

Upcoming Changes to Codes Requiring Prior Authorization

Code	Description	Drug Y/N	Current Coverage	Coverage Change	LOB	Posted Date	Effective Date
Q2052	Services, supplies and accessories used in the home under the Medicare intravenous immune globulin (IVIG) demonstration	Y	PA	N/C	Caid	12/08/2023	02/08/2024
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)	Y	PA	N/C	Caid	12/08/2023	02/08/2024
99602	; each additional hour (List separately in addition to code for primary procedure)	Y	PA	N/C	Caid	12/08/2023	02/08/2024
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	Y	C	N/C	Caid	12/08/2023	02/08/2024
B9006	Parenteral nutrition infusion pump, stationary	Y	PA	N/C	Caid	12/08/2023	02/08/2024
J0889	Daprodustat oral 1mg (for ESRD on dialysis)	Y	PA	N/C	Caid	12/08/2023	02/08/2024
J1945	Injection, lepirudin, 50 mg	Y	PA	N/C	Caid	12/08/2023	02/08/2024
J9051	Injection, bortezomib (MAIA), not therapeutically equivalent to J9041, 0.1 mg	Y	C	N/C	Caid	12/08/2023	02/08/2024
S0078	Injection, fosphenytoin sodium, 750 mg	Y	C	N/C	Caid	12/08/2023	02/08/2024
S9563	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Y	PA	N/C	Caid	12/08/2023	02/08/2024
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	N	PA	C	All	12/14/2023	02/14/2024
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	N	PA	C	All	12/14/2023	02/14/2024
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	N	PA	C	All	12/14/2023	02/14/2024
27487	Osteotomy, femur, shaft or supracondylar; without fixation	N	PA	C	All	12/14/2023	02/14/2024

27700	Arthroplasty, ankle;	N	PA	C	All	12/14/2023	02/14/2024
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	N	PA	C	All	12/14/2023	02/14/2024
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	N	PA	C	All	12/14/2023	02/14/2024
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	N	PA	C	All	12/14/2023	02/14/2024
29835	Arthroscopy, elbow, surgical; synovectomy, partial	N	PA	C	All	12/14/2023	02/14/2024
29836	Arthroscopy, elbow, surgical; synovectomy, complete	N	PA	C	All	12/14/2023	02/14/2024
29837	Arthroscopy, elbow, surgical; debridement, limited	N	PA	C	All	12/14/2023	02/14/2024
29838	Arthroscopy, elbow, surgical; debridement, extensive	N	PA	C	All	12/14/2023	02/14/2024
29844	Arthroscopy, wrist, surgical; synovectomy, partial	N	PA	C	All	12/14/2023	02/14/2024
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	N	PA	C	All	12/14/2023	02/14/2024
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	N	PA	C	All	12/14/2023	02/14/2024
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	N	PA	C	All	12/14/2023	02/14/2024
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	N	PA	C	All	12/14/2023	02/14/2024
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	N	PA	C	All	12/14/2023	02/14/2024
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	N	PA	C	All	12/14/2023	02/14/2024
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	N	PA	C	All	12/14/2023	02/14/2024
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	N	PA	C	All	12/14/2023	02/14/2024
29906	Arthroscopy, subtalar joint, surgical; with debridement	N	PA	C	All	12/14/2023	02/14/2024
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	N	PA	C	All	12/14/2023	02/14/2024

29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	N	PA	C	All	12/14/2023	02/14/2024
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	N	PA	C	All	12/14/2023	02/14/2024
41120	Glossectomy; less than one-half tongue	N	PA	C	All	12/14/2023	02/14/2024
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)	N	PA	C	All	12/14/2023	02/14/2024
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	N	N/C	PA	All	12/14/2023	02/14/2024
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	N	N/C	PA	All	12/14/2023	02/14/2024
58145	EXCIS UTERINE FIBROID,VAG APPRCH	N	PA	C	All	01/29/2024	03/29/2024
58146	MYOMECTOMY 5/,>,TOT>250 GMS,ABD APPRCH	N	PA	C	All	01/29/2024	03/29/2024
58150	TOTAL ABDOM HYSTERECTOMY	N	PA	C	All	01/29/2024	03/29/2024
58180	SUPRACERV ABD HYSTERECTOMY	N	PA	C	All	01/29/2024	03/29/2024
58291	VAG HYST,UTERUS >250 GMS,REM TUBE/OVARY	N	PA	C	All	01/29/2024	03/29/2024
58541	LAP, SUPRACERVIAL HYSTERECTOMY, <250G	N	PA	C	All	01/29/2024	03/29/2024
58542	LAP, SUPRACERVIAL HYSTERECTOMY W/ TUBE&OV, <250G	N	PA	C	All	01/29/2024	03/29/2024
58543	LAP, SUPRACERVIAL HYSTERECTOMY, >250G	N	PA	C	All	01/29/2024	03/29/2024
58544	LAP, SUPRACERVIAL HYSTERECTOMY W/ TUBE&OV, >250G	N	PA	C	All	01/29/2024	03/29/2024
58545	LAP,MYOMECTOMY 1-4,TOT WT 250 GMS	N	PA	C	All	01/29/2024	03/29/2024
58554	LAP,VAG HYST,UTERUS >250GMS,SALP-OOPH	N	PA	C	All	01/29/2024	03/29/2024
58661	LAP,RMV ADNEXAL STRUCTURE	N	PA	C	All	01/29/2024	03/29/2024
58700	REMOVAL OF FALLOPIAN TUBE	N	PA	C	All	01/29/2024	03/29/2024
58740	LYSIS ADNEXAL ADHESIONS	N	PA	C	All	01/29/2024	03/29/2024
70546	MR ANGIO, HEAD, COMBO	N	PA	C	All	01/29/2024	03/29/2024

70549	MR ANGIO, NECK, COMBO	N	PA	C	All	01/29/2024	03/29/2024
72198	MR ANGIO PELVIS(MRA)	N	PA	C	All	01/29/2024	03/29/2024
73225	MR ANGIO UPPER EXTREM	N	PA	C	All	01/29/2024	03/29/2024
74185	MR ANGIO ABDOMEN (MRA)	N	PA	C	All	01/29/2024	03/29/2024
77084	MRI, BONE MARROW	N	PA	C	All	01/29/2024	03/29/2024
78608	BRAIN IMAGING PET METABOLIC	N	PA	C	All	01/29/2024	03/29/2024
83521	Immunoglobulin light chains (ie, kappa, lambda), free, each	Y	PA	C	All	01/29/2024	03/29/2024

Legend:

C - Covered

N/C - Not Covered

PA - Prior Authorization

OON - Out of Network

C-W/L - Covered with Limits

Com - Commercial

Caid - Medicaid

Care - Medicare

MHC - Mountain Health Co-op

Ut-Ind - Utah Individual

Ful Ins - Fully Insured

All - All LOBs