



PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION EFFECTIVE FOR SERVICE DATES 09/01/2019 and AFTER

UTILIZE SUPERIOR HEALTHPLAN'S ONLINE PRIOR AUTHORIZATION TOOL FOR PRIOR AUTHORIZATION REQUIREMENTS

Procedure Code	Procedure Code Description	Effective Date of Prior Authorization Requirement
0163T	LUMB ARTIF DISKECTOMY ADDL	11/01/2019
0164T	REMOVE LUMB ARTIF DISC ADDL	11/01/2019
0165T	REVISE LUMB ARTIF DISC ADDL	11/01/2019
0200T	PERQ SACRAL AUGMT UNILAT INJ	11/01/2019
0201T	PERQ SACRAL AUGMT BILAT INJ	11/01/2019
0202T	POST VERT ARTHRPLST 1 LUMBAR	11/01/2019
0219T	FUSE SPINE FACET JT CERV	11/01/2019
0220T	FUSE SPINE FACET JT THOR	11/01/2019
0221T	FUSE SPINE FACET JT LUMBAR	11/01/2019
0222T	FUSE SPINE FACET JT ADD SEG	11/01/2019
0274T	PERQ LAMOT/LAM CRV/THRC	11/01/2019
0275T	PERQ LAMOT/LAM LUMBAR	11/01/2019
20931	SP BONE ALGRFT STRUCT ADD-O	11/01/2019
20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	11/01/2019
20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	11/01/2019
22100	PART EXC POST VERTEB COMPON-1 SEGMT; CERV	11/01/2019
22101	PART EXC POST VERTEB COMPON-1 SEGMT; THOR	11/01/2019
22102	PART EXC POST VERTEB COMPON-1 SEGMT; LUMB	11/01/2019
22103	PART EXC POST VERTEB COMPON; EA ADD SEGMT	11/01/2019
22110	PART EXC VERTEB BODY WO DECOMP-1 SEGMT; CERV	11/01/2019
22112	PART EXC VERTEB BODY WO DECOMP-1 SEGMT; THOR	11/01/2019
22114	PART EXC VERTEB BODY WO DECOMP-1 SEGMT; LUMB	11/01/2019
22116	PART EXC VERTEB BODY; EA ADD VERTEB SEGMT	11/01/2019
22206	CUT SPINE 3 COL THOR	11/01/2019
22207	CUT SPINE 3 COL LUMB	11/01/2019

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Procedure Code	Procedure Code Description	Effective Date of Prior Authorization Requirement
22208	CUT SPINE 3 COL ADDL SEG	11/01/2019
22210	OSTEOT SPINE-POST/POSTLAT APPROACH-1 SEGMT; CERV	11/01/2019
22212	OSTEOT SPINE-POST/POSTLAT APPROACH-1 SEGMT; THOR	11/01/2019
22214	OSTEOT SPINE-POST/POSTLAT APPROACH-1 SEGMT; LUMB	11/01/2019
22216	OSTEOT SPINE-POST/POSTLAT APPROACH; EA ADD SEGMT	11/01/2019
22220	OSTEOT SPINE W/DISKECT-ANT APPRCH-1 SEGMT; CERV	11/01/2019
22222	OSTEOT SPINE W/DISKECT-ANT APPRCH-1 SEGMT; THOR	11/01/2019
22224	OSTEOT SPINE W/DISKECT-ANT APPRCH-1 SEGMT; LUMB	11/01/2019
22226	OSTEOT SPINE W/DISKECT-ANT APPROCH; EA ADD SEGMT	11/01/2019
22325	OPEN TX VERT FX/DISLOC-VIA POST-1 SEGMT; LUMB	11/01/2019
22326	OPEN TX VERT FX/DISLOC-VIA POST-1 SEGMT; CERV	11/01/2019
22327	OPEN TX VERT FX/DISLOC-VIA POST-1 SEGMT; THOR	11/01/2019
22328	OPEN TX VERT FX/DISLOC VIA POST; EA ADD VERT/SEG	11/01/2019
22510	PERQ CERVICOTHORACIC INJECT	11/01/2019
22511	PERQ LUMBOSACRAL INJECTION	11/01/2019
22512	VERTEBROPLASTY ADDL INJECT	11/01/2019
22513	PERQ VERTEBRAL AUGMENTATION	11/01/2019
22514	PERQ VERTEBRAL AUGMENTATION	11/01/2019
22515	PERQ VERTEBRAL AUGMENTATION	11/01/2019
22526	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY	11/01/2019
22532	ARTHRDSIS LAT MINI DISKECT THOR	11/01/2019
22533	ARTHRDSIS LAT MINI DISKECT LUMB	11/01/2019

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Procedure Code	Procedure Code Description	Effective Date of Prior Authorization Requirement
22534	ARTHRODESIS LAT MINI DISKECT EA ADD	11/01/2019
22548	ARTHRODESIS-ANT-C1 C2, W/WO EXC ODONTOID PROCESS	11/01/2019
22551	NECK SPINE FUSE&REMOVE ADDL	11/01/2019
22552	ADDL NECK SPINE FUSION	11/01/2019
22554	ARTHRODESIS-ANT W/MINI DISKECT; CERV BELOW C2	11/01/2019
22556	ARTHRODESIS-ANT INTERBODY W/MINI DISKECT; THOR	11/01/2019
22558	ARTHRODESIS-ANT INTERBODY W/MINI DISKECT; LUMB	11/01/2019
22585	ARTHRODESIS-ANT-W/MINI DISKECT; EA ADD INTRSPACE	11/01/2019
22586	PRESCLR FUSE W/ INSTR L5/S1	11/01/2019
22590	ARTHRODESIS-POST TECH, CRANIOCERV	11/01/2019
22595	ARTHRODESIS-POST TECH, ATLAS-AXIS	11/01/2019
22600	ARTHRODESIS-POST/POSTLAT-1 LEVEL; CERV BELOW C2	11/01/2019
22610	THORAX SPINE FUSION	11/01/2019
22612	LUMBAR SPINE FUSION	11/01/2019
22614	ARTHRODESIS-POST/POSTLAT TECH; EA ADD VERT SEGMENT	11/01/2019
22630	ARTHRODESIS-POST INTERBODY-1 INTERSPACE; LUMB	11/01/2019
22632	ARTHRODESIS-POST INTERBODY; EA ADD INTERSPACE	11/01/2019
22633	LUMBAR SPINE FUSION COMBINED	11/01/2019
22634	SPINE FUSION EXTRA SEGMENT	11/01/2019
22800	ARTHRODESIS-POST-W/WO CAST; 6/LESS VERTEB SEGMENT	11/01/2019
22802	ARTHRODESIS-POST-W/WO CAST; 7 TO 12 VERTEB SEGMENT	11/01/2019
22804	ARTHRODESIS-POST-W/WO CAST; 13/MORE VERTEB SEGMENT	11/01/2019

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Procedure Code	Procedure Code Description	Effective Date of Prior Authorization Requirement
22808	ARTHRODESIS-ANT-W/WO CAST; 2 TO 3 VERTEB SEGMT	11/01/2019
22810	ARTHRODESIS-ANT-W/WO CAST; 4 TO 7 VERTEB SEGMT	11/01/2019
22812	ARTHRODESIS-ANT-W/WO CAST; 8/MORE VERTEB SEGMT	11/01/2019
22818	KYPHECTOMY, RESECT VERT SEGMT; 1-2 SEGMT	11/01/2019
22819	KYPHECTOMY, RESECT VERT SEGMT; 3/MORE SEGMT	11/01/2019
22830	EXPLOR SPINAL FUSION	11/01/2019
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	11/01/2019
22841	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	11/01/2019
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	11/01/2019
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	11/01/2019
22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SEG	11/01/2019
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	11/01/2019
22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	11/01/2019
22847	ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS	11/01/2019
22848	PELVIC FIXATION OTHER THAN SACRUM	11/01/2019
22849	REINSERTION SPINAL FIXA DEVICE	11/01/2019
22850	REMOV POST NONSEGMENTAL INSTRUM	11/01/2019
22852	REMOV POST SEGMT INSTRUM	11/01/2019
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	11/01/2019
22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	11/01/2019
22855	REMOV ANT INSTRUM	11/01/2019

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Procedure Code	Procedure Code Description	Effective Date of Prior Authorization Requirement
22856	CERV ARTIFIC DISKECTOMY	9/1/2021
22857	LUMBAR ARTIF DISKECTOMY	11/01/2019
22859	INSJ BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHRD	11/01/2019
22861	REVISE CERV ARTIFIC DISC	9/1/2021
22862	REVISE LUMBAR ARTIF DISC	11/01/2019
22864	REMOVE CERV ARTIF DISC	9/1/2021
22865	REMOVE LUMB ARTIF DISC	11/01/2019
22899	UNLISTED PROC SPINE	11/01/2019
23130	ACROMIOPLAS/ACROMIONECT PART W/WO LIGAMNT RELEAS	11/01/2019
23333	REMOVE SHOULDER FB DEEP	11/01/2019
23334	SHOULDER PROSTHESIS REMOVAL	11/01/2019
23335	SHOULDER PROSTHESIS REMOVAL	11/01/2019
23410	REP RUP MUSCULOTENDINUS CUFF OPN;AC	11/01/2019
23412	REP RUP MUSCLOTENDNUS CUFF OPN;CHRN	11/01/2019
23415	CORACOACROMIAL LIG RELEASE W/WO ACROMIOPLASTY	11/01/2019
23420	RECONS COMPLT SHLDR CUFF AVULS CHRONIC	11/01/2019
23470	ARTHROPLASTY GLENOHUMERAL JT; HEMIARTHROPLASTY	11/01/2019
23472	ARTHROPLASTY GH JT; TOT SHLDR HUMERAL REPLACE	11/01/2019
23473	REVIS RECONST SHOULDER JOINT	11/01/2019
23474	REVIS RECONST SHOULDER JOINT	11/01/2019
23616	OPEN PROX HUMERAL FRACTURE PROSHETIC REPLACEMENT	11/01/2019
23800	ARTHRODESIS GLENOHUMERAL JOINT;	11/01/2019
23802	ARTHRODESIS GLENOHUMERAL JOINT; W/AUTOG GFT	11/01/2019
24160	REMOVE ELBOW JOINT IMPLANT	11/01/2019
24164	REMOVE RADIUS HEAD IMPLANT	11/01/2019
24360	ARTHROPLASTY ELBOW; W/MEMBRN	11/01/2019
24361	ARTHROPLASTY ELBOW; W/DISTAL HUMERAL PROSTH REPL	11/01/2019

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24362	ARTHROPLASTY ELBOW; W/IMPLNT & LIGMNT RECON	11/01/2019
24363	ARTHROPLASTY ELBOW; (TOT ELBOW)	11/01/2019
24365	ARTHROPLASTY RADIAL HEAD	11/01/2019
24366	ARTHROPLASTY RADIAL HEAD; W/IMPLNT	11/01/2019
24370	REVISE RECONST ELBOW JOINT	11/01/2019
24371	REVISE RECONST ELBOW JOINT	11/01/2019
25332	ARTHROPLASTY WRIST; W/WO INTERPOSITION- W/WO FIXA	11/01/2019
25441	ARTHROPLASTY W/PROSTH REPLAC; DISTAL RADIUS	11/01/2019
25442	ARTHROPLASTY W/PROSTH REPLAC; DISTAL ULNA	11/01/2019
25443	ARTHROPLASTY W/PROSTH REPLAC; SCAPHOID	11/01/2019
25444	ARTHROPLASTY W/PROSTH REPLAC; LUNATE	11/01/2019
25445	ARTHROPLASTY W/PROSTH REPLAC; TRAPEZIUM	11/01/2019
25446	ARTHROPLASTY W/PROS REPLAC; DIST RAD/PART CARPUS	11/01/2019
25800	ARTHRODESIS WRIST; COMPLT WO BONE GFT	11/01/2019
25805	ARTHRODESIS WRIST;W/SLIDING GFT	11/01/2019
25810	ARTHRODESIS WRIST JT; W/ILIAC/OTHER AUTOGFT	11/01/2019
25820	ARTHRODESIS WRIST; LIMITED WO BONE GFT	11/01/2019
25825	ARTHRODESIS WRIST; W/AUTOGFT	11/01/2019
27033	ARTHROT HIP-EXPLOR/REMOV LOOSE BODY/FB	11/01/2019
27090	REMOV HIP PROSTH; (SEPART PROC)	11/01/2019
27091	REMOV HIP PROSTH; COMPLIC TOT HIP METHYLMETH	11/01/2019
27120	ACETABULOPLASTY	11/01/2019
27122	ACETABULOPLASTY; RESECT FEM HEAD	11/01/2019
27125	HEMIARTHROPLASTY HIP PART	11/01/2019
27130	ARTHROPLASTY ACETABULAR & PROX FEM PROSTH REPLAC	11/01/2019
27132	CONVERSION PREV HIP TO TOTAL HIP REPLAC W/WO GFT	11/01/2019

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Procedure Code	Procedure Code Description	Effective Date of Prior Authorization Requirement
27134	REVIS TOT HIP ARTHROPLASTY; BOTH COMPON W/WO GFT	11/01/2019
27137	REVIS TOT HIP ARTHROPLASTY; ACETABULAR ONLY	11/01/2019
27138	REVIS TOT HIP ARTHROPLASTY; FEMORAL ONLY W/WO GF	11/01/2019
27280	FUSION OF SACROILIAC JOINT	11/01/2019
27299	UNLISTED PROC PELVIS/HIP JT	11/01/2019
27360	PART EXC BONE FEM/PROX TIBIA &/OR FIBULA	11/01/2019
27405	REPR PRIM TORN LIGAMNT/CAPSULE KNEE; COLLATERAL	11/01/2019
27407	REPR PRIM TORN LIGAMNT/CAPSULE KNEE; CRUCIATE	11/01/2019
27409	REPR PRIM TORN LIGAM KNEE; COLLATERAL & CRUCIATE	11/01/2019
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	11/01/2019
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	11/01/2019
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	11/01/2019
27437	ARTHROPLASTY PATELLA; WO PROSTH	11/01/2019
27438	ARTHROPLASTY PATELLA; W/PROSTH	11/01/2019
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	11/01/2019
27441	ARTHROPLASTY KNEE TIB PLATEAU; W/DEBRID/SYNOVECT	11/01/2019
27442	ARTHROPLASTY FEM CONDYLE/TIB PLATEAU KNEES;	11/01/2019
27443	ARTHROPLASTY CONDYLE KNEE; DEBRID PART SYNOVECT	11/01/2019
27445	ARTHROPLASTY KNEE HINGE PROSTH	11/01/2019
27446	ARTHROPLASTY KNEE CONDYLE & PLATEAU; MEDIAL/LAT	11/01/2019
27447	ARTHROPLASTY KNEE CONDYLE & PLATEAU; MED & LAT	11/01/2019
27486	REVIS TOT KNEE ARTHROPL W/WO ALLOGFT; 1 COMPON	11/01/2019

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27487	REVIS TOT KNEE ARTHROPLAS; FEM & WHOLE TIB COMP	11/01/2019
27488	REMOV TOTAL KNEE PROSTH METHYLMETH W/WO SPACER	11/01/2019
27700	ARTHROPLASTY ANK	11/01/2019
27702	ARTHROPLASTY ANK; W/IMPLNT (TOT ANK)	11/01/2019
27703	ARTHROPLASTY ANK; REVIS TOT ANK	11/01/2019
27704	REMOV ANK IMPLNT	11/01/2019
27870	ARTHRODESIS, ANKLE, OPEN	11/01/2019
28010	TENOT PERCUT TOE; SINGL TENDON	11/01/2019
28011	TENOT PERCUT TOE; MX TENDON	11/01/2019
29826	SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	11/01/2019
29827	SURGICAL ARTHROSCOPY SHOULDER W/ROTATOR CUFF RPR	11/01/2019
29860	ARTHROSCOPY HIP DX W/WO SYNOVIAL BX (SEP PROC)	11/01/2019
29861	ARTHROSCOPY HIP SURG; W/REMOV LOOSE/FB	11/01/2019
29862	ARTHROSCOPY HIP SURG; DEBRID/SHAV ARTIC CARTIL	11/01/2019
29863	ARTHROSCOPY HIP SURG; W/SYNOVECTOMY	11/01/2019
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	11/01/2019
29867	ARTHROSCOPY KNEE SURG; OSTEOCHONDRAL ALLOGRAFT	11/01/2019
29868	ARTHROSCOPY KNEE SURG; MENISCAL TPLNT MED/LAT	11/01/2019
29870	ARTHROSCOPY KNEE DX W/WO SYNOVIAL BX (SEP PRO)	11/01/2019
29871	ARTHROSCOPY KNEE SURG; INFEC/LAVAGE & DRAINAGE	11/01/2019
29873	SCOPE KNEE SURGICAL; W/LAT RELEASE	11/01/2019
29874	ARTHROSCOPY KNEE SURG; REMOV LOOSE/FB	11/01/2019
29875	ARTHROSCOPY KNEE SURG; SYNOVECTOMY LTD (SEP PRO)	11/01/2019

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29876	ARTHROSCOPY KNEE SURG; SYNOVECTOMY MAJOR	11/01/2019
29877	ARTHROSCOPY KNEE SURG; DEBRID/SHAV ARTIC CARTIL	11/01/2019
29879	ARTHROSCOPY KNEE SURG; ABRASION ARTHROPLASTY	11/01/2019
29880	KNEE ARTHROSCOPY/SURGERY	11/01/2019
29881	KNEE ARTHROSCOPY/SURGERY	11/01/2019
29882	ARTHROSCOPY KNEE SURG; W/MENISCUS REPR (MED/LAT)	11/01/2019
29883	ARTHROSCOPY KNEE SURG; W/MENISCUS REPR (MED & LAT)	11/01/2019
29884	ARTHROSCOPY KNEE SURG; W/LYSIS ADHES (SEP PRO)	11/01/2019
29885	ARTHROSCOPY KNEE SURG; DRILLING W/GFT W/WO FIX	11/01/2019
29886	ARTHROSCOPY KNEE SURG; DRILL-OSTEOCHOND LES	11/01/2019
29887	ARTHROSCOPY KNEE; DRILL-OSTEOCHOND LES W/FIXA	11/01/2019
29888	ARTHROSCOPICALLY AIDED ACL REPAIR/AUGMENT/RECON	11/01/2019
29889	ARTHROSCOPICALLY AIDED PCL REPAIR/AUGMENT/RECON	11/01/2019
29899	SCOPE ANKLE SURG; W/ANK ARTHRODESIS	11/01/2019
29914	HIP ARTHRO W/FEMOROPLASTY	11/01/2019
29915	HIP ARTHRO ACETABULOPLASTY	11/01/2019
29916	HIP ARTHRO W/LABRAL REPAIR	11/01/2019
29999	UNLISTED ARTHROSCOPY PROCEDURE	11/01/2019
36260	INSRT IMPLNT INTRA-ART INFUSION PUMP	11/01/2019
36563	INSRT TUNNL CNTRL CVAD W/SUBQ PUMP	11/01/2019
36583	REPL TUNNLD CNTRL CVAD W/SUBQ PUMP	11/01/2019
61215	INSRT SUBQ RESERVOIR/PUMP-CONNECT TO VENT CATH	11/01/2019
62287	PERCUTANEOUS DISKECTOMY	11/01/2019

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62350	IMPLNT/REVIS THECAL/EPIDUR CATH; WO LAMINECT	11/01/2019
62351	IMPLNT/REVIS INTHECAL/EPIDUR CATH; W/LAMINECT	11/01/2019
62360	IMPLNT/REPLAC DEVIC-EPIDUR DRUG INFUS; SUBQ RESV	11/01/2019
62361	IMPLNT/REPLAC DEVIC-EPIDUR INFUS; NONPROGRM PUMP	11/01/2019
62362	IMPLNT/REPLAC DEVIC-EPIDUR INFUS; PROGRMBLE PUMP	11/01/2019
62365	REMOV PREV IMPLNT SUBQ RESERVOIR/PUMP	11/01/2019
62367	ANALYZE SPINE INFUS PUMP	11/01/2019
62368	ELEC ANALYS PROGRAMBLE IMPLNT PUMP; W/REPROGRAM	11/01/2019
63001	LAMINECT W/EXPLOR WO FACETECT 1-2 VERTEB; CERV	11/01/2019
63003	LAMINECT W/EXPLOR WO FACETECT 1-2 VERTEB; THORAC	11/01/2019
63005	LAMINECT W/EXPLOR 1-2 VERTEB; LUMBAR EX SPONDYLO	11/01/2019
63011	LAMINECTOMY W/EXPLOR 1-2 VERTEB SEGMT; SACRAL	11/01/2019
63012	LAMINECT W/REMOV ABNL FACETS-SPONDYLOLIST LUMBAR	11/01/2019
63015	LAMINECTOMY W/EXPLOR > 2 VERTEBRAL SEGMT; CERV	11/01/2019
63016	LAMINECT W/EXPLOR > 2 VERTEBRAL SEGMT; THORACIC	11/01/2019
63017	LAMINECTOMY W/EXPLOR > 2 VERTEBRAL SEGMT; LUMBAR	11/01/2019
63020	NECK SPINE DISK SURGERY	11/01/2019
63030	LOW BACK DISK SURGERY	11/01/2019
63035	SPINAL DISK SURGERY ADD-ON	11/01/2019
63040	LAMINOTOMY W/DECOMP NERV ROOT RE-EXPLOR; CERV	11/01/2019

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63042	LAMINOTOMY W/DECOMP NERV ROOT RE-EXPLOR; LUMBAR	11/01/2019
63043	LAMINOTOMY ADDL CERVICAL	11/01/2019
63044	LAMINOTOMY ADDL LUMBAR	11/01/2019
63045	LAMINECTOMY SNGL VERTEBRAL SEGMENT-UNI/BIL; CERV	11/01/2019
63046	LAMINECTOMY SNGL VERTEBRAL SEGMENT-UNI/BIL; THORAC	11/01/2019
63047	LAMINECTOMY SNGL VERTEBRAL SEGMENT-UNI/BIL; LUMBAR	11/01/2019
63048	LAMINECTOMY 1 SEGMENT-UNI/BIL; EA ADD CERV/THOR/LUM	11/01/2019
63050	LAMINOPLASTY CERV W/DECOMP SP CRD 2/> VERT SEG;	11/01/2019
63051	LAMINOPLASTY CERV 2/> SEG; RECON POST BONY ELEM	11/01/2019
63055	TRANSPEDICULAR APPROACH SNGL SEGMENT; THORACIC	11/01/2019
63056	TRANSPEDICULAR APPROACH SNGL SEGMENT; LUMBAR	11/01/2019
63057	TRANSPEDICULAR APPROACH SNGL SEGMENT; EA ADD SEGMENT	11/01/2019
63064	COSTOVERTEBRAL W/DECOMP THORACIC; SNGL SEGMENT	11/01/2019
63066	COSTOVERTEBRAL W/DECOMP THORACIC; EA ADD SEGMENT	11/01/2019
63075	DISKECTOMY ANT W/DECOMP; CERV SNGL INTERSPACE	11/01/2019
63076	DISKECTOMY ANT W/DECOMP; CERV EA ADD INTERSPACE	11/01/2019
63077	DISKECTOMY ANT W/DECOMP; THORACIC 1 INTERSPACE	11/01/2019
63078	DISKECTOMY ANT; THORACIC EA ADD INTERSPACE	11/01/2019

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63081	VERTEBRAL CORPECTOMY-ANT W/DECOMP; CERV 1 SEGMT	11/01/2019
63082	VERTEBRAL CORPECTOMY-ANT; CERV EA ADD SEGMT	11/01/2019
63085	VERTEBRAL CORPECT TRANSTHORACIC; THORACIC 1 SEGM	11/01/2019
63086	VERTEBRAL CORPECT TRANSTHOR; THORACIC EA AD SEGM	11/01/2019
63087	VERTEBRAL CORPECTOMY LOW THORACIC/LUMBAR; 1 SEGM	11/01/2019
63088	VERTEBRAL CORPECTOMY LOW THORACIC/LUMBAR; EA ADD	11/01/2019
63090	VERTEBRAL CORPECTOMY TRANSPERITON LUMB/SACRAL; 1	11/01/2019
63091	VERTEBRAL CORPECTOMY LUMBAR/SACRAL; EA ADD SEGMT	11/01/2019
63101	VERT CORPCT SC&NRV ROOT THOR 1 SEG	11/01/2019
63102	VERT CORPCT SC&NRV ROOT LUMB 1 SEG	11/01/2019
63103	VERT CORPCT SC&NRV ROOT T/L EA ADD	11/01/2019
63170	LAMINECTOMY W/MYELOTOMY CERV/THORACIC/THORACOLUM	11/01/2019
63172	LAMINECTOMY W/DRAIN CYST; TO SUBARACHNOID SPACE	11/01/2019
63173	LAMINECT DRAIN CYSTPERITON/PLEURAL	11/01/2019
63180	LAMINECTOMY & SECT DENTATE LIGAMNT CERV; 1-2 SEG	11/01/2019
63182	LAMINECTOMY & SECT DENTATE LIGAMNT CERV; >2 SEGM	11/01/2019
63185	LAMINECTOMY W/RHIZOTOMY; 1 OR 2 SEGMT	11/01/2019
63190	LAMINECTOMY W/RHIZOTOMY; MORE THAN 2 SEGMT	11/01/2019
63191	LAMINECTOMY W/SECT SPINAL ACCES NERV	11/01/2019
63194	LAMINECTOMY W/SECT 1 SPINOTHALAMIC TRACT; CERV	11/01/2019

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Procedure Code	Procedure Code Description	Effective Date of Prior Authorization Requirement
63195	LAMINECTOMY W/SECT 1 SPINOTHALAM TRACT; THORACIC	11/01/2019
63196	LAMINECTOMY W/SECT BOTH SPINOTHALAMIC; CERV	11/01/2019
63197	LAMINECTOMY W/SECT BOTH SPINOTHALAMIC; THORACIC	11/01/2019
63198	LAMINECTOMY-2 STAGES WITHIN 14 DA; CERV	11/01/2019
63199	LAMINECTOMY-2 STAGES WITHIN 14 DA; THORACIC	11/01/2019
63200	LAMINECTOMY W/RELEASE TETHERED CORD LUMBAR	11/01/2019
63250	LAMINECTOMY-EXC/OCCLUD AV MALFORM CORD; CERV	11/01/2019
63251	LAMINECTOMY-EXC/OCCLUD AV MALFORM CORD; THORACIC	11/01/2019
63252	LAMINECTOMY-EXC AV MALFORM CORD; THORACOLUMBAR	11/01/2019
63265	LAMINECTOMY-EXC INTRASPINAL LES-EXTRADURAL; CERV	11/01/2019
63267	LAMINECTOMY-EXC LES-EXTRADURAL; LUMBAR	11/01/2019
63268	LAMINECTOMY-EXC LES-EXTRADURAL; SACRAL	11/01/2019
63270	LAMINECTOMY-EXC INTRASPINAL LES-INTRADURAL; CERV	11/01/2019
63271	LAMINECTOMY-EXC LES-INTRADURAL; THORACIC	11/01/2019
63272	LAMINECTOMY-EXC LES INTRADURAL; LUMBAR	11/01/2019
63275	LAMINECTOMY BX/EXC NEOPLSM; EXTRADURAL-CERV	11/01/2019
63277	LAMINECTOMY BX/EXC NEOPLSM; EXTRADURAL-LUMBAR	11/01/2019
63280	LAMINECTOMY-NEOPLSM; INTRADURAL EXTRAMEDUL CERV	11/01/2019
63282	LAMINECTOMY-NEOPLSM; INTRADUR EXTRAMEDUL LUMBAR	11/01/2019
63285	LAMINECTOMY; INTRADURAL INTRAMEDULLARY CERV	11/01/2019

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Procedure Code	Procedure Code Description	Effective Date of Prior Authorization Requirement
63286	LAMINECTOMY; INTRADURAL INTRAMEDULLARY THORACIC	11/01/2019
63287	LAMINECT; INTRADURAL INTRAMEDULLARY THORACOLUMB	11/01/2019
63290	LAMINECTOMY; COMBO EXTRA-INTRADURL LES ANY LEVEL	11/01/2019
63300	VERTEBRAL CORPECTOMY 1 SEGMENT; EXTRADURAL CERV	11/01/2019
63301	VERTEB CORPECT; EXTRADURAL THORAC-TRANSTHORACIC	11/01/2019
63302	VERTEB CORPECT; EXTRADURAL THORAC-THORACOLUMBAR	11/01/2019
63303	VERTEB CORPECT; LUMBAR/SACRAL TRANSPERITONEAL	11/01/2019
63304	VERTEBRAL CORPECTOMY 1 SEGMENT; INTRADURAL CERV	11/01/2019
63305	VERTEB CORPECT; INTRADURAL THORAC-TRANSTHORACIC	11/01/2019
63306	VERTEB CORPECT; INTRADURAL THORAC-THORACOLUMBAR	11/01/2019
63307	VERTEB CORPECT; INTRADUR LUMB/SACRAL-TRANSPERITO	11/01/2019
63308	VERTEBRAL CORPECTOMY 1 SEGMENT; EA ADD SEGMENT	11/01/2019
63650	PERCUT IMPLNT ELECTRODE ARRAY; EPIDURAL	11/01/2019
63655	LAMINECT IMPLNT ELECTRODE/PLATE/PADDLE EPIDURAL	11/01/2019
63661	REMOVE SPINE ELTRD PERQ ARAY	11/01/2019
63662	REMOVE SPINE ELTRD PLATE	11/01/2019
63663	REVISE SPINE ELTRD PERQ ARAY	11/01/2019
63664	REVISE SPINE ELTRD PLATE	11/01/2019
63685	INCS & SUBQ PLCMT SPINAL NEUROSTIM PULSE GEN	11/01/2019
63688	REVIS/REMOV IMPLNT SPINAL NEUROSTIM PULSE GEN	11/01/2019

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Procedure Code	Procedure Code Description	Effective Date of Prior Authorization Requirement
C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE)	11/01/2019
C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)	11/01/2019
C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR	11/01/2019
C1820	GEN NEUROSTIM RECHRG BATT&CHARG SYS	11/01/2019
C1883	ADAPTOR/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)	11/01/2019
C1891	INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)	11/01/2019
C1897	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	11/01/2019
C2626	INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLANTABLE)	11/01/2019
E0783	INFUS PUMP SYST IMPLNT PROGRAMABLE (INCL COMPON)	11/01/2019
E0785	IMPLANT INTRASPINAL CATH W/FUS PUMP REPLAC	11/01/2019
E0786	IMPLNT PROGRAM INFUS PUMP REPLCMT	11/01/2019
J7330	AUTOL CULTURD CHONDROCYTES IMP	11/01/2019
L8680	IMPLT NEUROSTIM ELCTR EACH	11/01/2019
L8681	PT PRGRM FOR IMPLT NEUROSTIM	11/01/2019
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	11/01/2019
L8683	RADIOFREQUENCY TRANSMIT EXTERNAL USE W IMPLANT NEUROSTIM RADIOFREQ RCVR	11/01/2019
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR SINGLE ARRAY RECHARGEABLE	11/01/2019
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR SINGLE ARRAY NON-RECHARGE	11/01/2019
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR DUAL ARRAY RECHARGEABLE	11/01/2019
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR DUAL ARRAY NON-RECHARGE	11/01/2019
L8689	EXTERNAL RECHARG SYS INTERN	11/01/2019

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Procedure Code	Procedure Code Description	Effective Date of Prior Authorization Requirement
L8695	EXTERNAL RECHARG SYS EXTERN	11/01/2019
S2112	ARTHROSCOPY KNEE	11/01/2019
S2118	TOTAL HIP RESURFACING	11/01/2019
S2348	DECOMP PERQ INTERVERT DISC RF ENERGY 1/MX LUMB	11/01/2019
S2350	DISK ANT W/DECOMPRES SPINAL CORD/1	11/01/2019
S2351	DISK ANT DECOMPRES SPINE CORD EA/ADD	11/01/2019
97151	BEHAVIOR IDENTIFICATION ASSESSMENT, EACH 15 MINS	02/01/2022
97153	INDIVIDUAL ADAPTIVE BEHAVIOR TREATMENT, FACE TO FACE, EVERY 15 MINS	02/01/2022
97154	GROUP ADAPTIVE BEHAVIOR TREATMENT W/ 2 OR MORE PATIENTS, EVERY 15 MINS	02/01/2022
97155	INDIVIDUAL ADAPTIVE BEHAVIOR TREATMENT, W/ SIMULTANEOUS DIRECTION OF A TECHNICIAN, EVERY 15 MINS	02/01/2022
97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT, W/ SIMULTANEOUS DIRECTION OF A TECHNICIAN, EVERY 15 MINS	02/01/2022
97158	GROUP ADAPTIVE BEHAVIOR TREATMENT W/ PROTOCOL MODIFICATION WITH MULTIPLE PATIENTS, EVERY 15 MINS	02/01/2022
99366	TEAM CONF W/PAT BY HC PRO	02/01/2022
81229	CYTOGENETIC CONSTITUTIONAL MICROARRAY ANALYSIS (CMA)	09/01/2021
33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYSTEM, W/ SUBQ ELECTRODE	09/01/2021
33271	REMOVAL OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR	09/01/2021
33274	TRANSCATHETER INSERTION OR REPLACEMENT OF PERMANENT LEADLESS PACE MAKER, RIGHT VENTRICULAR	09/01/2021

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UTILIZE SUPERIOR HEALTHPLAN'S ONLINE PRIOR AUTHORIZATION TOOL FOR PRIOR AUTHORIZATION REQUIREMENTS

Procedure Code	Procedure Code Description	Effective Date of Prior Authorization Requirement
22858	REMOVAL OF TOTAL DISC ARTHROPLASTY ARTIFICIAL DISC, ANTERIOR APPROACH, SINGLE INTERSPACE	09/01/2021
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	6/1/2021
Q5115	Rituximab-abbs injection, for intravenous use	7/1/2020
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	7/1/2020
J2505	INJECTION, PEGFILGRASTIM, 6 MG	1/1/2021
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	1/1/2021
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	1/1/2021
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg	1/1/2021
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram	7/1/2020
J2505	INJECTION, PEGFILGRASTIM, 6 MG	7/1/2020
J0881	INJECTION DARBEPOETIN ALFA 1 MICROGRAM NON-ESRD USE	7/1/2020
J0882	INJECTION DARBEPOETIN ALFA 1 MICROGRAM FOR ESRD ON DIALYSIS	7/1/2020
J0885	INJECTION EPOETIN ALFA FOR NON-ESRD USE 1000 UNITS	7/1/2020
J9035	INJECTION BEVACIZUMAB 10 MG	7/1/2020
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	7/1/2020
J7311	INJECTION FA INTRAVITREAL IMPL 0.01 MG	5/1/2020
J7312	DEXAMETHASONE INTRA IMPLANT	5/1/2020
J7316	INJ, OCRIPLASMIN, 0.125 M	5/1/2020
33270	INS/REP SUBQ DEFIBRILLATOR	7/1/2021
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	7/1/2021
33274	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	7/1/2021
J9173	Imfinzi (durvalumab) Intravenous (IV) Infusion	5/1/2020
J0986	Reblozyl (luspatercept) Subcutaneous	5/1/2020

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Procedure Code	Procedure Code Description	Effective Date of Prior Authorization Requirement
J9177	Padcev (efortumab vedotin-ejfv) Intravenous (IV) Infusion	4/1/2020
J9358	Enhertu (fam-trasuzumab deruxtecan-nxki) Intravenous (IV) Infusion	4/1/2020
J3032	Vyepti (eptinezumab) Intravenous (IV) Infusion	4/1/2020
J1823	Inebilizumab Intravenous (IV) Infusion	4/1/2020
J9317	Sacituzumab Govitecan Intravenous (IV) Infusion	4/1/2020
J7351	Durysta (bimatoprost implant) Intracameral Implant	4/1/2020