

Dear Viva provider,

Effective 1/1/16 Viva added new surgical codes to our list of codes that require a prior authorization. Attached is a listing of the in-office surgical codes. The codes listed in red are the codes that have recently been added. You will also find this change reflected on your Quick Reference Guide under “Most in office Surgeries”. This listing will also be updated and posted to our website at www.vivaprovider.com. You may also receive a visit from your Provider Services Representative. The procedure for obtaining a prior authorization remains the same. If you have any questions, concerns or issues please contact Provider Services via email at vivaproviderservices@uabmc.edu, by fax at 1-205-558-7477, or by phone at 1-800-294-7780.

PROCEDURE

Procedures Requiring Prior Authorization:

Procedure	Codes Requiring Authorization
Sinus and nasal surgery	21310 (not related to accident), 21325-21348, 30630, 31020-31032, 31050-31051
	31070-31090, 31200-31205, 31225-31230, 31254-31267
	31276-31299, 40700-40761, 42999, 61581
Oral Surgery	21010, 21040-21073, 21116, 21230-21235, 21240-21243, 21248-21275, 21295-21299, 21423, 21431-21445, 21451-21497, 21499
Additional Office Surgeries	0238T, 10040, 15775-15819, 15824-15829, 17380, 17999, 19300, 19316, 21137-21139, 21172-21184, 22513-22515, 28344, 30120, 30400-30460, 30540-30560, 30620, 35471-35476, 36100-36254, 36468-36479, 37220-37244, 37500, 37700-37785, 37799, 67221, 67225, 67912, 69090, 69300
Pain Management – Epidural Blocks	62310-62311, 64405, 64450, 64479-64484, 64490-64495, 64615, 64617, 64620-64681
Other Office Services	C9800, Q2026, Q2028, 96567, 96900, 96910, 96912, 96913
Sleep Studies	95782- 95783, 95805-95811
Cardiac Catheterizations	93451-93464, 93501, 93503, 93505, 93510-93533, 93539-93545, 93555, 93556, 93561, 93562, 93564-93568, 93571, 93572, 93580, 93581
Other Cardiac Services	G0290, 92920-92944, 92960-92961, 92973-92977, 92980-92998, 93650 – 93652, 93653-93657
Gamma Knife Procedures	61796 - 61799, G0173, G0251, G0339-G0340, 77371-77372

Gene Expression Profiling – Mgt of Breast Cancer Treatment (Oncotype DX Testing)	S3854
BRCA 1&2 Testing	81211-81217
Capsule Endoscopy	91110 – 91111
Implantable Devices (Not related to contraception)	11981 – 11983
Possible Cosmetic Surgery Procedures	11920 -11971, 15830 – 15839, 15876 – 15879, 19318-19396,
Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets)	S0189, 11980

INR Monitoring	G0248, G0249
Grafix Core Wound Care Services	Q4132, Q4133
Myelograms/CT Scans Billed with Myelogram Procedure	70010, 72240, 72255, 72265, 72270, 62284,62302, 62303, 62304, 62305, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133 Note: If authorization is on file for either the radiology range or surgery range code, claim can pay without having the other code added to the authorization. Process with 'OU' claim type if surgical range code is billed

Neuro-Psych Testing	96020, 96101-96125
Partial Hospitalization Services	912, 913, 915, G0410, G0411, 90846, 90847, 90849, 90853
Intensive Outpatient Therapy Program	905, 906, 90846, 90847, 90849, 90853
Outpatient Electroconvulsive Therapy	901, 90870

Diskograms	62290, 62291, 72285, 72295
Radiopharmaceuticals	A9542 – A9543
Arteriograms	75600, 75605, 75625, 75630, 93544
Cardiac Rehab	93797, 93798, G0422 – G0423
Pulmonary Rehab	G0239, G0424
Speech Therapy	92506-92508, 92523-92524, 92526, 92607-92608, 92597
Physical Therapy	97001-97002, 97010-97028, 97032-97039, 97110-97546
Occupational Therapy	97003-97004
All Inpatient Services	POS 21
All Outpatient Surgery	POS 22, 24
All Inpatient Rehabilitation	POS 61
All Skilled Nursing Services	POS 31
All Ancillary Services	POS 12
Transplants	50323-50329, 47135, 47143-47147, 48551-48552, 38240, 38241, 38230, 32850-32854, 33935, 33945, 38240-38242

CareCore Prior Authorized Services

Effective 01/15/15

Procedure	Codes Requiring Authorization
CT Scans, MRI's, etc.	C8909-C8911, S8032, 70450-70555, 71250-71555, 72125-72159 ¹ , 72191-72198, 73200-73225, 73700-73725, 74150-74185, 74261-74263, 75557-75574, 75635, 76376-76377, 77058-77059, 77084
PET Scans	78459, 78491, 78492, 78608, 78609, 78811-78816
Foot note¹	The following injection procedures: 62284, 62302-62305, do not have to be added to authorization for the CT Scan. Process claim with 'OU' claim type when the injection procedure is billed in conjunction with the CT Scan.

Medicare Me Plans Only

Procedures Requiring Prior Authorization:

Procedure	Codes Requiring Authorization
MRI's/SPECT/MUGA Scans	C8900-C8914, C8918-C8920, C8931-C8936, 70336, 70540-70559, 71550-71552, 71555, 72141-72159, 72195-72198, 73218-73225, 73718-73725, 74181-74185, 75557-75561, 75563, 75565, 76498, 77058-77059, 77084, 78451-78454, 78472-78473, 78481, 78483
Medicare Me Supplemental Provider services (Provider capacity = 'ME')	POS 11, POS 20, POS 22