

ETF – WI Medical Prior Authorization List

Effective March 1, 2023



The following is a list of medical/surgical services which require prior authorization for contracted providers. The Plan has made every effort to ensure this list is comprehensive. The fact that a particular service is not included on the list does not mean that such service is otherwise covered. For details on Pharmacy prior authorization requirements, please contact Customer Service.

Note: While it is expected that prior authorization is obtained before services are rendered, the Plan reserves the right to conduct medical necessity reviews at the time the claim is received if no authorization was previously requested. Additionally, it is recommended that prior authorization be obtained before services are rendered by non-contracted providers, and the Plan reserves the right to conduct a medical necessity review at the time a claim is received if no authorization was previously requested. Procedures that are normally done as an inpatient but are planned as outpatient and converted to inpatient post-operatively may also be subject to a medical necessity review.

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration. Please call the customer service number on the back of the member's ID card to verify the specific requirements of the member's plan.

Service/Procedure	Notes	CPT/HCPCS
Bariatric Surgery, including, but not limited to, sleeve gastrectomy, gastric bypass, gastric band	Includes revision and reversal	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43850, 43855, 43860, 43865, 43886, 43887, 43888
Cardiovascular	<ul style="list-style-type: none"> • Left Atrial Appendage Closure (LAAC) • Total Artificial Heart • Varicose Vein Treatment: ablation, sclerotherapy, or stab phlebectomy • Ventricular Assist Device Implantation (LVAD OR RVAD) 	33340, 33267, 33268, 33269 33927, 33928 36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 37765, 37766 33990, 33991, 33975, 33976, 33979, 33981, 33982, 33983, 33990, 33991, 33995
Chiropractic Services		
Clinical Trials		
Cosmetic (potentially) and/or Reconstructive Procedures	<ul style="list-style-type: none"> • Blepharoplasty, blepharoptosis repair, brow lift • Breast augmentation/mastopexy (w/ or w/o implant) • Breast implant/implant material removal • Breast periprosthetic capsulectomy • Breast reconstruction • Breast reduction, mammoplasty • Breast revision of reconstructed breast • Chest wall deformities, surgical reconstruction (eg, Pectus excavatum, Poland Syndrome) • Excision/removal of excessive skin and subcutaneous/ redundant tissue (includes lipectomy, panniculectomy) • Fat grafting, autologous, harvested by liposuction or any other means • Genitalia modification, vulvectomy • Mastectomy for gynecomastia • Rhinoplasty • Scar revision, surgical 	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908 19316, 19325, 19340, 19342 19328, 19330 19370, 19371 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369 19318 19380 21740, 21742, 21743 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879 15771, 15772 56620, 56625 19300 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462
Dental, coverage for anesthesia, hospitalization under Medical benefit		G0330

Service/Procedure	Notes	CPT/HCPCS
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	<ul style="list-style-type: none"> • Continuous glucose monitoring system • Insulin infusion pump • Pneumatic compression device • Power operated vehicle (scooter) • Prosthesis, lower limb, microprocessor controlled ankle/foot, or knee Ottobock 4R57 Rotation Adapter • Prosthesis, upper limb myoelectric elbow, hand, or wrist • Standing frame/table system • Wheelchair accessory, manual seating system • Wheelchair accessory, power attendant control feature • Wheelchair accessory, power tilt and/or recline seating systems • Wheelchair accessory, power seat elevation system • Wheelchair, power 	A9278, E2103, S1030, S1034, S1037 E0784, E0787, S1034 K0800, K0801, K0802, K0806, K0807, K0808, K0812 L5856, L5857, L5858, L5973, K1022 L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L6026 E0638, E0641, E0642 E2230 E2331 E1002, E1003, E1004, E1005, E1006, E1007, E1008 E2300 K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891
Gender Reassignment, surgical procedure for reassigning biological gender	Surgical procedures for reassigning biological gender - when billed with diagnosis codes F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890	14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 15769, 15771, 15772, 15773, 15774, 19303, 19318, 53410, 53430, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 55970, 55980, 56625, 56800, 56805, 57110, 57111, 57335, 58150, 58180, 58260, 58262, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720, 58940, 64856, 64892, 64896
Home Health Care		
Humanitarian Use Device (HUD)/ Humanitarian Device Exemption (HDE)		
Hyperhidrosis Surgery	<ul style="list-style-type: none"> • Excision of skin and subcutaneous tissue for hidradenitis, axillary • Sympathectomy, cervical, cervicothoracic, thoracolumbar, lumbar, palmar • Thoracoscopy, with thoracic sympathectomy -when billed with diagnosis codes L74.510-L74.519, L74.5 	11450, 11451 64802, 64804, 64809, 64818, 64823 32664
Inpatient admission	Non-emergency/ elective, including but not limited to, hospital, skilled nursing facility, rehabilitation facility, or behavioral health treatment facility	

Service/Procedure	Notes	CPT/HCPCS
Laboratory Testing	Genetic, molecular, and pharmacogenetic/ pharmacogenomic testing	81120,81121,81161,81162,81163, 81164,81165,81166,81167,81168, 81170,81171,81172,81173,81174, 81175,81176,81177,81178,81179, 81180,81181,81182,81183,81184, 81185,81186,81187,81188,81189, 81190,81191,81192,81193,81194, 81200,81201,81202,81203,81204, 81205,81206,81207,81208,81209, 81210,81212,81215,81216,81217, 81218,81219,81221,81222,81223, 81224,81225,81226,81228,81229, 81233,81234,81235,81236,81237, 81239,81242,81243,81244,81245, 81246,81247,81248,81249,81250, 81251,81252,81253,81254,81255, 81256,81260,81261,81262,81263, 81264,81270,81271,81272,81273, 81274,81275,81276,81277,81278, 81279,81283,81284,81285,81286, 81288,81289,81290,81292,81293, 81294,81295,81296,81297,81298, 81299,81300,81301,81302,81303, 81304,81305,81307,81308,81309, 81310,81311,81312,81314,81315, 81316,81317,81318,81319,81320, 81321,81322,81323,81324,81325, 81326,81327,81328,81330,81331, 81332,81333,81334,81338,81339, 81340,81341,81342,81343,81344, 81345,81346,81347,81348,81349, 81350,81351,81352,81353,81357, 81360,81400,81401,81402,81403, 81404,81405,81406,81407,81408, 81410,81411,81412,81413,81414, 81415,81416,81417,81418,81419, 81425,81426,81427,81430,81431, 81432,81433,81434,81435,81436, 81437,81438,81439,81440,81441, 81442,81443,81445,81448,81449, 81450,81451,81455,81456,81460, 81465,81470,81471,81479,81518, 81519,81520,81521,81522,81523, 81538,81541,81542,81546,81551, 81552,81595,81599,0016U,0017U, 0018U,0022U,0023U,0026U,0027U, 0029U,0037U,0040U,0046U,0047U, 0049U,0057U,0058U,0059U,0070U, 0071U,0072U,0073U,0074U,0075U, 0076U,0090U,0094U,0111U,0129U, 0154U,0155U,0156U,0171U,0172U, 0173U,0175U,0177U,0209U,0212U, 0213U,0214U,0215U,0216U,0217U, 0218U,0229U,0230U,0231U,0232U, 0233U,0234U,0235U,0237U,0238U, 0239U,0242U,0245U,0265U,0267U, 0287U,0288U,0332U,0334U,0337U, 0340U,0342U,0345U,0347U,0348U, 0349U,0350U,0355U,S3800,S3840, S3841,S3842,S3844,S3849,S3852, S3853,S3854,S3861,S3865,S3866, S3870,0013M
Neurology	<ul style="list-style-type: none"> • Deep Brain and Cortical Brain stimulation • Hypoglossal nerve stimulation • Radiofrequency ablation, cervical, thoracic, lumbosacral, sacroiliac or knee • Sacral nerve stimulation • Spinal Cord/Dorsal Column and Dorsal Root Ganglion stimulation • Transcranial Magnetic Stimulation 	61850, 61860, 61863, 61864, 61867, 61868, 61880, 61885, 61886, 61888 64582, 64583 64624, 64625, 64628, 64629, 64633, 64634, 64635, 64636, 64640 64561, 64581 63650, 63655, 63663, 63664, 63685, 63688 90867, 90868, 90869
New/Emerging Technology		

Service/Procedure	Notes	CPT/HCPCS
Obstructive Sleep Apnea Surgery, Adult	<ul style="list-style-type: none"> • Adenoidectomy • Hyoid Myotomy and Suspension • Osteoplasty, facial bones - reduction or augmentation • Osteotomy, mandible segmental or subapical (with or without genioglossus advancement) • Palatopharyngoplasty • Septoplasty • Tonsillectomy • Tracheostomy 	42821, 42831, 42836 21685 21208, 21209 21198, 21199, D7944 42145 30520 42821, 42826 31600
Oncology	<ul style="list-style-type: none"> • Cryoablation/cryosurgery, bone, hepatic, prostate, pulmonary, renal tumor, soft tissue sarcoma/desmoid tumors 	20983, 31641, 47371, 47381, 47383, 50250, 50593, 55873
Orthopedic Surgery	<ul style="list-style-type: none"> • Intervertebral Disc Prosthesis, cervical and lumbar 	22856, 22857, 22858
Other Procedures/Treatments	<ul style="list-style-type: none"> • Biofeedback • Fetal surgery in utero • Hyperbaric Oxygen Therapy • Nutritional Counseling 	90901, 909012, 90913 59072, 59076, 59897, S2400, S2401, S2402, S2403, S2404, S2405, S2049, S2411 99183, G0277 97802, 97803, 97804, G0270
Outpatient Therapy Services	<ul style="list-style-type: none"> • Cardiac Rehabilitation Phase II • Occupational • Physical • Speech 	93797, 93798
Radiology/Radiation Therapy	<ul style="list-style-type: none"> • Computed Tomography (CT) • Computed Tomography Angiography (CTA) • Intensity Modulated Radiation Therapy (IMRT) • Magnetic Resonance Angiogram (MRA) • Magnetic Resonance Imaging (MRI) • Neutron Beam Radiation Therapy • Nuclear Imaging, Cardiac PET/CT • Nuclear Stress Test • Positron Emission Tomography (PET) • Proton Beam Radiation Therapy • Selective Internal Radiation Therapy with microspheres (SIRT) • Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT) 	70450, 70460, 70486, 71250, 71260, 72125, 72126, 72128, 72129, 72131, 72132, 72192, 72193, 73200, 73201, 73700, 73701, 73702, 74150, 74160 70496, 70498, 71275, 72191, 73206, 73706, 74174, 74175 77385, 77386, G6015, G6016 70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 73725, C8900, C8901, C8920, C8931, C8932, C8933, C8934, C8935, C8936 70552, 70553, 70554, 70555, 74712, 74713, 77046, 77047, 77048, 77049, C8903, C8905, C8906, C8908 77423 78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492 78451, 78452, 78453, 78454, 78472, 78473, 78481, 78483, 94618 78451, 78452, 78494, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0235, G0252, S8085 77520, 77522, 77523, 77525 S2095, C2616 61796, 61797, 61798, 61799, 63620, 63621, 77371, 77372, 77373, G0339, G0340
Temporomandibular Joint Disorders: Diagnostic and Treatment Procedures	When billed with any of the following diagnosis codes: M26.601, M26.602, M26.603, M26.609, M26.611, M26.612, M26.613, M26.619, M26.621, M26.622, M26.623, M26.629, M26.631, M26.632, M26.633, M26.639, M26.641, M26.642, M26.643, M26.649, M26.651, M26.652, M26.653, M26.659	
Transplantation	<ul style="list-style-type: none"> • Blood/bone marrow/ hematopoietic/stem cell • Donor lymphocyte infusions (DLI) / allogeneic lymphocyte infusion • Solid organ 	38240, 38241, 38243 38242 32851, 32852, 32853, 32854, 33945, 47135, 48554, 50360, 50365, G0341, G0342, G0343
Transportation, non-emergency		

Revisions:

- 03/01/23 Dental, Coverage for Anesthesia: addition of HCPCS G0330; Durable Medical Equipment – Continuous glucose monitoring system: added HCPCS E2103, S1034; deleted HCPCS K0554; Laboratory Testing: addition of CPTs 81418,81441,81449,81451,81456,0355U;deleted CPTs 81306,0236U,0333U,0338U; Neurology – Sacral nerve stimulation: deleted CPTs 64590, 64595; Radiology/Radiation Therapy - Selective Internal Radiation Therapy with microspheres (SIRT): deleted CPT 37243; Transplantation – Solid organ: deleted CPT code 48160.
- 01/01/23 Laboratory Testing: deleted CPT codes 0236U, 0333U, 0338U
- 10/28/22 Laboratory Testing: added CPT codes 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81221, 81222, 81223, 81224, 81225, 81226, 81228, 81229, 81233, 81234, 81235, 81236, 81237, 81239, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81404, 81479, 81599, 0070U, 0173U, S3842; deleted CPT code 0012U
- 10/01/22 Cardiovascular: Total Artificial Heart - CPT code 33929 replaced with 33928; Cosmetic (potentially) and/or Reconstructive Procedures: Excision/removal of excessive/redundant tissue - revised to reflect “(includes lipectomy, panniculectomy)” - CPT codes 15830 and 15837 added, “Mastectomy for” added to Gynecomastia entry, deleted separate Lipoma and Panniculectomy removal entries; Laboratory Testing: replaced separate entries with “Genetic, molecular, and pharmacogenetic/ pharmacogenomic testing” – all CPT codes requiring prior authorization added.
- 07/13/22 Gender Reassignment: replaced CPT 19803 with 19303; Neurology: Radiofrequency ablation - CPT 64659 replaced with 64629.
- 07/01/22 Laboratory: under Pharmacogenetic/Pharmacogenomic Testing added CPT Codes 81225, 81226.
- 06/15/22 Cosmetic and/or Reconstructive Procedures: added (potentially); Laboratory Testing: Molecular Testing, Gene Expression – added 0013M; Neurology: Hypoglossal Nerve Stimulation – deleted CPT 64568; Oncology: Cryoablation – added soft tissue sarcoma/desmoid tumors; Other Procedures/Treatments: deleted Risk Reducing Mastectomy.
- 03/08/22 Cardiovascular: Left Atrial Appendage - added CPT codes 33267, 33268, 33269; Gender Reassignment - added CPTs 14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 15769, 15771, 15772, 15773,15774, 53410, 58180, 58554, 58720, 58940, 64856, 64892, 64896 and deleted CPTs 56810, 57106, 57107, 57291, 57292, 58263, 58275; Laboratory Testing: Comparative Genomic Hybridization