

Prior Authorization List (PAL)

The following are lists of procedure codes **ADDED** to Highmark Health Options and Highmark Health Options Duals plans effective **12/01/25**:

Medicaid / Medicare:

Codes in Range	Description / Category
G0455	Instillation of fecal microbiota: Auth required for DE DNSP members
G9143	Warfarin responsiveness testing: Auth required for DE DNSP members

Medicaid only:

Codes in Range	Description / Category
14040, 14061, 14301, 15110, 15115, 15130, 15135, 15200, 15220, 15221, 15240, 15241, 15260, 15261, 15272, 15274, 15276, 15278, 15736, 15760, 15770, 15777, 17340, 17360, 17380, 20912, 21120-1, 21125, 21127, 21137-9, 21208, 21210, 21230, 29844, 31090, 31255, 40500, 67901, 67999, 69090, 69300	Skin grafts, surgical revisions of the face, exfoliation, etc. (Note: cosmetic procedures are a non-covered service)
21235, 21335, 21740, 21742-3	Spinal fusion, pelvic fixation, repairs of pectus excavatum (inpatient review applies where appropriate)
22999, 28899, 31299, 41899, 47399, 47579, 47999, 48999, 49999, 50549, 50949, 51999, 53899, 59897-9, 60659, 60699, 64999, 66999, 67299, 67399, 67599, 68899, 69799, 69949, 69979, 76496-9, 77299, 77399, 77499, 77799, 78099, 78199, 78299, 78399, 78499, 78599.	Unlisted or non-specified procedures (inpatient review still applies where appropriate; cosmetic procedures are a non-covered service)

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78699, 78799, 78999, 79999, 81479, 81599, 84999, 85999, 86999, 87999, 88299, 89240, 90399, 90749, 90999, 91299, 93799, 95999, 96549, 96999, 97039, 97139, 97799, 99199, 99499, V2799	
25107	Arthroscopy
31587	Laryngoplasty
31647-8	Bronchoscopy
33218, 33220, 33223, 33243	Procedures related to the maintenance of pacemakers or implantable defibrillators (inpatient review applies where appropriate)
43631, 43632, 43633, 43634	Gastrectomy (inpatient review applies where appropriate)
53400, 53405, 53410, 53415, 53420, 53425, 53430, 53431	Urethroplasty (Note: cosmetic procedures are a non-covered service)
54120, 54125, 54130, 51435, 54406, 54408, 54415, 54520, 54660, 54690, 55175, 55180, 55400, 55899, 55970, 55980, 56442, 56620, 56625, 56700, 56800, 56805, 56810, 57106-7, 57110-1, 57291, 57530	Procedures related to the revision or rearrangement of male or female genital system, including gender transition (Note: for all LOB, cosmetic procedures are non-covered)
57288, 58565, 58579, 58660, 58670, 58700, 58999, C9734	Procedures for the female genital system including lysis of adhesions, tubal cauterly, removal of fallopian tubes
63055, 63085	Decompression of spinal cord, vertebral corpectomy (inpatient review applies where appropriate)
64583, 64584	Revision or removal of hypoglossal nerve neurostimulator
67345	Chemodenervation of extraocular muscle
67902	Implantation of temple bone
67903-4, 67908, 88271-5, 88363, 88365, 88374, 88377, 88380	Genetic testing procedures and analysis
77086, 0610T, 0612T	Imaging (DXA, Magnetic resonance, etc.)
90832	Psychotherapy
96900	Actinotherapy (UV light)
97810	Acupuncture
0003U	Oncology (ovarian) biochemical assay

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0446T, 0448T	Implantation or removal of interstitial glucose sensor (inpatient review still applies where appropriate)
0449T, 0474T	Aqueous drainage device insertion (inpatient review still applies where appropriate)
E0652	Pneumatic compression with gradient pressure
E0730	TENS device, 4 or more leads
G0237-8	Therapeutic procedures to increase strength or endurance of respiratory muscles
G0277	Hyperbaric oxygen, per 30 minutes
G0455	Instillation of fecal microbiota (Auth required for DE DNSP members)
G2082-3	Administration of Esketamine in an office visit setting
G9143	Warfarin responsiveness testing: (Auth required for DE DNSP members)
Q4101, Q4104, Q4107, Q4121, Q4132, Q4133, Q4136	Skin replacement preparations
S0013	Esketamine, nasal spray, 1mg
S1040	Cranial remolding orthosis
S2066-8	Breast reconstruction (note: cosmetic procedures are a non-covered service)
S2080	Laser-assisted uvulopalatoplasty (LAUP)
S9977	Meals, Per Diem, Not otherwise specified

The following DME Codes have been revised to remove the rule that billed charges under \$500 do not require prior authorization. These codes now require authorization regardless of pricing:

Codes in Range	Description / Category
A4100, A4335, A4421, A9270, A9279, A9280, C1889, E1399, T5999, L8608, L8693, L8698, Q4051, S1001-2, S8189, S8301	Non-specified / non-covered supplies or equipment
A4226, E0782-3, E0786-7	Infusion pumps and related accessories and supplies
A4262-3, A4287	Lactation
A4264	Permanent implanted contraceptive device

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A4270	Disposable endoscopic sheath
A4321	Catheter/ostomy supplies
A4465	Non-elastic binder
A4470	Gravlee jet washer
A4563	Rectal control system for vaginal insertion
A4575	Topical hyperbaric oxygen chamber disposable
A4638, L7181, L7364, L7366, L7368	Batteries, cables, chargers
A4639, A6000, A6261-2, A6460-1, A9272, E0215, E0217, E221, E0225, E0232, E0235-6, E0239, E0606, K0743	Wound care products (heating, warming covers, fillers, gels, dressings, suction, etc.)
A4651-2, A9277-8, E0620, E2100-2, S1030-1	Blood glucose monitors, accessories, and supplies
A4653, A4671-4, A4706, A4707-9, A4714, A4719-26, A4728, A4736-7, A4740, A4755, A4766, A4774, A4911, A4913, A4918, A4929, E1500, E1510, E1540, E1575, E1580, E1590, E1592, E1594, E1600, E1615, E1620, E1625, E1630, E1632, E1634-6, E1699	Dialysis equipment, accessories, and supplies
A5500, A5501, A5507	Diabetic shoes & molds
A6503-9, A6511, A6513, A6523-5, A6527, A6529, A6559-67, A6569, A6571, A6584, A6593, A6609, E0656, E0671, E0676, S8420-3, S8425-6	Compression garments, burn, gradient, sleeves, stockings, pneumatic compression for wound care, etc.
A7025	Chest wall vest replacment
A8002-3	Protective helmet, custom
A9150, A9152-3	Non-prescription drugs, vitamins
A9282	Wig, any
A9283	Foot pressure offloading device
A9285	Inversion/eversion corrective device
B4187	Omegaven 10G lipids
B9002, B9006, B9998, B9999	Enteral / Parenteral nutrition pumps and supplies
E0144, E0627, E0639-42, E1036, E1038, E8001-2	Walkers, ambulatory assistive devices, lifts, transfer systems
E0162, E0170, E0241-2, E0245-6, E0350, E0625, E1300, E1310	Commodes & toileting, bathing modifications & devices
E0182, E0185-7, E0193, E0196-8, E0250-1, E0256, E0265, E0273, E0290-7, E0300, E0302, E0304, E0316, E0328-9, E0372-3,	Hospital beds, mattresses including air/water/gel pressure pads, accessories, bed modifications, devices, and supplies

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E0462, E0629, E0636-7, E0855, E0920, E0930, E0941, E0946	
E0435, E0439, E0440, E0446, E0455, E0467, E0472, E0481, E0487, E0550, E0560, E0619, E1390-1, E1405-6, K0730, Q0479, Q0480-1, Q0483, Q0488-9, Q0491, Q0495, Q0499, Q0502-3, S9007	Respiratory assistive devices, apnea monitors, inhalers, oxygen, and related equipment and supplies
E0616-7, K0606	Internal or external pacemakers, defibrillators, neurostimulators, and related accessories and supplies
E0670, E0731, E0744-6, E0761, E0764, E0769-70, L8678, L8681-3, L8685-8, S8130-1	Pneumatic compressors, TENS neurostimulators, muscle stimulators, biofeedback devices, and related accessories and supplies
E0691-4	Ultraviolet light therapy systems
E0950, E0955, E0958-9, E0967-70, E0973, E0980-2, E0984-6, E0988, E0990, E0992, E0994-5, E1003, E1005, E1009, E1011, E1014-5, E1017-8, E1029, E1036-8, E1050, E1060, E1070, E1083-90, E1092-3, E1100, E1110, E1130, E1140, E1150, E1160, E1170-2, E1180, E1190, E1195, E1200, E1220-5, E1227-31, E1239-40, E1250, E1260, E1270, E1280, E1285, E1290, E1295-8, E1802, E2201-3, E2205-6, E2211-2, E2214-6, E2219-22, E2224-8, E2230, E2291-5, E2298, E2301, E2313, E2322, E2324-7, E2329, E2331, E2340-3, E2351, E2368-9, E2371-2, E2374, E2377, E2381-5, E2388, E2390-1, E2394-6, E2398, E2604-17, E2620-33, E8000-2, K0008-15, K0017, K0020, K0037, K0039, K0042, K0046-7, K0050-1, K0053, K0065, K0070-2, K0098, K0108, K0669, K0807, K0812-5, K0820, K0829-31, K0836, K0838, K0842, K0868-71, K0877-80, K0884-6, K0890-1, K0898	Wheelchair and ambulatory assistive devices, modifications, parts, and accessories
E1637	Hemostats
E1639	Scale
E1801, E1806, E1811-2, E1816, E1818, E1830-1, E1840-1	Passive/ dynamic motion exercise devices
E2120	Pulse generator for inner ear

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E2500, E2511, E2599	Speech generating devices, software, and assistive devices and accessories
K0899, K0900	Powered mobility note coded DME, Customized DME other than wheelchair
K1034	Provision of COVID-19 test, nonprescription self-administered and self-collected use
L0112, L0170, L0452, L0454, L0456-7, L0462, L0466, L0468, L0480, L0482, L0484, L0486, L0488, L0622, L0624, L0627, L0629, L0631-2, L0634, L0636-40, L0648, L0650-1, L0700, L0710, L0810, L0820, L0830, L0999-1001, L1005, L1200, L1230, L1300, L1310, L1499, L1640, L1681, L1686, L1690, L1710, L1720, L1730, L1755, L1832, L1834, L1843 -7, L1851-2, L1904, L1907, L1950-1, L2005-6, L2030, L2034, L2112, L2128, L2132, L2134, L2136, L2232, L2280, L2340, L2350, L2387, L2510, L2525, L2570, L2627-8, L2861, L2999, L3160-1, L3222, L3251, L3255, L3671, L3674, L3677, L3702, L3760-1, L3763-6, L3806, L3808-9, L3901, L3904-5, L3913, L3915, L3917, L3919, L3921, L3929, L3933, L3935, L3960-2, L3967, L3971, L3973, L3975-8, L3999-4000, L4010, L4020, L4130, L4631, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610-1, L5613-7, L5626, L5628, L5630-2, L5638-40, L5642-53, L5698-707, L5711-2, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780-2, L5785, L5790, L5795, L5810-2, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5850, L5855-7, L5859, L5920, L5925-6, L5930, L5940, L5950, L5960-2, L5964, L5966, L5968-71, L5973, L5975-6, L5978-82, L5984-8, L5990-1, L5999-6000, L6010,	Body / limb shells, wraps, external supports, KAFOs, AFOs, orthotics, and prosthetics

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L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6621, L6623-5, L6628, L6635, L6638, L6642, L6646, L6648, L6686-97, L6707-9, L6712-5, L6722, L6805, L6810, L6856, L6880-5, L6900, L6905, L6910, L6915, L7007, L7009, L7040, L7045, L7170, L7259, L8040-48, L8631, L8659, L8691, L8694, L9900, S8450, S8452	
L8002, L8031, L8039, L8600	Breast prosthetics
L8500	Artificial larynx
L8604	Injectable bulking agent, urinary tract
L8690	Hearing aids, assistive listening devices, & related services
S1034-7	Artificial pancreas device and components
S8270	Enuresis alarm device
S9433-5	Medical nutrition administered orally, food for inborn metabolic errors
T2028-9	Specialized medical equipment (or waiver), non-specified
V5190, V5266-7, V5269-75, V5281-2, V5284, V5286-8, V5336	Hearing aids, assistive listening devices, batteries, accessories, and related services

Other revisions to Medicaid:

Codes in Range	Description / Category
97545	Work Conditioning: Authorizations are managed by Worker's Compensation
A0425, A0433-4	Transportation: No prior authorization required; non-emergency transportation is not covered / level of care must meet medical necessity
A2001, A2004-6, A2013, Q4103, Q4112-4, Q4116-8, Q4125, Q4128, Q4130, Q4134-40, Q4142, Q4145-51, Q4153-7, Q4159-60, Q4162-3, Q4167-71, Q4173-4, Q4176-8, Q4180-92, Q4194-9, Q4202, Q4204-6,	Skin replacement preparations: Non-covered

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Q4208-9, Q4111-21, Q4224-7, Q4229-35, Q4237, Q4239-42, Q4245-61, Q4304, Q4310, Q4332	
B4149-50, B4152, B4157, B4162	Service not covered for members 5 and under
T2005, T2007, T2049	Non-emergent transportation: not covered
T4529-32	Not covered for members under 4 without letter of medical necessity and prior authorization.

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