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Code Range	Description	PacificSource Community Solutions Preapproval Required
Not Applicable	Breast Pumps <b>Notes:</b> No preapproval required for 1st month rental; beyond one month rental requires preapproval	Yes
Not Applicable	Genetic Testing & Analysis <b>Notes:</b> Genetic Testing & Analysis requires PA whether code listed or not	Yes
Not Applicable	Home Health Stays - For all Initial Certification and Recertification periods <b>Notes:</b> Initial Certification review required effective 1/1/12.	Yes
Not Applicable	Inpatient Hospital Care <b>Notes:</b> Preapproval is required, except in an emergency.	Yes
Not Applicable	Mental Health, Behavioral Health or Substance Use Disorder Services <b>Notes:</b> A preapproval is NOT needed for a member to access, or a provider to refer to, the local community mental health/behavioral program for services.	Yes
Not Applicable	Outpatient Hospital Services/ASC Services <b>Notes:</b> We cover medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury. <b>Please refer to the preapproval grid to verify if the requested procedure or service requires preapproval as not all outpatient services require preapproval.</b>	Yes
Not Applicable	Skilled Nursing Facility/Swing Bed Stays	Yes
0001T - 9999T	Category III Temporary Codes For Emerging Technology, Services and Procedures	Yes

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11400 - 11471	Excision benign lesion	Yes
15820 - 15823	Blepharoplasty <b>Notes:</b> If Ophthalmologist requesting, preapproval is not required	Yes
19316 - 19318	Breast repair or reconstruction	Yes
19324 - 19325	Mammoplasty, augmentation with or without prosthetic implant <b>Notes:</b> If breast cancer diagnosis, preapproval is not required	Yes
19328 - 19330	Breast repair or reconstruction	Yes
22100 - 22226	Spinal procedures	Yes
22505 - 22534	Spinal procedures	Yes
22548 - 22899	Spinal procedures	Yes
27284 - 27286	Arthrodesis	Yes
32850 - 32856	Lung transplant procedures <b>Notes:</b> Being certified as a Medicare approved facility is required for performing these procedures	Yes
33930 - 33945	Heart/lung transplant <b>Notes:</b> Being certified as a Medicare approved facility is required for performing these procedures	Yes
36475 - 36479	Endovenous Ablation Therapy	Yes

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37700 - 37799	Treatment of varicose veins	Yes
43644 - 43645	Laparoscopic Gastric Bypass with Small Bowel Resection	Yes
43647 - 43653	Other Laparoscopic Gastric Procedures	Yes
43770 - 43775	Laparoscopic Bariatric Procedures	Yes
43842 - 43888	Open Bariatric, Gastric Procedures	Yes
44132 - 44137	Intestine transplant procedures	Yes
47133 - 47147	Liver transplant	Yes
48550 - 48999	Pancreas Transplant	Yes
50300 - 50380	Kidney Transplant	Yes
54150 - 54163	Circumcision procedures, frenulotomy of penis	Yes
54360 - 54417	Plastic surgery on penis; insertion and repair of prosthesis	Yes
56800 - 56810	Plastic repair of introitus, clitoroplasty, perineoplasty	Yes
58150 - 58180	Hysterectomy, abdominal and vaginal enterocele repair	Yes
58260 - 58290	Vaginal hysterectomy	Yes
58550 - 58554	Vaginal hysterectomy with laparoscopy	Yes
58578 - 58578	Unlisted laparoscopy procedures, uterus	Yes
61796 - 61800	Stereotactic Radiosurgery (SRS): Brain	Yes

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62280 - 62292	Neurolysis & Injection/Aspiration of Spine, Diagnostic/Therapeutic	Yes
62310 - 62319	Injection/Infusion Diagnostic/Therapeutic Material	Yes
62350 - 62368	Procedures Related to Epidural and Intertecal Catheters	Yes
63001 - 63051	Posterior Midline Laminectomy/Laminotomy/Decompression & Cervical Laminoplassty Procedures	Yes
63055 - 63199	Spinal cord procedures	Yes
63620 - 63621	Stereotactic Radiosurgery (SRS): Spine	Yes
63650 - 63688	Spinal Neurostimulation	Yes
64479 - 64484	Transforaminal Injection	Yes
64490 - 64494	Injection(s), diagnostic or therapeutic agent, Paravertebral Facet Joint Nerve; Lumbar Or Sacral	Yes
64553 - 64565	Peripheral nerve neurostimulators	Yes
64568 - 64569	Peripheral nerve neurostimulators	Yes
64575 - 64581	Peripheral nerve neurostimulators	Yes
64590 - 64590	Peripheral nerve neurostimulators	Yes
64622 - 64623	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve; Lumbar Or Sacral	Yes
65710 - 65757	Corneal transplant	Yes
65760 - 65782	Corneal procedures	Yes
67900 - 67912	Repair of Brow Ptosis, Blepharoptosis	Yes

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69710 - 69718	Implantation of hearing device	Yes
69799 - 69799	Unlisted procedure, middle ear	Yes
69930 - 69949	Cochlear implant & unlisted	Yes
70336 - 70336	Magnetic Resonance Imaging (MRI) Temporomandibular Joint	Yes
70540 - 70543	Magnetic Resonance Imaging (MRI) Orbit, Face, or Neck	Yes
70544 - 70549	Magnetic Resonance Angiography (MRA) Head and Neck	Yes
70551 - 70555	Magnetic Resonance Imaging (MRI) Brain	Yes
71550 - 71552	Magnetic Resonance Imaging (MRI) Chest	Yes
71555 - 71555	Magnetic Resonance Angiography (MRA) Thorax	Yes
72141 - 72159	Magnetic Resonance Imaging/Magnetic Resonance Angiography (MRI/MRA) spinal canal	Yes
72195 - 72197	Magnetic Resonance Imaging (MRI) Pelvis	Yes
72198 - 72198	Magnetic Resonance Angiography (MRA) Pelvis	Yes
73218 - 73223	Magnetic Resonance Imaging (MRI) Upper Extremity	Yes
73225 - 73225	Magnetic Resonance Angiography (MRA) Shoulder, Arm, Hand	Yes
73718 - 73723	Magnetic Resonance Imaging (MRI) Lower Extremity	Yes
73725 - 73725	Magnetic Resonance Angiography (MRA) Leg, Ankle, Foot	Yes
74181 - 74183	Magnetic Resonance Imaging (MRI) Abdomen - General	Yes

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74185 - 74185	Magnetic Resonance Angiography (MRA) Abdomen-General	Yes
75557 - 75563	Magnetic Resonance Imaging (MRI) Heart Structure and Physiology	Yes
76390 - 76390	Magnetic Resonance Spectroscopy	Yes
76999 - 76999	Unlisted Ultrasound Procedure	Yes
77058 - 77059	Magnetic Resonance Imaging (MRI) breast	Yes
77084 - 77084	Magnetic Resonance Imaging (MRI) Bone Marrow Blood Supply	Yes
78451 - 78454	Myocardial perfusion imaging, SPECT and planar	Yes
78459 - 78494	Heart Positron Emission Tomography (PET), imaging, SPECT	Yes
78608 - 78609	Brain Positron Emission Tomography (PET)	Yes
78811 - 78816	Tumor Positron Emission Tomography (PET)	Yes
81161 - 81355	Gene Analysis <b>Notes:</b> Genetic Testing & Analysis requires PA whether code listed or not	Yes
83890 - 83914	Genetic Testing <b>Notes:</b> Genetic Testing & Analysis requires PA whether code listed or not	Yes
88245 - 88299	Genetic Testing <b>Notes:</b> Genetic Testing & Analysis requires PA whether code listed or not	Yes
90791 - 90792	Psychiatric Diagnostic Evaluation	Yes

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90846 - 90849	Family Psychotherapy	Yes
90875 - 90876	Biofeedback related to Behavioral Health	Yes
90901 - 90911	Biofeedback related to Physical Health	Yes
91110 - 91111	Gastrointestinal tract imaging, eg capsule endoscopy	Yes
92507 - 92508	Outpatient Rehabilitation Services - Treatment of Speech/Hearing Disorders <b>Notes:</b> All therapies require preapproval.	Yes
92526 - 92526	Outpatient Rehabilitation Services - Treatment of swallowing and/or oral dysfunction for feeding <b>Notes:</b> All therapies require preapproval.	Yes
93228 - 93229	Cardiovascular Telemetry	Yes
95999 - 95999	Unlisted neurological or neuromuscular diagnostic procedure	Yes
96101 - 96103	Psychological Testing	Yes
96118 - 96120	Neuropsychological Testing	Yes
96150 - 96155	Health and Behavior Assessment and Intervention <b>Notes:</b> Preapproval required for units > 18 per member per year	Yes
97005 - 97799	Outpatient Rehabilitation Services - Physical/Occupational Therapies <b>Notes:</b> All therapies require preapproval.	Yes

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97532 - 97532	Outpatient Rehabilitation Services - Development of cognitive skills to improve attention, memory, problem solving  <b>Notes:</b> All therapies require preapproval.	Yes
97802 - 97804	Medical Nutrition Therapy  <b>Notes:</b> If diabetes and/or renal diagnosis, preapproval is not required	Yes
98940 - 98943	Chiropractic manipulation	Yes
99183 - 99183	Hyperbaric	Yes