HIGHMARK HEALTH OPTIONS

10/30/25

Prior Authorization List (PAL) Update

Below is a listing of procedure codes ADDED to the Highmark Health Options West Virginia Medicaid PAL that will require prior authorization beginning on 12/01/25:

Codes in Range	Description / Category
11950-2, 11954, 15273, 15775-6, 15780-3, 15786, 15788-9, 15792-3, 15820-6, 15828-30, 15832-9, 15847, 15876-9, 17380, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30468, 30520, 30560, 30630	Plastic surgery, grafts, augmentations, and revisions, including rhinoplasty and nasal revisions or repairs (Note: Cosmetic procedures are non-covered)
15999	Unlisted excision of pressure ulcer
19316, 19318, 19325, 19355, 19364, 19367-71, 19380, 19499, C1789, L8002, L8031, L8600, S2066, S2067, S2068	Breast revision or reconstruction & prosthetics (Note: Cosmetic procedures are non-covered)
22836-7, 22852, 22855	Anterior thoracic vertebral procedures, including removal of instrumentation
22857, 22862, 27334-5, 27430, 27437, 27440-3, 27445, 29885, 29886, 29887	Arthroplasty / Arthrotomy / Arthroplasty / Arthroscopy
43631, 43632, 43633	Gastrectomy
53405, 53415, 53431	Urethroplasty
54135	Amputation of penis, radical, non-cosmetic
56620	Perineoplasty, repair of perineum
58152, 58200, 58263	Hysterectomy
61889	Insertion of skull-mounted cranial neurostimulator pulse generator
64582-4, 69714	Implantation, revision, or removal of hypoglossal nerve neurostimulator or osseointegrated impant
74263, 74712	CT, fetal MRI imaging
77387, 77427, 77431-2, 77435, 77469-70	Radiation treatment management, including guidance and stereotactic therapy. (Note: Prior authorization is NOT required for diagnosis codes C00-D49.)

81175, 81194, 81220, 81225, 81227, 81229, 81238, 81250-1, 81259, 81260, 81273, 81302-4, 81307, 81313, 81330, 81351, 81355, 81404, 81408, 81413-4, 81417, 81419, 81425, 81427, 81430-1, 81439-40, 81445, 81448, 81450, 81455, 81460, 81465, 81470-1, 91493, 91500, 91503-4, 81525, 81540, 81542, 0001U, 0004M, 0006M, 0007M, 0016U, 0018U, 0022U 0023U, 0026U, 0027U, 0037U, 0040U, 0045U, 0047U, 0048U, 0050U, 0087U, 0094U, 0101U, 0172U, 0212U-0215U, 0239U, 0242U, 0245U, 0276U, S3854	Genetic testing & gene sequencing
81596	Biochemical assay for chronic hepatitis C virus (HCV) infection
93042, 95700, 95711-3, 95715, 95716, 95718, 95720, 95722, 95724, 95726	ECG & EEG, including interpretation and reporting, with video recording
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days
95782	Sleep study, younger than 6 years
0003U	Oncology (ovarian) biochemical assay
0275T	Percutaneous laminotomy/laminectomy (inpatient review still applies)
0308T	Insertion of ocular telescope prosthesis
0408T-11T, 0414T, E0617	Insertion, replacement, removal, evaluation of pacemakers and electrodes, pulse generators, defibrillators
A0888	Noncovered ambulance mileage
A5500-1	Diabetic shoe molds, custom
A8002-3	Protective helmet, custom
A9273	Hot/cold fluid bottle
B9006, B9998	Parenteral /enteral nutrition pump, supplies
E0162	Toileting / Bathing equipment
E0265, E0300	Beds, mattresses, and related equipment
E0439, E0472, E0619. E1390, K0730	Respiratory assistive devices, inhalers, oxygen, and related supplies
E0652, E0670, E0730, E0744-5, L8682	Pneumatic application, TENs device neuromuscular stimulators
E0749	Osteogenesis simulator, electrical
E0782	Infusion pumps
E0959, E0967-9, E0980, E0988, E0995, E1015, E1230, E2215-6, E2227-8, E2230, E2295,	Wheelchair parts and accessories, ambulatory assistance devices

E2298, E2301, E2322, E2324-5, E2327, E2329, E2331, E2341, E2343, E2371-2, E2385, E2398, E2610, E2626-33, E8000-1, K0008-14, K0017, K0020, K0039, K0046, K0050, K0065, K0098, K0807, K0812-15, K0820, K0829-31, K0836, K0838, K0842, K0868-71, K0877-80, K0884-6, K0890-1, K0898-9000	
E1594	Dialysis equipment & supplies
E2100-1	Blood glucose monitors
E2120	Pulse generator system for inner ear
E2511, E2599	Speech generating or assistive devices
G0105	Colorectal screening – auth required for members under 45
G2082-3	Administration of Esketamine in an office visit setting
L0112, L0170, L0454, L0466, L0468, L0480, L0482, L0484, L0486, L0622, L0627, L0629, L0636, L0638, L0640, L0700, L0710, L0820, L1000, L1200, L1230, L1300, L1310, L1640, L1686, L1690, L1710, L1720, L1730. L1755, L1832, L1834, L1843-4, L1846-7, L1904, L1907, L1950, L2005, L2030, L2034, L2112, L2128, L2134, L2136, L2280, L2340, L2510, L2525, L2570, L2627-8, L3222, L3674, L3702, L3760-1, L3763, L3765-6, L3806, L3808, L3901, L3913, L3915, L3917, L3919, L3921, L3929, L3933, L3935, L3960-2, L3967, L3971, L3973, L3975-8, L4000, L4010, L4020, L4130-1, 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, L5613-4, L5616-7, L5626, L5628, L5630-1, L5638-40, L5642-53, L5698-5707, 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, L5850, L5855-7, L5920, L5925, L5930, L5940, L5950, L5960-2, L5964,	Body / limb shells, wraps, external supports, KAFOs, AFOs, orthotics, and prosthetics

L5966, L5970-1, L5975-6, L5978-82, L5984-91, L5999, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6621, L6623, L6625, L6628, L6638, L6642, L6646, L6648, L6686-97, L6707, L6709, L6712-4, L6722, L6810, L6880-5, L6900, L6905, L6910, L6915, L7045, L7259, L8691, L8694	
L7364, L7366, L7368	Batteries, cables, & charging systems
L8500	Artificial larynx
L8628, L8690, V5255, V5258	Cochlear devices, hearing aids, assistive listening devices, & related services
Q0479-81, Q0483, Q0488-9	Ventricular Assist Device replacement parts
S0013	Esketamine, nasal spray, 1mg
S0199	Medically induced abortion (note: elective abortions are non-covered)
S1034-7	Artificial pancreas device and components
S2083	Adjustment of gastric band (inpatient review applies)
S5101, S5120, S5161	Day care, home chore services, home emergency response system
T2028-9	Specialized medical equipment or waivers, non-specified

Other revisions to Medicaid:

Codes in Range	Description / Category
11920-1	Tattooing, corrective: not covered
20912, 31090, 31255	Correction to code descriptions; revised language (cosmetic procedures are non-covered)
38206, 38232, 38241	Bone marrow / cell harvesting & transplant: Authorization is managed directly by BMS
90870	Electroconvulsive therapy: not covered
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
G0455	Instillation of fecal microbiota: not covered
G9143	Warfarin responsiveness testing: not covered
H0015, H0035, H2013	Clarification: Prior authorization is required. For members under 21, certification must be made prior to admission / continued stay that outpatient behavioral health resources available in the community did not meet the treatment needs of the enrollee.