## IDAHO MEDICAL CARE UNIT PRIOR AUTHORIZATION LIST

Effective July 1, 2011, the following codes, including all "unlisted" CPT® and ICD-9 procedure codes, require a prior authorization for both inpatient and outpatient procedures from the Medical Care Unit. Fax surgery request form to 1-877-314-8779.

Proc	Description
01.20	Cranial implant or replacement of neurostimulator pulse generator
11920	Tattooing, intradermal opaque pigments/correct color defect/skin.6.0 sq cm or less
11921	Tattooing, intradermal; 6.1 to 20.0 sq cm
15829	Superficial musculoaponeurotic system (SMAS) flap
11970	Replacement of tissue expander with permanent prosthesis
17106	Destruction of cutaneous vascular proliferative lesions, less than 10 sq cm
17107	Destruction of cutaneous vascular proliferative lesions, 10.0 - 50.0 sq cm
17108	Destruction of cutaneous vascular proliferative lesions, over 50.0 sq cm
19300	Mastectomy for gynecomastia
19316	Mastopexy
19324	Mammoplasty, augmentation without prosthetic implant
19325	Mammoplasty augmentation with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340	Immediate insertion of breast prosthesis
19342	Delayed insertion of breast prosthesis
19350	Reconstruction, nipple/areola
19357	Breast reconstruct with tissue expander including subsequent expansion
19361	Breast reconstruct with latissimus dorsi flap, with or without prosthetic implant
19364	Breast reconstruction with free flap
19366	Breast reconstruction with other technique
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM)
19368	Breast reconstruction (TRAM), with microvascular anastomosis
19369	Breast reconstruction
19370	Open periprosthetic capsulectomy, breast
19371	Periprosthetic capsulectomy, breast
19380	Revision of reconstructed breast
20.95	Implantation of electromagnetic hearing device (BAHA)
21081	Mandibular resection prosthesis
21082	Palatal augmentation prosthesis

Proc	Description
21084	Speech aid prosthesis
21086	Auricular prosthesis
21138	Reduction forehead; contouring/application of prosthetic material or bone graft
21159	Reconstruct midface, LeFort III w/ forehead advancement, requiring bone grafts
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair
59866	Multifetal pregnancy reduction(s)
63.1	Excision of varicocele and hydracele of spermatic cord
64555	Percutaneous implant neurostimulator electrodes; peripheral nerve, excl sacral
64560	Percutaneous implant neurostimulator electrodes; autonomic nerve
64565	Percutaneous implantation of neurostimulator electrodes; neuromuscular
64566	Posterior tibial neurostimulation, percutaneous needle electrode/programming
64568	Incision for implant cranial nerve (e.g. vagus nerve) neurostimulator
64575	Incision for implant of neurostimulator electrodes peripheral nerve, excl sacral
64577	Incision for implant of neurostimulator electrodes; autonomic nerve
64580	Incision for implant of neurostimulator electrodes; neuromuscular
64590	Insert or replacement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling (Sacral nerve only-Gastric reviewed by Qualis Health)
64653	Chemodenervation of eccrine glands or other area (scalp, neck, face) per day
67221	Destruction of localized lesion; photodynamic therapy
69300	Otoplasty, protruding ear, with/without size reduction
69714	Implantation, osseointegrated implant, temporal bone
69715	Implantation, osseointegrated implant, temporal bone, with mastoidectomy
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with mastoidectomy
75.0	Intra-amniotic injection for abortion
80.20	Arthroscopy
85.0	Mastotomy
85.50	Augmentation mammoplasty, not otherwise specified
85.53	Unilateral breast implant
85.54	Bilateral breast implant

Proc	Description
85.6	Mastopexy
85.70	Total reconstruction of breast, not otherwise specified
85.71	Latissimus dorsi myocutaneous flap
85.72	Transverse rectus abdominis myocutaneous (TRAM) flap, pedicled
85.73	Transverse rectus abdominis myocutaneous (TRAM) flap, free
85.74	Deep inferior epigastric artery perforator (DIEP) flap, free
85.75	Superficial inferior epigastric artery (SIEA) flap, free
85.76	Gluteal artery perforator (GAP) flap, free
85.79	Other total reconstruction of breast
85.83	Breast full-thick graft
85.84	Breast pedicle graft3
85.85	Breast muscle flap graft
85.87	Nipple repair or reconstruction
85.89	Other mammoplasty
85.93	Breast implant revision
85.94	Breast implant removal
85.95	Insert breast tissue expander
85.96	Remove breast tissue expander
85.99	Breast operation, other
86.02	Injection or tattooing of skin lesion or defect
86.3	Other local excision /destruction of lesion/tissue of skin and subcutaneous tissue
86.82	Facial rhytidectomy (face lift)
86.89	Other repair/reconstruction of skin and subcutaneous tissue
86.94	Insert/replace single array neurostimulator pulse generator (cranial)
86.95	Insert/replace dual array neurostimulator pulse generator (cranial )
86.96	Insert/replace other neurostimulator pulse generator (cranial)
86.97	Insert/replace single array neurostimulator pulse generator, rechargeable (cranial)
86.98	Insert/replace dual array neurostimulator pulse generator, rechargeable (cranial)
87903	Phenotype analysis by DNA/RNA, HIV 1, 1 - 10 drugs tested
87904	Phenotype analysis by DNA/RNA, HIV 1, each additional 1 - 5 drugs
93.39	Other physical therapy
97799	Unlisted physical medicine/rehabilitation service or procedure