external approach  |
| 67906   | Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)   |
| 67908   | Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)  |
| Code  | (ii) Botulinum Toxin Injection   |
| 64612   | Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)                                    |
| 64615   | Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)        |
| J0585   | Injection, onabotulinumtoxina, 1 unit  |
| J0586   | Injection, abobotulinumtoxina, 5 units   |
| J0587   | Injection, rimabotulinumtoxinb, 100 units  |
| J0588   | Injection, incobotulinumtoxin a, 1 unit  |
| Code  | (iii) Panniculectomy, Excision of Excess Skin and Subcutaneous Tissue (Including Lipectomy), and related services  |
| 15830   | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy  |
| 15847   | Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) |
| 15877   | Suction assisted lipectomy; trunk  |

<sup>1</sup> CPT 67911 (Correction of lid retraction) was removed on January 7, 2022.

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| Code  | (iv) Rhinoplasty, and related services <sup>2</sup>  |
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| 20912 | Cartilage graft; nasal septum  |
| 21210 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)  |
| 30400 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip  |
| 30410 | Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip  |
| 30420 | Rhinoplasty, primary; including major septal repair  |
| 30430 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work)  |
| 30435 | Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)   |
| 30450 | Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)  |
| 30460 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only  |
| 30462 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies  |
| 30465 | Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)   |
| 30520 | Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft  |
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| Code  | (v) Vein Ablation, and related services  |
|       |  |
| 36473 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated  |
| 36474 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites  |
| 36475 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated   |
| 36476 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites   |
| 36478 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated  |
| 36479 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites  |
| 36482 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated   |
| 36483 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites |

<sup>2</sup> CPT 21235 (Obtaining ear cartilage for grafting) was removed on June 10, 2020

| <b>Beginning for service dates on or after July 1, 2021</b> |  |
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| Code  | (i) Cervical Fusion with Disc Removal  |
| 22551   | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2  |
| 22552   | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace                              |
| Code  | (ii) Implanted Spinal Neurostimulators <sup>3</sup>  |
| 63650   | Percutaneous implantation of neurostimulator electrode array, epidural   |
| <b>Beginning for service dates on or after July 1, 2023</b> |  |
| Code  | Facet Joint Interventions  |
| 64490   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level                      |
| 64491   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level                      |
| 64492   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) |
| 64493   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level                          |
| 64494   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level                          |
| 64495   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)     |
| 64633   | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint   |
| 64634   | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint  |

<sup>3</sup> CPT codes 63685 (Insertion or replacement of spinal neurostimulator pulse generator or receiver) and 63688 (Revision or removal of implanted spinal neurostimulator pulse generator or receiver) were temporarily removed from the list of OPD services that require prior authorization, as finalized in the CY 2021 OPPS/ASC final rule with comment period.

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| 64635 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint          |
| 64636 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint |