22 Health Prior Authorization List

Effective 5/15/26

THE SERVICES BELOW REQUIRE PRIOR AUTHORIZATION FROM 22 HEALTH.
ALL SERVICES RENDERED BY OUT-OF-NETWORK PROVIDERS
REQUIRE PRIOR AUTHORIZATION FROM 22 HEALTH.

SERVICES REQUIRING PRIOR AUTHORIZATION	CPT CODE(S)
ADMISSION INPATIENT and FACILITY-BASED CARE	
ALL NON-ELECTIVE (EMERGENCY) ADMISSIONS	99221-99223 99231-99236
ALL ELECTIVE (MEDICAL, BEHAVIORAL, SUBSTANCE USE) INPATIENT ADMISSION	99221-99223 99231-99236
ELECTIVE SURGICAL INPATIENT ADMISSION	99221-99223 99231-99236
INPATIENT REHABILITATION ADMISSION	99221-99223 99231-99233
SKILLED NURSING FACILITY ADMISSIONS	99304-99318
COSMETIC/ PLASTIC/ RECONSTRUCTIVE PROCEDURE	
ADJACENT TISSUE TRANSFER/ REARRANGEMENT/ REPAIR INTEGUMENTARY SYSTEM	14000 - 14350
BLADDER REPAIR/ RECONSTRUCTION PROCEDURES	51800 - 51980
BREAST SURGICAL PROCEDURES (Excludes excisions or biopsies)	19300 - 19396
CANTHOPLASTY	67950
CONSTRUCT BLADDER OPENING	51980
CREATE TEAR SAC DRAIN	68720
DERMATOLOGIC PHOTOCHEMOTHERAPY AND LASER TREATMENT	96910 - 96922
DESTRUCTION OF LESIONS	17106 - 17286
EYE PROCEDURES	67901 – 67911, 67966
FOOT and TOES RECONSTRUCTION	28238, 28280 - 28360
GASTRIC NEUROSTIMULATOR PROCEDURES	43647 - 43648, 43881 - 43882
GASTRIC PROCEDURES (Including laparoscopic surgery and revision of anastomosis)	43651 - 43659, 43850 - 43865
HAND AND FINGERS RECONSTRUCTION	25335, 26541 - 26596
HEAD (SKULL, FACE, TMJ) RECONSTRUCTION	21029, 21120 - 21296
HEART DEFECT REPAIR (STRUCTURAL)	93580 - 93592

HUMERUS AND ELBOW RECONSTRUCTION	24301 - 24498
INTRALESIONAL INJECTIONS	11900 - 11901
KERATOPROSTHESIS	65770
KNEE, ARTHROPLASTY	27437 - 27447
LIP/ PALATE REPAIR	40650 - 40761
MASTOID SURGERY	69501 - 69605
NECK AND THORAX RECONSTRUCTION	21685 - 21750
NOSE, REPAIR	30400 - 30630
PALATE AND UVULA REPAIR	42200 - 42281
PELVIS and HIP RECONSTRUCTION	27097 - 27187
PENILE REPAIR	54300 - 54400
SKIN FLAPS AND GRAFTS	15570 - 15847
TESTICULAR PROSTHESIS INSERTION	54660
DIAGNOSTIC IMAGING AND LAB TESTING	
CT SCAN	70450 - 70498, 71250 - 71275, 72125 - 72133, 72191 - 72194, 73200 - 73206, 73700 - 73706, 74150 - 74178, 74261 - 74263, 75635
CTA AND CALCIUM SCORING	75571 - 75574
GENETIC TESTING	81200 - 81479, 81518 - 81523, 81599, 88230 - 88299, 83891, 83892, 83894, 83896, 83897, 83898, 83900, 83901, 83909, 83912, 83914 88360 – 88368 S3800 – S3870

MRI AND MRA	70336, 70540 - 70543, 70551 - 70559, 71550 - 71552, 72141 - 72158, 72195 - 72197, 73218 - 73223, 73718 - 73723, 74181 - 74183, 75557 - 75565, 76390, 76498, 77021 - 77022, 77058 - 77059, 77084, 0159T 70544 – 70549, 71555, 72159, 72198, 73225, 73725, 74185, 75557 – 75564
PET SCAN	78459, 78491 - 78492, 78608 - 78609, 78811 - 78816
DIALYSIS	
HEMODIALYSIS AND PERITONEAL	90945 - 90947, 90935 - 90937, E1500 - E1599
DURABLE MEDICAL EQUIPMENT (DME)	
BONE GROWTH STIMULATOR	E0760
BREAST PUMPS (1 per benefit year)	E0602, E0603, E0604
CLINITRON AND ELECTRIC BEDS	E0250 - E0270, E0290 - E0304, E0316
CPAP AND BIPAP MACHINES	E0424 - E0455, E0460 - E0461, E0465 - E0467, E0470 - E0472, E0482 - E0484, E0485 - E0486, E0601, E0618 - E0619, K0738, S8120 - S8121
CUSTOM ORTHOTICS	C1813, L0112 - L4631
COCHLEAR IMPLANT	S2230, S2235

POST MASTECTOMY CAMISOLE AND BRA	S8460 L8000 – L8039
DIABETIC SHOES AND INSERTS	A5500 - A5514 L3000 - L3090
ELECTRIC WHEELCHAIRS/ SCOOTERS	K0010 - K0014
MOTORIZED/POWER WHEELCHAIR / POWER OPERATED VEHICLES	K0800 - K0899
CUSTOM PEDIATRIC WHEELCHAIR	E1230 - E1239
WHEELCHAIR ACCESSORIES	E0950 - E1036, E2300 - E2398, K0108
INSULIN PUMPS AND SUPPLIES	A4230 - A4231, A9274, A9276 - A9278, E0784, S5565 - S5571, S9145
LIMB AND TORSO PROSTHETICS	L5000 - L8699
PATIENT LIFTS	E0621, E0630 - E0635
WIGS	A9282
WOUND VAC PUMPS	E2402
ELECTIVE INVASIVE PROCEDURES	
ABLATE HEART DYSRHYTHM FOCUS (ELETROPHYSIOLOGICAL PROCEDURES)	93653 - 93657
ABLATE INFERIOR TURBINATE	30801 - 30802
ABORTION PROCEDURES (elective)	59840 - 59857
ADJUST BONE FIXATION DEVICE	20693
ANAL PRESSURE RECORD	91122
ANAL/ URINARY EMG	51784
ARTHROSCOPY ALL BODY AREAS	29800 - 29999
AV SHUNT/ ANASTOMOSIS PROCEDURES	36818 - 36821
BRONCHOSCOPIC PROCEDURES	31622 - 31661
CAPSULE ENDOSCOPY	91110 - 91112
CARDIAC CATHETERIZATION	93451 - 93533
CARDIOVERSION, ELECTRICAL - INTERNAL	92961
CARPAL TUNNEL SURGERY	64721 - 64722
CATARACT SURGERY	66821, 66982 - 66986
CHOLECYSTECTOMY, LAPAROSCOPIC	47562 - 47579
CIRCUMCISION (AUTH REQUIRED IF AGE > 12 WEEKS)	54161 - 54163
CORONARY THERAPEUTIC SERVICES	92920 - 92979

CYSTOMETROGRAM	51725 - 51729
CYSTOSCOPY AND TREATMENT	52000 - 52355
DENERVATION	64612 - 64615, 64617 - 64640
DISCECTOMY/ VERTEBRAL BODY RESECTION	63075 - 63091
ELECTRICAL STIMULATION, OPERATIVE	20975
ELECTROMYOGRAPHY and NERVE CONDUCTION VELOCITY TESTING	95860 - 95872, 95875 - 95887, 95905 - 95913
ENDOCERVICAL CURETTAGE	57505
ENDOSCOPY, SURGICAL (SINUS, ESOPHAGUS, SMALL INTESTINE, STOMA)	31267, 31276, 43200 - 43232, 44360 - 44379, 44380 - 44388
EPIDURAL INJECTION FOR LYSIS	62263 - 62264
EPIDURAL INJECTION FOR PAIN	62280 - 62282, 62320 - 62327, 64479 - 64484
ESOPHAGOGASTRIC FUNDOPLASTY	43327 - 43337
EXCISION CYSTIC HYGROMA, AXILLARY/ CERVICAL	38510 - 38550
GRAFT PROCEDURES ON MUSCULOSKELTAL SYSTEM (GENERAL)	20900 - 20939
HEMORRHOIDECTOMY	46250 - 46262
HERNIA REPAIR (Open and laparoscopic)	49495 - 49587, 49650 - 49659
HYPERBARIC TREATMENT	99183
HYSTERECTOMY	58541 - 58544, 58548 - 58554, 58570 - 58578 58940, 58943, 58950
HYSTEROSCOPY	58340, 58555 - 58565, 58579, 58999
IMPLANT AND REVISION OF NEUROELECTRODES	61850 - 61888
IMPLANT COCHLEAR DEVICE	69930
IMPLANT CORNEAL RING	65785
IMPLANT CRANIAL BONE GRAFT	61316
IMPLANT EYE SHUNT	66180
IMPLANT INFUSION PUMP	36260
INSERTION OF TUNNELED INTRAPERITONEAL CATHETER	49418
LAMINOTOMY/ LAMINECTOMY	63001 - 63051, 63075 - 63091

LAPAROSCOPY OF ABDOMEN, PERITONEUM, OMENTUM	49320 - 49329
MYOMECTOMY	58545 - 58546
NEPHRECTOMY	50220 - 50240, 50543, 50545 - 50546, 50548
ORAL SPLINT	21085
ORAL SURGERY	21040, 40899, 41800 - 41874
ORCHIECTOMY, ORCHIOPEXY	54520, 54690 - 54692
OVIDUCT/ OVARY, LAPAROSCOPY	58660 - 58679
PROCTOPEXY, LAPAROSCOPIC	45400 - 45402, 45499
PENILE IMPLANT (REMOVAL ONLY)	54406, 54415
PROSTATE PROCEDURES	53850 - 53899
SHOULDER SURGERY/ REPAIR/ REVISION/ RECONSTRUCTION	23395 - 23491
SKIN GRAFTING PROCEDURES	15002 - 15278
SPIDER/VARICOSE VEIN AND ENDOVENOUS THERAPY	36468 - 36483 37650 - 37785
SPINAL IMPLANT/ PUMP/ ANALYZE	62350 - 62351, 62360 - 62362
SPINE FUSION	22548 - 22819
STERILIZATION PROCEDURES	55250, 58600 - 58615, 58700 - 58720
STRESS TEST (THALLIUM, CARDIOLYTE ETC.)	93015 - 93018
THORACOSCOPY, DIAGNOSTIC OR SURGICAL	32601 - 32609, 32650 - 32674
TOTAL DISC ARTHROPLASTY (Artificial disc)	22856 - 22865
TRANSCATH STENT TO CAROTID ARTERY INCLUDING ANGIOPLASTY	37215
TRANSCATH PERM OCCLUSION/ EMBOLIZATION PERC, OF CNS	61624
UTERINE FIBROID EMBOLIZATION	37243

HOME HEALTH CARE - All Home Health Care, including therapies, requires authorization.	
HOME VISITS AT AN ALF	99324 - 99337, 99341 - 99350
HOME HEALTH PROCEDURES	99500 - 99602
HOME RESPIRATORY THERAPY	S5180 - S5181
HOME INFUSION THERAPY	S5035 - S5036, S5497 - S5502, S5522-S5523
HOME WOUND CARE	S9097
HOME PHOTOTHERAPY	S9098
HOME HEALTH NURSE AND AIDE	S9122 - S9127, S9443 S9128 - S9131, S9208 - S9214, S9325 - S9379, S9381, S9474, S9494 - S9810, G0493 - G0496, T1021, T1030 - T1031
HOSPICE	
HOSPICE INPATIENT	Rev code 0656, Q5004-Q5009
MATERNITY	
DELIVERY (SCHEDULED CESAREAN AND INDUCTIONS)	59409 - 59414, 59514, 59525, 59612, 59614, 59622, 59870, 59871, 59899
OBSTETRICAL — PRE-NATAL PROCEDURES (Office Visits and Prenatal sonograms do NOT require prior auth)	59000 – 59899 74775
NUTRITIONAL COUNSELING	
DIABETES MANAGEMENT TRAINING	G0108 - G0109
NUTRITION THERAPY SERVICES	97802 - 97804 99401 - 99409

ORTHOTICS AND PROSTHETICS	
CRANIAL ORTHOSIS/ HELMET PROTECTIVE	S1040, S5560, A8000 - A8004
CUSTOM ORTHOTICS	C1813, L0112 - L4398, L8699, S1040, S2230, S2235, S8460
LIMB AND TORSO PROSTHETICS	L5000 - L8507
ORTHOTICS/PROSTHETICS	L0120 - L3257, L3340 - L3420, L3430 - L3480, L3570 - L3595, L3600 - L3649, L3650 - L3677, L3710 - L3762, L3763 - L3764, L3808 - L3904, L3912 - L3931, L3960, L3962, L3980 - L3999, L4000 - L4210, L4350 - L4398
PROSTHETIC CUSTOM EYE, SURFACING & FITTING	V2623 - V2628, V5336
TRANSPLANT	
ALL ORGAN TRANSPLANT SERVICES, INCLUDING EVALUATIONS AND LISTINGS (ORGAN DONOR SERVICES ARE NOT COVERED)	32850 - 32856, 38204 - 38215, 38230 - 38243, 33927 - 33945, 44132 - 44137, 44715 - 44721, 47133 - 47147, 48550 - 48556, 50300 - 50380, 50547, 65710 - 65757
TRANSPORTATION (AMBULANCE)	
AMBULANCE (Non-Emergency)	A0426 - A0429, A0430, A0431, A0435, A0436

REVISION LOG	EFFECTIVE DATE
ADMISSION INPATIENT AND FACILITY-BASED CARE. REPLACED POS CODES WITH CPT CODES	2/17/26
DIAGNOSTIC IMAGING AND LAB TESTING. GENETIC TESTING-ADDED CPT CODE RANGE 81518-81523	5/15/26