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Prevea360 Health Plan Master Service List (MSL)

Note: The pages with the **purple** sections give information on services that do not require prior authorization

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NOTE: The codes listed on this document may not be an all-inclusive list of codes that require prior authorization and/or have coverage limitations. If you are unable to find the information you need, please contact the Prevea360 Customer Care Center at 877-230-7555.

9670

| Special Topic |
|---|
| Providers without Access to the Prevea360 Provider Portal |
| NIA’s Musculoskeletal (MSK) Care Management Program |

| Medical Policy/Service Name | Alternate Service Name(s) | Medical Policy No. |
|--|---------------------------------|--------------------|
| Abdominoplasty/Panniculectomy | N/A | MP9646 |
| Access Techniques for Lumbar Interbody Fusion | N/A | MP9652 |
| Actigraphy | N/A | MP9559 |
| Air Ambulance, Non Emergent | N/A | MP9632 |
| Allogenic Pancreatic Islet Cell Transplantation | N/A | MP9756 |
| Amino Acid-Based Elemental Formulas | Elecare, Neocate, Nutramigen AA | MP9355 |
| Annulus Fibrosis Repair Devices | N/A | MP9688 |
| Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood) | N/A | MP9713 |
| Automated, Non-Invasive Nerve Conduction Velocity (NCV) Testing | N/A | MP9689 |
| Bariatric Surgery and Weight Management Procedures | N/A | MP9319 |
| Biochemical Biomarker Panel for Assessment of Hepatitis-Associated Liver Disease | N/A | MP9674 |
| Bioimpedance Spectroscopy (BIS) and Bioelectrical Impedance Analysis (BIA) | N/A | MP9690 |
| Birthing Centers (Free-Standing) | N/A | MP9666 |
| Blepharoplasty, Blepharoptosis Repair, and Brow Lift | Eyelid Surgery | MP9664 |
| Bone Anchored Hearing Aid | BAHA | MP9018 |
| Bone, Cartilage, Ligament, Graft Substitutes and Blood Derived Products for Orthopedic Applications | N/A | MP9545 |
| Bone Growth (Osteogenesis) Stimulators (BGS) | BGS | MP9076 |
| Bone Marrow or Stem Cell (Peripheral or Umbilical Cord) Transplantation | N/A | MP9611 |

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| Medical Policy/Service Name | Alternate Service Name(s) | Medical Policy No. |
|---|---|--------------------|
| Breast Ductal Lavage | N/A | MP9691 |
| Breast Implant Removal, Revision, or Reimplantation | N/A | MP9580 |
| Breast-Specific Gamma Imaging Scintimammography, and Molecular Breast Imaging | N/A | MP9692 |
| Bronchial Thermoplasty for Treatment of Asthma | N/A | MP9693 |
| Cala Trio Therapy for Essential Tremor | N/A | MP9757 |
| Cardiac Event Monitors and Procedures | N/A | MP9540 |
| Carotid Intima-Media Thickness Measurement | N/A | MP9694 |
| Cell Therapy for the Treatment of Cardiac Disease | N/A | MP9578 |
| Cervical Spine Surgery, Inpatient and Outpatient | C-Spine Surgery | N/A |
| Chemiluminescent Testing (ViziLite) for Oral Cancer Screening | N/A | MP9569 |
| Chemoembolization for Hepatic Tumors | N/A | MP9462 |
| Chronic Rhinitis: Cryoablation, Radiofrequency Ablation and Laser Ablation, Office-Based | N/A | MP9631 |
| CLEAR Institute Scoliosis Treatment Protocols | N/A | MP9695 |
| Clinical Trials (Clinical Trial Participation) | Non-Cancer-Related Clinical Trials | MP9447 |
| Cognitive Rehabilitation/ Remediation | N/A | MP9561 |
| Collagen Cross Links as Markers of Bone Turnover | N/A | MP9677 |
| Computerized Dynamic Posturography | N/A | MP9696 |
| Confocal Laser Endomicroscopy for Barrett's Esophagus | N/A | MP9697 |
| Corneal Cross-Linking (CXL) | CXL | MP9470 |
| Cranial Electrotherapy Stimulation (CES) | N/A | MP9698 |
| Cranial Orthotic Devices for Plagiocephaly | N/A | N/A |
| Craniosacral Therapy | N/A | MP9699 |
| CT Scan | CAT Scan, Computerized Tomography, Computerized Tomography Angiography, CTA | N/A |
| Cytotoxic Testing for Allergy Diagnosis | N/A | MP9678 |
| Day Treatment – Behavioral Health | N/A | MP9557 |
| Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis | N/A | MP9568 |
| Dietitian Services | N/A | MP9661 |
| Drug Eluting Sinus Stents, Bioabsorbable | N/A | MP9700 |

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| Medical Policy/Service Name | Alternate Service Name(s) | Medical Policy No. |
|---|---------------------------|--------------------|
| Durable Medical Equipment | Non-Covered DME, BP cuffs | MP9347 |
| Elastography | N/A | MP9562 |
| Electric Cell-Signaling Treatment (e.g., neoGEN © System, Sanexas Intl.) | N/A | MP9701 |
| Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds | N/A | MP9702 |
| Electric Tumor Treatment Field (Optune) | ETTF, Optune | MP9474 |
| Electromagnetic Navigation Bronchoscopy | N/A | MP9634 |
| Endoscopic Balloon Sinuplasty Ostial Dilation Chronic Sinusitis | N/A | MP9667 |
| Endoscopic Radiofrequency Ablation for Barrett’s Esophagus | N/A | MP9628 |
| Enhanced External Counterpulsation (EECP) | N/A | MP9620 |
| Epidural Lysis of Adhesions | N/A | MP9704 |
| Epidural Steroid Injection (ESI) and Selective Nerve Root Block (SNRB) | ESI | MP9362 |
| Eustachian Tube Balloon Dysfunction (Acclarent AERA) | N/A | MP9604 |
| Exhaled Breath Tests for Asthma and Other Inflammatory Pulmonary Conditions: Exhaled Nitric Oxide Breath Test and Exhaled Breath Condensate pH Measurement | N/A | MP9560 |
| Extracorporeal Magnetic Stimulation for the Treatment of Urinary Incontinence | N/A | MP9705 |
| Extracorporeal Photophoresis (Photochemotherapy) | N/A | MP9558 |
| Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Indications and Soft Tissue Injuries | N/A | MP9706 |
| Facet Joint Injections and Percutaneous Denervation Procedures (Radiofrequency and Laser Ablation) for Facet-Mediated Joint Pain | RFA | MP9448 |
| Facility-Based Polysomnography, Adults (Sleep Study) | PSG, in-lab sleep | MP9676 |
| Fecal Calprotectin Testing | N/A | MP9665 |
| Female Breast Reduction Surgery – Reduction Mammoplasty | N/A | MP9582 |
| Female External Urinary Catheters for Urinary Incontinence (e.g., PureWick, PrimaFit) | N/A | MP9759 |
| Foot Care | N/A | MP9656 |
| Food Allergy/Intolerance Testing (in vitro) | N/A | MP9679 |
| Functional Electrical Stimulation (FES) Therapy, Functional Neuromuscular Electrical Stimulation (NMES) Rehabilitation Therapy, and Lower Limb Activity-Based Locomotor (ABLE) Training | N/A | MP9566 |
| Gastric Electrical Stimulation (GES) | N/A | MP9463 |
| Gastrointestinal Monitoring System (SmartPill©) | GI | MP9707 |
| Gender Affirmation Procedures | N/A | MP9642 |

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| Medical Policy/Service Name | Alternate Service Name(s) | Medical Policy No. |
|--|--------------------------------|--------------------|
| Genetic Testing: General Approach to Genetic Testing | N/A | MP9610 |
| Hair Analysis in the Clinical Setting | N/A | MP9680 |
| Hearing Aids | Non-Bone Anchored Hearing Aids | MP9445 |
| Heart/Lung Transplantation | N/A | MP9612 |
| Heart Transplantation (Adult and Pediatric) | N/A | MP9613 |
| High Frequency Chest Compression (Vest System) | N/A | MP9235 |
| High Intensity Focused Ultrasound (HIFU) and Magnetic Resonance Guided Focused Ultrasound (MRgFUS) | US, u/s | MP9708 |
| Hip Surgery, Inpatient and Outpatient | N/A | N/A |
| Home Health Care | N/A | N/A |
| Home Infusion | N/A | N/A |
| Home Use of Bilevel Positive Airway Pressure (BiPAP) for Conditions Other Than Obstructive Sleep Apnea (OSA) | BiPAP | MP9658 |
| Hospice Services | N/A | MP9299 |
| Hyperbaric Oxygen Therapy and Topical Oxygen | HBO, HBO Therapy | MP9055 |
| Implantable Deep Brain Stimulation (DBS) | DBS | MP9331 |
| Implantable Peripheral Nerve Stimulator for Treatment of Pain | N/A | MP9769 |
| Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea | N/A | MP9636 |
| Inhaled Nitric Oxide Therapy | N/A | MP9654 |
| Inpatient (Hospital) Level of Care | N/A | MP9671 |
| Inpatient Rehabilitation (Acute Rehabilitation) | N/A | MP9668 |
| Intense Pulsed Light Treatment for Dry Eye Disease | N/A | MP9709 |
| Intensive Outpatient – Behavioral Health | IOP | MP9556 |
| Interferential Current Stimulation | N/A | MP9710 |
| Intestinal Transplantation | N/A | MP9618 |
| Intermittent Pneumatic Compression Devices | N/A | MP9119 |
| Intradiscal Electrothermal (IDET) | N/A | MP9711 |
| Intraoperative Neurophysiological Monitoring (IONM) | IONM | MP9577 |
| Intravascular Shockwave Lithotripsy for the Treatment of Coronary Artery Disease | N/A | MP9770 |
| In Vitro Chemosensitivity and Chemoresistance Assays | N/A | MP9760 |
| Iris Prosthesis | N/A | MP9715 |

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| Medical Policy/Service Name | Alternate Service Name(s) | Medical Policy No. |
|--|---|--------------------|
| Irreversible Electroporation (NanoKnife System) | N/A | MP9714 |
| Kidney Transplantation | N/A | MP9675 |
| Knee Surgery, Inpatient and Outpatient | N/A | N/A |
| Laboratory Testing | N/A | MP9539 |
| Laser Treatments for Choroidal Neovascularization (CNV) Associated with Macular Degeneration | N/A | MP9565 |
| Light Treatment and Laser Therapies for Benign Dermatologic Conditions | UVB | MP9057 |
| Lipoprotein-associated Phospholipase A2 (Lp-PLA2) Immunoassay for Prediction of Risk of Coronary Heart Disease or Ischemic Stroke (PLAC Test®) | N/A | MP9687 |
| Lipoprotein Subclass Testing for Screening, Evaluation and Monitoring of Cardiovascular Disease | N/A | MP9681 |
| Liposuction for the Treatment of Lymphedema or Lipedema | N/A | MP9650 |
| Liver Transplantation | N/a | MP9614 |
| Long Term Acute Care Hospital (LTACH) | LTACH | MP9669 |
| Lumbar Spine Surgery, Inpatient and Outpatient | L-Spine Surgery | N/A |
| Lung Transplantation | N/A | MP9615 |
| Magnetic Esophageal Ring for the Treatment of Gastric Reflux Disease (LINX Reflux Management System) | N/A | MP9471 |
| Magnetoencephalography and Magnetic Source Imaging | N/A | MP9630 |
| Male Gynecomastia Surgery | N/A | MP9581 |
| Mechanical Circulatory Support Devices | pVAD | MP9528 |
| Mechanical Stretching Devices for the Treatment of Joint Contractures of the Extremities | N/A | MP9659 |
| Mechanized Spinal Decompression Traction Tables for Low Back Pain | N/A | MP9644 |
| Microprocessor Controlled Knee Prostheses, with or without Polycentric 3D Dimensional Endoskeletal Hip Joint System | N/A | MP9638 |
| mild® Procedure (mild® Device Kit) | N/A | MP9761 |
| Minimally Invasive Glaucoma Surgery (MIGS): Microstent Implantation | N/A | MP9467 |
| MRI/MRA | Magnetic Resonance Angiography, Magnetic Resonance Imaging | N/A |
| Multichannel Intraluminal Esophageal Impedance with pH Monitoring | N/A | MP9567 |
| Myoelectric Upper Limb Prosthetics and Orthotics | N/A | MP9637 |
| Nasal Implant, Absorbable for Treatment of Nasal Valve Collapse | N/A | MP9773 |

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| Medical Policy/Service Name | Alternate Service Name(s) | Medical Policy No. |
|---|------------------------------|--------------------|
| Nebulized Intranasal Antibiotics/Antifungals for Sinusitis | N/A | MP9712 |
| Neurofeedback or Biofeedback for Behavioral and Substance Use Disorders | N/A | MP9579 |
| Neuropsychological Testing | N/A | MP9493 |
| Non-Covered Medical Procedures and Services | N/A | MP9415 |
| Non-invasive Measurement of Left Ventricular End Diastolic Pressure | N/A | MP9767 |
| Nuclear Stress Testing | ETT, Exercise Tolerance Test | N/A |
| Occupational Therapy (OT) | OT | N/A |
| Orthognathic Surgery | N/A | MP9651 |
| Otoplasty | N/A | MP9647 |
| Outpatient and Inpatient Electroconvulsive Therapy (ECT) | ECT | MP9570 |
| Outpatient Enteral Therapy | Tube feeding | MP9069 |
| Pancreas-Kidney (SPK, PAK) Transplantation | N/A | MP9617 |
| Pancreas Transplantation (Pancreas Alone) | N/A | MP9616 |
| Partial Hospitalization Program (PHP) – Behavioral Health | N/A | MP9555 |
| Pelvic Vein Embolization | N/A | MP9572 |
| Percutaneous Left Atrial Appendage (LAA) Closure Therapy | LAA | MP9499 |
| Percutaneous Tibial Nerve Stimulation | N/A | MP9563 |
| Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty | N/A | MP9429 |
| PET Scan | Positron Emission Tomography | N/A |
| Photodynamic Therapy with Visudyne®(verteprofin) for Ocular Indications | N/A | MP9660 |
| Physical Therapy (PT) | PT | N/A |
| Plastic and Reconstructive Surgery | N/A | MP9022 |
| Powered Robotic Lower-Limb Exoskeleton Devices | N/A | MP9645 |
| Quantitative Electroencephalogram (qEEG) and Referenced Electroencephalogram (rEEG) | N/A | MP9622 |
| Radioembolization of Hepatic Tumors | N/A | MP9774 |
| Radiofrequency Ablation of Uterine Fibroids | N/A | MP9657 |
| Real-Time Mobile Cardiac Outpatient Telemetry | RT-MCOT | MP9621 |
| Refractive and Therapeutic Keratoplasty | Corneal Surgery | MP9461 |
| Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) | N/A | MP9716 |
| Repairs/Replacement of Durable Medical Equipment/Supplies | DME Repairs/Replacement | MP9106 |
| Residential Treatment – Behavioral Health | N/A | MP9554 |

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| Medical Policy/Service Name | Alternate Service Name(s) | Medical Policy No. |
|--|--|--------------------|
| Responsive Cortical Stimulation | RNS | MP9496 |
| Rhinoplasty Procedure with or without Septoplasty | N/A | MP9648 |
| Sacral Nerve Stimulation | N/A | MP9624 |
| Sacroiliac (SI) Joint Fusion, Open and Minimally Invasive | N/A | MP9643 |
| Salivary Estriol Test for Preterm Labor | N/A | MP9682 |
| Salivary Hormone Tests | N/A | MP9683 |
| Serial Dilution Endpoint Titration for Diagnosis and Treatment of Airborne Allergy | N/A | MP9684 |
| Services Related to Dental Care | N/A | MP9271 |
| Scanning Laser Technologies for Retina and Optic Nerve Imaging | N/A | MP9629 |
| Scar Revision | N/A | MP9649 |
| Scooters and Accessories | N/A | MP9641 |
| Shoes and Shoe Modifications (Custom Molded/Corrective/Therapeutic) | N/A | MP9061 |
| Shoulder Surgery, Inpatient and Outpatient | N/A | N/A |
| Single Photon Emission Computed Tomography (SPECT) for Attention Deficit Hyperactivity Disorder (ADHD) | N/A | MP9633 |
| Skilled Nursing Facility | Nursing Home, SNF | MP9670 |
| Skin and Soft Tissue Engineered Substitutes for Wound and Surgical Care | N/A | MP9655 |
| Speech Generating Device (SGD) | Alternative Communication Device, SGD | MP9523 |
| Speech Therapy (Rehabilitative/Habilitative) | Acute Speech Therapy, Habilitative Speech Therapy, Rehabilitative Speech Therapy | MP9171 |
| Sphenopalatine Ganglion Block for the Treatment of Headache | N/A | MP9764 |
| Spinal Cord or Dorsal Column Stimulation and Dorsal Root Ganglion (DRG) Stimulation | DCS, DRG, SCS | MP9430 |
| Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH) | N/A | MP9361 |
| Technology Assisted Surgical Techniques (Robotic Surgery) | N/A | MP9546 |
| Telehealth | N/A | MP9662 |
| Testing for Neutralizing Antibodies to Interferon Beta in Management of Multiple Sclerosis | N/A | MP9685 |
| Therapeutic Apheresis (TA) – Plasmapheresis, Plasma Exchange | N/A | MP9627 |
| Total Ankle Replacement | N/A | MP9363 |
| Total Knee Arthroplasty (TKA) and Total Hip Arthroplasty (THA) Ambulatory Level of Care | TKA, THA | MP9550 |
| Transcatheter Closure of Cardiac Defects | N/A | MP9625 |

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| Medical Policy/Service Name | Alternate Service Name(s) | Medical Policy No. |
|--|---|--------------------|
| Transcatheter Heart Valve Replacement and Repair Procedure | N/A | MP9623 |
| Transcranial Magnetic Stimulation | TMS | MP9526 |
| Transport of Members (Ambulance) Ground and Water | Ambulance, Ground Ambulance, Stretcher Van | MP9137 |
| Trigger Point Dry Needling | N/A | MP9672 |
| Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea MP9239 | BiPAP, CPAP, OSA | MP9239 |
| Treatment of Obstructive Sleep Apnea (OSA) and Related Conditions with Invasive Treatments and Surgery | N/A | MP9585 |
| Urethral Bulking Agents for Urinary Incontinence | VUR, VUR Treatment in Children | MP9475 |
| Urine Drug Testing (UDT) Presumptive and Definitive | UDT, Urine Drug Screening, Urine Drug Testing | MP9460 |
| Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea/Hypopnea Syndrome | N/A | MP9775 |
| Vagus Nerve Stimulation (VNS), Implantable | VNS | MP9232 |
| Vein Disease Treatment | N/A | MP9241 |
| Virtual Care | N/A | MP9663 |
| Vitamin D Testing for Screening | N/A | MP9686 |
| Wheelchairs, Manual and Accessories | N/A | MP9639 |
| Wheelchairs, Powered and Accessories | N/A | MP9640 |
| Wireless Capsule Endoscopy (CE) and Capsule Technology to Verify Patency Prior to Capsule Endoscopy | N/A | MP9626 |

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Providers without Access to the Prevea360 Provider Portal

There are a small number of Prevea360 Health Plan-contracted providers that do not have access to the Prevea360 Provider Portal. For these providers only, a written Authorization Request form must be used. If you are a provider that does not have access to the Prevea360 Provider Portal, please follow the guidelines below:

- The various Authorization Request forms can be found on the [Medical Management page of Prevea360.com](#);
- Authorization request forms should be mailed or faxed on the date the request has been completed to ensure timely processing of the authorization request;
- Please complete all fields on the top part of the form in their entirety, otherwise the Prevea360 Health Plan Utilization Management Department will return it to the referring physician for completion;
- Authorization requests must be signed by the ordering provider if they are indicated as pre-service medically urgent; and
- When an authorization is requested to a non-contracted provider, please include as much information as possible regarding why the request is being submitted and the plan provider(s) that the member has already seen. The Prevea360 Health Plan Utilization Management Department will review the authorization request to ensure that (1) medically necessary care has been requested and that (2) the service(s) requested are not available with plan providers.

All written Authorization Request forms must be either faxed or mailed to Prevea360 Health Plan using the following information:

| | |
|-----------------|--|
| Fax Number | (608) 252-0830 |
| Mailing Address | Prevea360 Health Plan ATTN: Utilization Management P.O. Box 56099 Madison, WI 53705 |

NOTE: Any prior authorization submitted as ‘Medically Urgent’ that does not meet the definition of medically urgent and/or does not have a physician’s signature may be changed to ‘Administratively Urgent’. This determination is made only by medically licensed personnel, and includes a call to the requesting provider’s office advising of this change and determination.

NOTE: Only services that are not provided within the Prevea360 Health Plan provider network are considered for approval with a non-contracted provider.

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Musculoskeletal (MSK) Care Management Program

Prevea360 Health Plan works with NIA Healthcare for review and authorization of our [Musculoskeletal \(MSK\) Care Management Program](#). This includes prior authorization by the treating physician for non-emergent inpatient and outpatient musculoskeletal surgeries, specifically hip, knee, shoulder, and lumbar and cervical spine.

This new program incorporates the following key components:

- Applicable to the following Prevea360 Health Plan product lines:
 - Commercial – Prevea360 HMO, Prevea360 POS and Prevea360 PPO
 - Prevea360 Administrative Services Only (ASO)
 - Prevea360 Advantage
- NIA's Musculoskeletal (MSK) Care Management Program manages the medical necessity review for non-emergent inpatient and outpatient musculoskeletal surgeries through physician authorization, prior to performing the surgery.
- Members who require the services of a provider who is not a Prevea360 Health Plan network provider may require two authorizations. The initial authorization will need to be obtained for the use of the non-network provider via the Prevea360 Health Plan Utilization Management Department.
- Authorization may be submitted using NIA's website www.RadMD.com or the NIA toll-free phone number at 877.642.0622.
- Musculoskeletal surgeries included in this program are non-emergent hip, knee, shoulder, and lumbar and cervical spine surgeries. Lists of MSK CPT codes are available here:
[Spine Surgery CPT Codes](#)
[Knee, Hip and Shoulder Surgery CPT Codes](#)

NIA Healthcare Customer Service

You can contact NIA's customer service representatives Monday through Friday, from 7:00 a.m. to 7:00 p.m. (CST), at 877.642.0622.

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Abdominoplasty/Panniculectomy(MP9646)

| | |
|---------------------------|--|
| Medical Policy | Abdominoplasty/Panniculectomy (MP9646) |
| Alternate Service Name(s) | N/A |
| Additional Information | Related policy: Plastic and Reconstructive Surgery MP9022 |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | 15830, 15839, 15847 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | 15830, 15839, 15847 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Access Techniques for Lumbar Interbody Fusion (MP9652)

| | |
|---------------------------|--|
| Medical Policy | Access Techniques for Lumbar Interbody Fusion (MP9652) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> If a claim is submitted that does not meet the medical necessity indicated in MP9652, the claim will be denied. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9652 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9652 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Actigraphy (MP9559)

| | |
|---------------------------|--|
| Medical Policy | Actigraphy (MP9559) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9559, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

| Patients with Prevea360 Commercial Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 95803 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9559 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Actigraphy (MP9559) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 95803 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9559 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Air Ambulance, Non Emergent (MP9632)

| | |
|---------------------------|--|
| Medical Policy | Air Ambulance, Non Emergent (MP9632) |
| Alternate Service Name(s) | N/A |
| Additional Information | Non-emergent air ambulance transport requires prior authorization. |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | A0140, A0430, A0431, A0435, A0436, S9960, S9961 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|---|
| Codes that Require Authorization | A0140, A0430, A0431, A0435, A0436, S9960, S9961 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Allogenic Pancreatic Islet Cell Transplantation MP9756

| | |
|---------------------------|---|
| Medical Policy | Allogenic Pancreatic Islet Cell Transplantation MP9756 |
| Alternate Service Name(s) | N/A |
| Additional Information | <u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u> |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | G0341, G0342, G0343, 0584T, 0585T, 0586T |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Allogenic Pancreatic Islet Cell Transplantation MP9756 (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>G0341, G0342, G0343, 0584T, 0585T, 0586T</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Amino Acid-Based Elemental Formulas (MP9355)

| | |
|---------------------------|---|
| Medical Policy | Amino Acid-Based Elemental Formulas (MP9355) |
| Alternate Service Name(s) | Elecare, Neocate, Nutramigen AA |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9355, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>**Human breast milk when ordered by a Health Care Provider requires prior authorization through the Health Services Division for members enrolled in the state of Illinois and is covered for specific conditions. Per IL Statute 215 ILCS 5/356z.33(a).</p> <p>Related Policy: Outpatient Enteral Therapy (MP9069)</p> |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | B4153, B4161 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9355 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | B4153, B4161 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9355 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

The [complete library of medical policies](#) is available on prevea360.com.

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Annulus Fibrosis Repair Devices (MP9688)

| | |
|---------------------------|--|
| Medical Policy | Annulus Fibrosis Repair Devices (MP9688) |
| Alternate Service Name(s) | N/A |
| Additional Information | A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | C9757 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Annulus Fibrosis Repair Devices (MP9688) (continued)

Patients with Dean Health Plan ASO Insurance

| | |
|---|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>C9757</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Autologous Blood-Derived Products (Platelet Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood (MP9713))

| | |
|---------------------------|---|
| Medical Policy | Autologous Blood-Derived Products (Platelet Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood (MP9713)) |
| Alternate Service Name(s) | N/A |
| Additional Information | <u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u> |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0232T 0481T G0465 P9020 S9055 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Autologous Blood-Derived Products (Platelet Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood) (MP9713) continued

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>0232T 0481T G0460 P9020 S9055</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Automated, Non-Invasive Nerve Conduction Velocity (NCV) Testing (MP9689)

| | |
|---------------------------|--|
| Medical Policy | Automated, Non-Invasive Nerve Conduction Velocity (NCV) Testing (MP9689) |
| Alternate Service Name(s) | N/A |
| Additional Information | A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 95905 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Automated, Non-Invasive Nerve Conduction Velocity (NCV) Testing (MP9689)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | 95905 |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Bariatric Surgery and Weight Management Procedures (MP9319)

| | |
|---------------------------|---|
| Medical Policy | Bariatric Surgery and Weight Management Procedures (MP9319) |
| Alternate Service Name(s) | N/A |
| Additional Information | Bariatric Surgery and Weight Management Procedures are a covered service when (1) the patient meets criteria for MP9319 and when (2) Bariatric Surgery and Weight Management Procedures are a covered benefit of the patient’s specific plan type. |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 43290, 43291, 0312T |
| Codes that Require Authorization | 43644, 43645, only requires a prior authorization if related to bariatric surgery or when performed for weight management, 43770, 43771, 43772, 43773, 43775, 43842, 43843, 43846, 43847, 43848, 43860, 43865, 43886, 43887, 43888 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

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Bariatric Surgery and Weight Management Procedures (MP9319) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Dean Health Plan.* | 43290, 43291, 0312T |
| Codes that Require Authorization | 43644, 43645, only requires a prior authorization if related to bariatric surgery or when performed for weight management, 43770, 43771, 43772, 43773, 43775, 43842, 43843, 43846, 43847, 43848, 43860, 43865, 43886, 43887, 43888 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Biochemical Biomarker Panel for Assessment of Hepatitis-Associated Liver Disease MP9674

| | |
|---------------------------|---|
| Medical Policy | Biochemical Biomarker Panel for Assessment of Hepatitis-Associated Liver Disease MP9674 |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9674, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0002M, 0003M, 81517, 0166U |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9674 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Biochemical Biomarker Panel for Assessment of Hepatitis-Associated Liver Disease MP9674 (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>0002M, 0003M, 81517, 0166U</p> |
| <p>CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.)</p> | <p>Prior authorization is not required when the service provided by an in-network provider.</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9674 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Bioimpedance Spectroscopy (BIS) and Bioelectrical Impedance Analysis (BIA) (MP9690)

| | |
|---------------------------|---|
| Medical Policy | Bioimpedance Spectroscopy (BIS) and Bioelectrical Impedance Analysis (BIA) (MP9690) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • <u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u> |

| |
|--|
| Patients with Prevea360 Commercial Insurance |
|--|

| | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>93702, 0358T</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |

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Bioimpedance Spectroscopy (BIS) and Bioelectrical Impedance Analysis (BIA) (MP9690) Continued

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>93702 0358T</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Birthing Centers (Free-Standing) MP9666

| | |
|---------------------------|---|
| Medical Policy | Birthing Centers (Free-Standing) MP9666 |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9666, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9666 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9666 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Blepharoplasty, Blepharoptosis Repair, and Brow Lift (MP9664)

| | |
|---------------------------|---|
| Medical Policy | Blepharoplasty, Blepharoptosis Repair, and Brow Lift (MP9664) |
| Alternate Service Name(s) | Eyelid Surgery |
| Additional Information | N/A |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

| Patients with Dean Health Plan ASO Insurance | |
|---|--|
| Codes that Require Authorization | 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Bone Anchored Hearing Aid (MP9018)

| | |
|---------------------------|---|
| Medical Policy | Bone Anchored Hearing Aid (MP9018) |
| Alternate Service Name(s) | BAHA, BAHS |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9018, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>An appropriate diagnosis code must appear on the claim.</p> |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 69710, 69711 , 69714, 69715, 69716, 69717, 69719, 69728, 69729, 69730, L8690, L8691, L8692, L8693, L8694, S2230, V5095 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9018 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Bone Anchored Hearing Aid (MP9018) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 69710, 69711 , 69714, 69715, 69716, 69717, 69719, 69728, 69729, 69730, L8690, L8691, L8692, L8693, L8694, S2230, V5095 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9018 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Bone, Cartilage, Ligament, Graft Substitutes and Blood Derived Products for Orthopedic Applications (MP9545)

| | |
|---------------------------|--|
| Medical Policy | Bone, Cartilage Ligament Graft Substitutes, and Blood Derived Products for Orthopedic Applications (MP9545) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9545, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>Refer to the policy for covered products and products considered to be experimental and investigational.</p> |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | A2002, 0630T, 0627T, 0628T, 0629T, 0232T |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9545 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Bone, Cartilage, Ligament, Graft Substitutes and Blood Derived Products for Orthopedic Applications (MP9545) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|---|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | A2002, 0630T, 0627T, 0628T, 0629T, 0232T |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9545 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Bone Growth (Osteogenesis) Stimulators (BGS) (MP9076)

| | |
|---------------------------|---|
| Medical Policy | Bone Growth (Osteogenesis) Stimulators (BGS) (MP9076) |
| Alternate Service Name(s) | BGS |
| Additional Information | N/A |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | 20974, 20975, 20979, E0747, E0748, E0749, E0760 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

| Patients with Dean Health Plan ASO Insurance | |
|---|--|
| Codes that Require Authorization | 20974, 20975, 20979, E0747, E0748, E0749, E0760 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Bone Marrow or Stem Cell (Peripheral or Umbilical Cord) Transplantation (MP9611)

| | |
|---------------------------|--|
| Medical Policy | Bone Marrow or Stem Cell (Peripheral or Umbilical Cord) Transplantation (MP9611) |
| Alternate Service Name(s) | NA |
| Additional Information | See Member Certificate or Summary Plan Description regarding services available for coverage. |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that Require Authorization | 38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38230, 38232, 38240, 38241, 38242, 38243, S2150 Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |
| Patients with Dean Health Plan ASO Insurance | |
| Codes that Require Authorization | 38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38230, 38232, 38240, 38241, 38242, 38243, S2150 Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> • ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. • For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Breast Ductal Lavage (MP9691)

| | |
|---------------------------|--|
| Medical Policy | Breast Ductal Lavage (MP9691) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | 19499 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Breast Ductal Lavage (MP9691) Continued

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>19499</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Breast Implant Removal, Revision, or Reimplantation (MP9580)

| | |
|---------------------------|---|
| Medical Policy | Breast Implant Removal, Revision, or Reimplantation MP9580 |
| Alternate Service Name(s) | NA |
| Additional Information | <p>Related medical policies:</p> <p>Female Breast Reduction Surgery – Reduction Mammoplasty MP9582</p> <p>Gender Affirmation Procedures MP9642</p> <p>Male Gynecomastia Surgery MP9581</p> <p>Plastic and Reconstructive Surgery MP9022</p> |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | 19328, 19330, 19340, 19342, 19371, 19380 Breast implant removal, revision, or reimplantation associated with breast reconstruction following a mastectomy AND the procedure will be coded as such does not require prior authorization. All other breast implant removal, revision or reimplantation procedures require prior authorization. |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | 19328, 19330, 19340, 19342, 19370, 19371, 19380 Breast implant removal, revision, or reimplantation associated with breast reconstruction following a mastectomy AND the procedure will be coded as such does not require prior authorization. All other breast implant removal, revision or reimplantation procedures require prior authorization. |
| Submission Responsibilities | <ul style="list-style-type: none"> • ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. • For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Breast-Specific Gamma Imaging Scintimammography, and Molecular Breast Imaging (MP9692)

| | |
|---------------------------|--|
| Medical Policy | Breast-Specific Gamma Imaging Scintimammography, and Molecular Breast Imaging (MP9692) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | S8080 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Breast-Specific Gamma Imaging Scintimammography, and Molecular Breast Imaging (MP9692) Conitnued

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>S8080</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Bronchial Thermoplasty for Treatment of Asthma (MP9693)

| | |
|---------------------------|--|
| Medical Policy | Bronchial Thermoplasty for Treatment of Asthma (MP9693) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

Patients with Prevea360 Commercial Insurance

| | |
|--|--|
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Cala Trio Therapy for Essential Tremor (MP9757)

| | |
|---------------------------|---|
| Medical Policy | Cala Trio Therapy for Essential Tremor (MP9757) |
| Alternate Service Name(s) | N/A |
| Additional Information | <u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u> |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | E0734 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Cala Trio Therapy for Essential Tremor (MP9757) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | E0734 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Cardiac Event Monitors and Procedures (MP9540)

| | |
|---------------------------|---|
| Medical Policy | Cardiac Event Monitors and Procedures (MP9540) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9578, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>An appropriate diagnosis code must appear on the claim.</p> |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9578 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Cardiac Event Monitors and Procedures (MP9540) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9578 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Carotid Intima-Media Thickness Measurement (MP9694)

| | |
|---------------------------|--|
| Medical Policy | Carotid Intima-Media Thickness Measurement (MP9694) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 93895 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Carotid Intima-Media Thickness Measurement (MP9694) continued

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>93895</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Cell Therapy for the Treatment of Cardiac Disease (MP9578)

| | |
|---------------------------|---|
| Medical Policy | Cell Therapy for the Treatment of Cardiac Disease (MP9578) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9578, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>An appropriate diagnosis code must appear on the claim.</p> |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0263T, 0264T, 0265T |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9578 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Cell Therapy for the Treatment of Cardiac Disease (MP9578)continued

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>0263T, 0264T, 0265T</p> |
| <p>CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.)</p> | <p>Prior authorization is not required.</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9578 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Cervical Spine Surgery, Inpatient and Outpatient

| | |
|---------------------------|---|
| Medical Policy | NIA Clinical Guidelines for MSK Surgeries |
| Alternate Service Name(s) | C-Spine Surgery |
| Additional Information | Musculoskeletal Program Information |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | 22548, 22551, 22552, 22554, 22585, 22590, 22595, 22600, 22614, 22856, 22858, 22861, 22864, 63001, 63015, 63020, 63035, 63040, 63043, 63045, 63048, 63050, 63051, 63075, 63076, 0095T, 0098T |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | NIA Healthcare or by phone at (866) 307-9729 |

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that Require Authorization | 22548, 22551, 22552, 22554, 22585, 22590, 22595, 22600, 22614, 22856, 22858, 22861, 22864, 63001, 63015, 63020, 63035, 63040, 63043, 63045, 63048, 63050, 63051, 63075, 63076, 0095T, 0098T |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | NIA Healthcare or by phone at (866) 307-9729 |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Chemiluminescent Testing (ViziLite) for Oral Cancer Screening (MP9569)

| | |
|---------------------------|--|
| Medical Policy | Chemiluminescent Testing (ViziLite) for Oral Cancer Screening (MP9569) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9569, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9569 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Chemiluminescent Testing (ViziLite) for Oral Cancer Screening (MP9569)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9569 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Chemoembolization for Hepatic Tumors (MP9462)

| | |
|---------------------------|--|
| Medical Policy | Chemoembolization for Hepatic Tumors (MP9462) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9462, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9462 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Chemoembolization for Hepatic Tumors (MP9462) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9462 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Chronic Rhinitis: Cryoablation, Radiofrequency Ablation and Laser Ablation, Office-Based (MP9631)

| | |
|---------------------------|---|
| Medical Policy | Chronic Rhinitis: Cryoablation, Radiofrequency Ablation and Laser Ablation, Office-Based (MP9631) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9631, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9631 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9631 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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CLEAR Institute Scoliosis Treatment Protocols (MP9695)

| | |
|---------------------------|--|
| Medical Policy | CLEAR Institute Scoliosis Treatment Protocols (MP9695) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | E1399 |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | Not Applicable-Prior authorization is not required for these services |

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CLEAR Institute Scoliosis Treatment Protocols (MP9695) Continued

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>E1399</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Clinical Trials (Clinical Trial Participation) (MP9447)

| | |
|---------------------------|---|
| Medical Policy | Clinical Trials (Clinical Trial Participation) (MP9447) |
| Alternate Service Name(s) | Non-Cancer-Related Clinical Trials |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9447, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. • Prevea360 Health Plan will cover routine or standard patient care related to clinical trials for life-threatening diseases. A life-threatening illness is an illness or condition that more likely than not will end a person's life within six (6) months. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service is provided by an in-network provider. **Specialized lab evaluations and medical images which are part of standard of care but cannot be performed at a plan site require prior authorization through the Health Services Division. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9447 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service is provided by an in-network provider. **Specialized lab evaluations and medical images which are part of standard of care but cannot be performed at a plan site require prior authorization through the Health Services Division. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9447 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Cognitive Rehabilitation/ Remediation (MP9561)

| | |
|---------------------------|--|
| Medical Policy | Cognitive Rehabilitation/ Remediation (MP9561) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9561, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9561 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Cognitive Rehabilitation/ Remediation (MP9561) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9561 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Collagen Cross Links as Markers of Bone Turnover (MP9677)

| | |
|---------------------------|--|
| Medical Policy | Collagen Cross Links as Markers of Bone Turnover (MP9677) |
| Alternate Service Name(s) | N/A |
| Additional Information | A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 82523 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Collagen Cross Links as Markers of Bone Turnover (MP9677) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | 82523 |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Computerized Dynamic Posturography (MP9696)

| | |
|---------------------------|---|
| Medical Policy | Computerized Dynamic Posturography (MP9696) |
| Alternate Service Name(s) | N/A |
| Additional Information | <u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u> |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 92548, 92549 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Computerized Dynamic Posturography (MP9696) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 92548, 92549 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Confocal Laser Endomicroscopy for Barrett's Esophagus MP9697

| | |
|---------------------------|---|
| Medical Policy | Confocal Laser Endomicroscopy for Barrett's Esophagus MP9697 |
| Alternate Service Name(s) | N/A |
| Additional Information | <u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u> |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Prevea360 Health Plan.* | 43206, 43252, 0397T if billed with the following diagnosis codes: K227.10, K227.11, K227.19. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Confocal Laser Endomicroscopy for Barrett's Esophagus MP9697 (continued)

Patients with Dean Health Plan ASO Insurance

| | |
|---|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>43206, 43252, 0397T if billed with the following diagnosis codes: K227.10, K227.11, K227.19.</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Corneal Cross-Linking (CXL) (MP9470)

| | |
|---------------------------|--|
| Medical Policy | Corneal Cross-Linking (CXL) (MP9470) |
| Alternate Service Name(s) | CXL |
| Additional Information | N/A |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | Prior authorization not required. |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | Prior authorization not required. |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Cranial Electrotherapy Stimulation (CES) (MP9698)

| | |
|---------------------------|--|
| Medical Policy | Cranial Electrotherapy Stimulation (CES) (MP9698) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | E0732, A4596 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Cranial Electrotherapy Stimulation (CES) (MP9698) Continued

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>K1022, A4596</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Cranial Orthotic Devices for Plagiocephaly

| | |
|---------------------------|--|
| Medical Policy | Medical policy retired effective 07/01/2023 |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is NOT required when provided by an in-network provider under the member’s plan. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Cranial Orthotic Devices for Plagiocephaly continued

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | S1040 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Craniosacral Therapy (MP9699)

| | |
|---------------------------|--|
| Medical Policy | Craniosacral Therapy (MP9699) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | K1022, A4596 |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | Not Applicable-Prior authorization is not required for these services |

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Craniosacral Therapy (MP9699)

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>K1022, A4596</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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CT Scan

| | |
|---------------------------|---|
| Medical Policy | N/A – Refer to the Radiology Prior Authorization page on Prevea360.com for additional information |
| Alternate Service Name(s) | CAT Scan, Computerized Tomography, Computerized Tomography Angiography, CTA |
| Additional Information | N/A |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74263, 75571, 75572, 75573, 75574, 75635, 76380, 77078, S8092, 0722T Alert: Effective for service dates on and after 9/1/2020, the health plan is reinstating the prior authorization requirement for Chest CT scans , which was temporarily waived in response to the COVID-19 public health emergency CHEST CT COVID-19 . |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | National Imaging Associates (NIA) |

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that Require Authorization | 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74263, 75571, 75572, 75573, 75574, 75635, 76380, 77078, S8092, 0722T Alert: Effective for service dates on and after 9/1/2020, the health plan is reinstating the prior authorization requirement for Chest CT scans , which was temporarily waived in response to the COVID-19 public health emergency CHEST CT COVID-19 . |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | National Imaging Associates (NIA) |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Cytotoxic Testing for Allergy Diagnosis (MP9678)

| | |
|---------------------------|--|
| Medical Policy | Cytotoxic Testing for Allergy Diagnosis (MP9678) |
| Alternate Service Name(s) | N/A |
| Additional Information | A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 86807, 86808 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Cytotoxic Testing for Allergy Diagnosis (MP9678) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>86807, 86808</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Day Treatment – Behavioral Health (MP9557)

| | |
|---------------------------|--|
| Medical Policy | Day Treatment – Behavioral Health (MP9557) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9557, the claim will be denied. <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service.</p> <p>Day Treatment means a non-residential program in a medically supervised setting that provides case management, medical care, psychotherapy and other medically necessary therapies such as physical, occupational or speech therapies, and follow-up services. Day Treatment provides treatment services for members with mental or emotional disturbances, who spend only part of the 24-hour period in the services.</p> |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9557 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Day Treatment – Behavioral Health (MP9557) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9557 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis (MP9568)

| | |
|---------------------------|--|
| Medical Policy | Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis (MP9568) |
| Alternate Service Name(s) | N/A |
| Additional Information | If a claim is submitted, the claim will be denied. |

Patients with Prevea360 Commercial Insurance

| | |
|--|--|
| CPT codes applicable to this policy | The diagnosis and treatment of chronic cerebrospinal venous insufficiency (CCSVI) in Multiple Sclerosis, including but not limited to, venous angioplasty, is considered experimental and investigational and therefore not medically necessary. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • If a claim is submitted, the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| CPT codes applicable to this policy | The diagnosis and treatment of chronic cerebrospinal venous insufficiency (CCSVI) in Multiple Sclerosis, including but not limited to, venous angioplasty, is considered experimental and investigational and therefore not medically necessary. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • If a claim is submitted, the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Dietitian Services (MP9661)

| | |
|---------------------------|--|
| Medical Policy | Dietitian Services (MP9661) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9661, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9661 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

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| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9661 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Drug Eluting Sinus Stents, Bioabsorbable (MP9700)

| | |
|---------------------------|---|
| Medical Policy | Drug Eluting Sinus Stents, Bioabsorbable (MP9700) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • <u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u> |

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| Patients with Prevea360 Commercial Insurance |
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| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>S1091</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |

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Drug Eluting Sinus Stents (MP9700)

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>S1091</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Durable Medical Equipment (MP9347)

| | |
|---|--|
| Medical Policy | Durable Medical Equipment (MP9347) |
| *Additional Medical Policies that MAY be applicable to the codes identified below (This is NOT an all-inclusive list) | <p>Non-Covered Services/Procedure MP9415 Non Covered Procedures and Services</p> <p>Prosthesis Limb Prosthesis MP9103</p> <p>Wheelchair Wheelchair: Manual and Accessories MP9639 Wheelchair: Powered and Accessories MP9640 Scooters and Accessories MP9641</p> |
| Alternate Service Name(s) | Non-covered DME/Supplies; Covered Automatic BP Cuff |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9347, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

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Durable Medical Equipment (MP9347) continued

| Patients with Prevea360 Commercial Insurance | |
|--|---|
| <p>Non-covered service codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.) *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>T2039, E0240, E0247, E0248, E0625, E0190, E0218, E0935, E0936, E0118, S9433, S9434, A4660, E0244, A9281, A4520, T4521, T4522, T4523, T4524, T4529, T4530, T4538, T4525, T4526, T4527, T4528, T4529, T4531, T4532, T4533, T4534, T4535, T4536, T4537, T4539, T4540, T4541, T4543, T4544, E0210, E0215, E1300, K1003, E0189, E0700, A8001, A8002, A8003, A8004, S0516, E0203, A4634, S9090, E0625, E0605, E0710, E1310 *E1399, *K0108, 92618, E2506, E2508, E2510, E2511, E2512, E2599</p> <p>NOTE: Please review MP9347 (or the medical policy more specific to the requested item) to determine whether the DME/supply you are intending to provide has been identified as ‘Non-Covered’.</p> |
| <p>Covered service codes applicable to this policy that DO NOT require a Prior Authorization</p> | <p>A4670, 99473, 99474 NOTE: Please review MP9347 to determine the criteria required for claims coverage of this service.</p> |
| <p>*PLEASE NOTE: Miscellaneous CPT Codes that MAY be non-covered OR addressed in a more specific policy</p> | <p>E1399 and K0108 If the item is identified by a ‘miscellaneous’ or ‘unspecified’ codes and there is a more specific medical policy applicable to the item you must reference the more specific medical policy for criteria. Examples of some applicable more specific policies are listed in the “Additional Policies” box at the top of this page.</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • Claims billed with miscellaneous codes rather than service specific codes may be denied for incorrect coding • With the exception of automatic blood pressure cuffs these items are considered to be items for comfort and/or convenience and may be a direct exclusion of the member’s plan • Denied claims will be addressed through the provider and/or member appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |

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Durable Medical Equipment (MP9347) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| <p>Non-covered service codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.) *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Dean Health Plan.*</p> | <p>T2039, E0240, E0247, E0248, E0625, E0190, E0218, E0935, E0936, E0118, S9433, S9434, A4660, E0244, A9281, A4520, T4521, T4522, T4523, T4524, T4529, T4530, T4538, T4525, T4526, T4527, T4528, T4529, T4531, T4532, T4533, T4534, T4535, T4536, T4537, T4539, T4540, T4541, T4543, T4544, E0210, E0215, E1300, K1003, E0189, E0700, A8001, A8002, A8003, A8004, S0516, E0203, A4634, S9090, E0625, E0605, E0710, E1310 *E1399, *K0108</p> <p>NOTE: Please review MP9347 (or the medical policy more specific to the requested item) to determine whether the DME/supply you are intending to provider has been identified as ‘Non-Covered’.</p> |
| <p>Covered service codes applicable to this policy (Note: these codes do NOT require a prior authorization)</p> | <p>A4670, 99473, 99474 NOTE: Please review MP9347 to determine the criteria required for claims coverage of this service.</p> |
| <p>*PLEASE NOTE: Miscellaneous service Codes that MAY be non-covered OR addressed in a more specific policy (Note: these codes do NOT require a prior authorization)</p> | <p>E1399 and K0108 If the item is identified by a ‘miscellaneous’ or ‘unspecified’ codes and there is a more specific medical policy applicable to the item you must reference the more specific medical policy for criteria. Examples of some applicable more specific policies are listed in the “Additional Policies” box at the top of this page.</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. Claims billed with miscellaneous codes rather than service specific codes may be denied for incorrect coding With the exception of automatic blood pressure cuffs these items are considered to be items for comfort and/or convenience and may be a direct exclusion of the member’s plan Denied claims will be addressed through the provider and/or member appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Elastography (MP9562)

| | |
|---------------------------|--|
| Medical Policy | Elastography (MP9562) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9562, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>Related Policies: Laboratory Testing MP9539 Genetic Testing for Gastroenterologic Disorders MP9593</p> |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. 76391, 76981, 76982, 76983, 91200 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9562 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Elastography (MP9562) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. 76391, 76981, 76982, 76983, 91200 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9562 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Electric Cell-Signaling Treatment (e.g., neoGen© System, Sanexas Intl.) (MP9701)

| | |
|---------------------------|--|
| Medical Policy | Electric Cell-Signaling Treatment (e.g., neoGen© System, Sanexas Intl.) (MP9701) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | 64999 13999 |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | Not Applicable-Prior authorization is not required for these services |

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Electric Cell-Signaling Treatment (e.g., neoGen© System, Sanexas Intl.) (MP9701) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>64999 13999</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Electric Tumor Treatment Field (Optune) (MP9474)

| | |
|---------------------------|--|
| Medical Policy | Electric Tumor Treatment Field (Optune) (MP9474) |
| Alternate Service Name(s) | ETTF, Optune |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9474, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. • This service must be ordered by an oncology specialist. |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | A4555 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | E0766 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9474 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Electric Tumor Treatment Field (Optune) (MP9474)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | A4555 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | E0766 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9474 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds (MP9702)

| | |
|---------------------------|---|
| Medical Policy | Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds (MP9702) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • <u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u> |

| | |
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| Patients with Prevea360 Commercial Insurance | |
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| | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>E0761 G0281 G0282 G0295 G0329</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |

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Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds (MP9702) (continued)

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>E0761 G0281 G0282 G0295 G0329</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Electromagnetic Navigation Bronchoscopy (MP9634)

| | |
|---------------------------|---|
| Medical Policy | Electromagnetic Navigation Bronchoscopy (MP9634) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9634, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9634 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9634 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Endoscopic Balloon Sinuplasty Ostial Dilation Chronic Sinusitis (MP9667)

| | |
|---------------------------|---|
| Medical Policy | Endoscopic Balloon Sinuplasty Ostial Dilation Chronic Sinusitis (MP9667) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. If a claim is submitted that does not meet the medical necessity indicated in MP9667, the claim will be denied. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>Related Policy: Drug Eluting Stents, Bioabsorbable MP9700</p> |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member's plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9667 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member's plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9667 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

The [complete library of medical policies](#) is available on prevea360.com.

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Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) MP9703

| | |
|---------------------------|--|
| Medical Policy | Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) MP9703 |
| Alternate Service Name(s) | N/A |
| Additional Information | A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 43257 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) MP9703 (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | 43257 |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Endoscopic Radiofrequency Ablation for Barrett’s Esophagus (MP9628)

| | |
|---------------------------|--|
| Medical Policy | Endoscopic Radiofrequency Ablation for Barrett’s Esophagus (MP9628) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9628, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 43257 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9628 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Endoscopic Radiofrequency Ablation for Barrett’s Esophagus (MP9628) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 43257 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9628 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Enhanced External Counterpulsation (EECP) (MP9620)

| | |
|---------------------------|--|
| Medical Policy | Enhanced External Counterpulsation (EECP) (MP9620) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9620, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

| Patients with Prevea360 Commercial Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9620 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9620 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Epidural Lysis of Adhesions (MP9704)

| | |
|---------------------------|--|
| Medical Policy | Epidural Lysis of Adhesions (MP9704) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Prevea360 Health Plan.* | 62263 62264 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Epidural Lysis of Adhesions (MP9704) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 62263 62264 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Epidural Steroid Injection (ESI) and Selective Nerve Root Block (SNRB) (MP9362)

| | |
|---------------------------|---|
| Medical Policy | Epidural Steroid Injection (ESI) and Selective Nerve Root Block (SNRB) (MP9362) |
| Alternate Service Name(s) | ESI |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9362, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9362 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9362 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Eustachian Tube Balloon Dysfunction (Acclarent AERA) (MP9604)

| | |
|---------------------------|--|
| Medical Policy | Eustachian Tube Balloon Dysfunction (Acclarent AERA) (MP9604) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9604, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 69705, 69706, 69799 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9604 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Eustachian Tube Balloon Dysfunction (Acclarent AERA) (MP9604) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 69705, 69706, 69799 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9604 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Exhaled Breath Tests for Asthma and Other Inflammatory Pulmonary Conditions: Exhaled Nitric Oxide Breath Test and Exhaled Breath Condensate pH Measurement (MP9560)

| | |
|---------------------------|--|
| Medical Policy | Exhaled Breath Tests for Asthma and Other Inflammatory Pulmonary Conditions: Exhaled Nitric Oxide Breath Test and Exhaled Breath Condensate pH Measurement (MP9560) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9560, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 83987, 95012 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9560 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Exhaled Breath Tests for Asthma and Other Inflammatory Pulmonary Conditions: Exhaled Nitric Oxide Breath Test and Exhaled Breath Condensate pH Measurement (MP9560) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 83987, 95012 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9560 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Extracorporeal Magnetic Stimulation for the Treatment of Urinary Incontinence (MP9705)

| | |
|---------------------------|--|
| Medical Policy | Extracorporeal Magnetic Stimulation for the Treatment of Urinary Incontinence (MP9705) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | 53899 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Extracorporeal Magnetic Stimulation for the Treatment of Urinary Incontinence (MP9705)

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>53899</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Extracorporeal Photophoresis (Photochemotherapy) MP9558

| | |
|---------------------------|--|
| Medical Policy | Extracorporeal Photophoresis (Photochemotherapy) (MP9558) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9558, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>Related Policy: Therapeutic Apheresis: Plasmapheresis, Plasma Exchange MP9627</p> |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 36522 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9558 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Extracorporeal Photophoresis (Photochemotherapy) (MP9558) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 36522 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9558 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Extracorporeal Shock Wave Therapy (ESWt) for Musculoskeletal Indications and Soft Tissue Injuries (MP9706)

| | |
|---------------------------|--|
| Medical Policy | Extracorporeal Shock Wave Therapy (ESWt) for Musculoskeletal Indications and Soft Tissue Injuries (MP9706) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Prevea360 Health Plan.* | 28890 0101T 0102T 0512T 0513T |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Extracorporeal Shock Wave Therapy (ESWt) for Musculoskeletal Indication and Soft Tissue Injuries (MP9706) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>28890 0101T 0102T 0512T 0513T</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Facet Joint Injections and Percutaneous Denervation Procedures (Radiofrequency and Laser Ablation) for Facet-Mediated Joint Pain (MP9448)

| | |
|---------------------------|---|
| Medical Policy | Facet Joint Injections and Percutaneous Denervation Procedures (Radiofrequency and Laser Ablation) for Facet-Mediated Joint Pain (MP9448) |
| Alternate Service Name(s) | RFA |
| Additional Information | This service must be ordered by a pain management specialist or a provider trained in interventional pain management. |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0213T, 0214T, 0215T, 0216T, 0217T, 0218T |
| Codes that Require Authorization | 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

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Facet Joint Injections and Percutaneous Denervation Procedures (Radiofrequency and Laser Ablation) for Facet-Mediated Joint Pain (MP9448) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Dean Health Plan.*</p> | <p>0213T, 0214T, 0215T, 0216T, 0217T, 0218T</p> |
| <p>Codes that Require Authorization</p> | <p>64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635</p> |
| <p>Submission Responsibilities</p> | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| <p>Submission Method</p> | <p>Dean/Prevea contracted providers - Dean Health Plan Provider Portal; All other providers – Prior Authorization Forms may be accessed by clicking here.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Facility-Based Polysomnography, Adults (Sleep Study) (MP9676)

| | |
|---------------------------|--|
| Medical Policy | Facility-Based Polysomnography, Adults (Sleep Study) (MP9676) |
| Alternate Service Name(s) | PSG, in-lab sleep |
| Additional Information | Allow with Prior Authorization in-lab sleep studies for adult (18 years and older) only. |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | 95807, 95808 Please note: these codes are applicable for 18 years and older |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that Require Authorization | 95807, 95808 Please note: these codes are applicable for 18 years and older |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Fecal Calprotectin Testing (MP9665)

| | |
|---------------------------|--|
| Medical Policy | Fecal Calprotectin Testing (MP9665) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9665, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9665 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9665 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Female Breast Reduction Surgery – Reduction Mammoplasty (MP9582)

| | |
|---------------------------|--|
| Medical Policy | Female Breast Reduction Surgery – Reduction Mammoplasty MP9582 |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>Related Medical Policies</p> <p>Breast Implant Removal, Revision, or Reimplantation MP9580</p> <p>Gender Affirmation Procedures MP9642</p> <p>Male Gynecomastia Surgery MP9581</p> <p>Plastic and Reconstructive Surgery MP9022</p> |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | 19318 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that Require Authorization | 19318 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Female External Urinary Catheters for Urinary Incontinence (e.g., PureWick, PrimaFit) MP9759

| | |
|---------------------------|---|
| Medical Policy | Female External Urinary Catheters for Urinary Incontinence (e.g., PureWick, PrimaFit) MP9759 |
| Alternate Service Name(s) | N/A |
| Additional Information | <u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u> |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | A6590, E2001 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Female External Urinary Catheters for Urinary Incontinence (e.g., PureWick, PrimaFit) MP9759 (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>A6590, E2001</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Food Allergy/Intolerance Testing (in vitro) MP9679

| | |
|---------------------------|---|
| Medical Policy | Food Allergy/Intolerance Testing (in vitro) MP9679 |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9679, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 86001 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9679 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Food Allergy/Intolerance Testing (in vitro) MP9679

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>86001</p> |
| <p>CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.)</p> | <p>Prior authorization is not required when the service provided by an in-network provider.</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9679 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Foot Care (MP9656)

| | |
|---------------------------|--|
| Medical Policy | Foot Care (MP9656) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9656, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9656 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9656 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Functional Electrical Stimulation (FES) Therapy, Functional Neuromuscular Electrical Stimulation (NMES) Rehabilitation Therapy, and Lower Limb Activity-Based Locomotor (ABLE) Training (MP9566)

| | |
|---------------------------|--|
| Medical Policy | Functional Electrical Stimulation (FES) Therapy, Functional Neuromuscular Electrical Stimulation (NMES) Rehabilitation Therapy, and Lower Limb Activity-Based Locomotor (ABLE) Training (MP9566) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9566, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | E0770, E0764 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9566 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Functional Electrical Stimulation (FES) Therapy, Functional Neuromuscular Electrical Stimulation (NMES) Rehabilitation Therapy, and Lower Limb Activity-Based Locomotor (ABLE) Training (MP9566) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|---|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | E0770, E0764 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9566 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Gastric Electrical Stimulation (GES) (MP9463)

| | |
|---------------------------|---|
| Medical Policy | Gastric Electrical Stimulation (GES) (MP9463) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9463, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>The criteria in this policy do not apply to those devices which have been granted a humanitarian device exemption (HDE) by the FDA, which are considered medically necessary when all FDA-required criteria are met. For a current list of HDE approved devices, refer to the FDA HDE database at: Listing of CDRH Humanitarian Device Exemptions FDA</p> |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | A prior authorization is NOT required when provided by an in-network provider under the member’s plan. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9463 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Gastric Electrical Stimulation (GES) (MP9463)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | A prior authorization is NOT required when provided by an in-network provider under the member’s plan. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9463 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Gastrointestinal Monitoring System (SmartPill®) (MP9707)

| | |
|---------------------------|--|
| Medical Policy | Gastrointestinal Monitoring System (SmartPill®) (MP9707) |
| Alternate Service Name(s) | GI |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. Related Policy: Wireless Capsule Endoscopy (CE) and Capsule Technology to Verify Patency Prior to Capsule Endoscopy MP9626 |

Patients with Prevea360 Commercial Insurance

| | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 91112 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Gastrointestinal Monitoring System (SmartPill®) (MP9707) (continued)

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>91112</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Gender Affirmation Procedures (MP9642)

| | |
|---|--|
| Medical Policy | Gender Affirmation Procedures (MP9642) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> All services related to surgical gender affirmation procedures require prior authorization. Coverage may vary according to the terms of the member’s plan document. All services dependent on applicable laws and provisions per state. See Certificate or Summary Plan Description for for services eligible for coverage <p>Related Medical Policies:</p> <p>Abdominoplasty/Panniculectomy MP9646</p> <p>Rhinoplasty Procedure with or without Septoplasty MP9648.</p> <p>Plastic and Reconstructive Surgery MP9022</p> <p>Blepharoplasty, Blepharoptosis Repair, and Brow Lift (MP9664)</p> |
| Patients with Prevea360 Health Plan Commercial Insurance | |
| Codes that Require Authorization | <p>Prior authorization required if billed with any of the following diagnosis codes: F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890;</p> <p>Procedures: 19301, 19302, 19303, 19304, 19305, 19306, 19307, 19316, 19318, 19325, 19350, 53415, 53420, 53425, 53430, 54120, 54125, 54130, 54135, 54400, 54401, 54405, 54520, 54522, 54660, 54690, 55175, 55180, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57107, 57109, 57110, 57111, 57112, 57291, 57292, 57335, 58150, 58152, 58180, 58200, 58210, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720 11920, 11921, 11922, 11950, 11951, 11952, 11954, 14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 15769, 15771, 15772, 15773, 15774, 15780, 15781, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15819, 15824, 15825, 15826, 15828, 15829, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15876, 15878, 15879, 17380, 17999, 21137, 21138, 21139, 21172, 21175, 21179, 21180, 21208, 21209, 21210, 21215, 21230, 21235, 21270, 21899, 31599, 31899, 40799, 53410, 56620, 56810, 58544, 58940, 64856, 64892, 64896</p> |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Health Plan Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Health Plan Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

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Gender Affirmation Procedures (MP9642) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that Require Authorization | <p>Prior authorization required if billed with any of the following diagnosis codes: F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890;</p> <p>Procedures: 19301, 19302, 19303, 19304, 19305, 19306, 19307, 19316, 19318, 19325, 19350, 53415, 53420, 53425, 53430, 54120, 54125, 54130, 54135, 54400, 54401, 54405, 54520, 54522, 54660, 54690, 55175, 55180, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57107, 57109, 57110, 57111, 57112, 57291, 57292, 57335, 58150, 58152, 58180, 58200, 58210, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720 11920, 11921, 11922, 11950, 11951, 11952, 11954, 14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 15769, 15771, 15772, 15773, 15774, 15780, 15781, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15819, 15824, 15825, 15826, 15828, 15829, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15876, 15878, 15879, 17380, 17999, 21137, 21138, 21139, 21172, 21175, 21179, 21180, 21208, 21209, 21210, 21215, 21230, 21235, 21270, 21899, 31599, 31899, 40799, 53410, 56620, 56810, 58544, 58940, 64856, 64892, 64896</p> |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | <p>Dean/Prevea contracted providers - Dean Health Plan Provider Portal; All other providers – Prior Authorization Forms may be accessed by clicking here.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Genetic Testing: General Approach to Genetic Testing (MP9610)

| | |
|---------------------------|--|
| Medical Policy | Genetic Testing: General Approach to Genetic Testing (MP9610) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet medical necessity, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>The complete list of genetic testing medical policies is available on the Genetic Testing: General Approach to Genetic Testing policy. Additional information regarding genetic testing can be found on the Genetic Testing page found on Prevea360.com.</p> |

Patients with Prevea360 Commercial Insurance

| | |
|---|--|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service is provided by an in-network provider. Claims will need to be coded correctly and services need to be medically necessary based on coverage criteria. Claims may be denied if this information is not provided or accurate. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|--|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service is provided by an in-network provider. Claims will need to be coded correctly and services need to be medically necessary based on coverage criteria. Claims may be denied if this information is not provided or accurate. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

The [complete library of medical policies](#) is available on prevea360.com.

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Hair Analysis in the Clinical Setting (MP9680)

| | |
|---------------------------|--|
| Medical Policy | Hair Analysis in the Clinical Setting (MP9680) |
| Alternate Service Name(s) | N/A |
| Additional Information | A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | P2031 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Hair Analysis in the Clinical Setting (MP9680) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>P2031</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Hearing Aids (MP9445)

| | |
|---------------------------|---|
| Medical Policy | Hearing Aids (MP9445) |
| Alternate Service Name(s) | Non-Bone Anchored Hearing Aids |
| Additional Information | Self-funded plans (ASO) may require prior authorization. Please refer to the member’s Summary Plan Description (SPD) or call the Customer Service number found on the member’s card for specific prior authorization requirements. The Hearing Assessment Tool is available for ASO members. Related Policy: Bone Anchored Hearing Aid (MP9018) |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | V5266 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | V5030, V5040, V5050, V5060, V5070, V5080, V5100, V5120, V5130, V5140, V5150, V5171, V5172, V5181, V5190, V5211, V5212, V5213, V5214, V5215, V5221, V5230, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5262, V5263, V5298 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9554, the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Hearing Aids (MP9445) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | V5266 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | V5030, V5040, V5050, V5060, V5070, V5080, V5100, V5120, V5130, V5140, V5150, V5171, V5172, V5181, V5190, V5211, V5212, V5213, V5214, V5215, V5221, V5230, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5262, V5263, V5298 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| Required Supplemental Document for In-Network Providers Only | <ul style="list-style-type: none"> Adult Patients: Hearing Aid Prior Authorization Form (Complete the entire form and attach it to the prior authorization that is submitted via the Provider Portal) Patients under the age of 19 do not require prior authorization. |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Heart/Lung Transplantation (MP9612)

| | |
|---------------------------|---|
| Medical Policy | Heart/Lung Transplantation (MP9612) |
| Alternate Service Name(s) | NA |
| Additional Information | See Member Certificate or Summary Plan Description regarding services available for coverage. For multiorgan transplant, in addition to heart/lung transplantation, the member must meet criteria for each additional organ. Please refer to applicable medical policy |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | 33930, 33933, 33935. Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | 33930, 33933, 33935. Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> • ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. • For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Heart Transplantation (Adult and Pediatric) (MP9613)

| | |
|---------------------------|---|
| Medical Policy | Heart Transplantation (Adult and Pediatric) (MP9613) |
| Alternate Service Name(s) | NA |
| Additional Information | See Member Certificate or Summary Plan Description regarding services available for coverage. For multiorgan transplant, in addition to heart/lung transplantation, the member must meet criteria for each additional organ. Please refer to applicable medical policy |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | 33940, 33944, 33945. Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | 33940, 33944, 33945. Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> • ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. • For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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High Frequency Chest Compression (Vest System) (MP9235)

| | |
|---------------------------|--|
| Medical Policy | High Frequency Chest Compression (Vest System) (MP9235) |
| Alternate Service Name(s) | N/A |
| Additional Information | This service must be ordered by a pulmonologist, transplant surgeon, or cystic fibrosis-treating provider. |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | E0483, A7025, A7026 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | E0483, A7025, A7026 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Hip Surgery, Inpatient and Outpatient

| | |
|---------------------------|---|
| Medical Policy | NIA Clinical Guidelines for MSK Surgeries |
| Alternate Service Name(s) | N/A |
| Additional Information | Musculoskeletal Program information |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | 27130* (*when performed as inpatient), 27132, 27134, 27137, 27138, 29860, 29861, 29862, 29863, 29914, 29915, 29916, S2118 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | NIA Healthcare or by phone at (866) 307-9729 |

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that Require Authorization | 27130* (*when performed as inpatient), 27132, 27134, 27137, 27138, 29860, 29861, 29862, 29863, 29914, 29915, 29916, S2118 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | NIA Healthcare or by phone at (866) 307-9729 |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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High Intensity Focused Ultrasound (HIFU) and Magnetic Resonance Guided Focused Ultrasound (MRgFUS) (MP9708)

| | |
|---------------------------|--|
| Medical Policy | High Intensity Focused Ultrasound (HIFU) and Magnetic Resonance Guided Focused Ultrasound (MRgFUS) (MP9708) |
| Alternate Service Name(s) | US, u/s |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. Related Policy: Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH) MP9361 |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Prevea360 Health Plan.* | 0071T 0072T 0398T 55880 C9734 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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High Intensity Focused Ultrasound (HIFU) and Magnetic Resonance Guided Focused Ultrasound (MRgFUS) (MP9708) (continued)

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>E0071T 0072T 0398T 55880 C9734</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Home Health Care

| | |
|---------------------------|---|
| Medical Policy | N/A |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. If a claim is submitted that does not meet the medical necessity, the claim will be denied. <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service.</p> |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

| Patients with Dean Health Plan ASO Insurance | |
|---|--|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

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Home Infusion

| | |
|---------------------------|--|
| Medical Policy | N/A |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet medical necessity, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | S9500, S9810 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 99601, 99602, G0068, G0069, G0070 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Home Infusion (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>S9500, S9810</p> |
| <p>CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.)</p> | <p>99601, 99602, G0068, G0069, G0070</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Home Use of Bilevel Positive Airway Pressure (BiPAP) for Conditions Other Than Obstructive Sleep Apnea (OSA) (MP9658)

| | |
|---------------------------|---|
| Medical Policy | Home Use of Bilevel Positive Airway Pressure (BiPAP) for Conditions Other Than Obstructive Sleep Apnea (OSA) (MP9658) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9658, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>Related Policies:</p> <p>Facility-Based Polysomnography, Adults (Sleep Study) MP9676</p> <p>Sleep Studies for Initial Diagnosis of Obstructive Sleep Apnea (OSA) MP9673</p> |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0437T, 64582, 64583, 64584, S2080 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 21120, 21121, 21122, 21123, 21199, 42145, E0470, E0471, E0472, E0485, E0486, E0601, A9279 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9658 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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The [complete library of medical policies](#) is available on prevea360.com.

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Home Use of Bilevel Positive Airway Pressure (BiPAP) for Conditions Other Than Obstructive Sleep Apnea (OSA) (MP9658)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>0437T, 64582, 64583, 64584, S2080</p> |
| <p>CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.)</p> | <p>21120, 21121, 21122, 21123, 21199, 42145, E0470, E0471, E0472, E0485, E0486, E0601, A9279</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9658 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Hospice Services (Inpatient and Outpatient) (MP9299)

| | |
|---------------------------|---|
| Medical Policy | Hospice Services (Inpatient and Outpatient) (MP9299) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. If a claim is submitted that does not meet the medical necessity indicated in MP9299, the claim will be denied. <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service.</p> |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. Q5001, Q5002 Q5003 Q5004 Q5005 Q5006 Q5007 Q5008 Q5010 G0182 G9473 G9474 G9475 G9476 G9477 G9478 G9479 G0337 S0255 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9299 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. Q5001, Q5002 Q5003 Q5004 Q5005 Q5006 Q5007 Q5008 Q5010 G0182 G9473 G9474 G9475 G9476 G9477 G9478 G9479 G0337 S0255 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9299 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Hyperbaric Oxygen Therapy and Topical Oxygen (MP9055)

| | |
|---------------------------|---|
| Medical Policy | Hyperbaric Oxygen Therapy and Topical Oxygen (MP9055) |
| Alternate Service Name(s) | HBO, HBO Therapy |
| Additional Information | N/A |

Patients with Prevea360 Commercial Insurance

| | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | E0446 |
| Codes that Require Authorization | N/A |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

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Hyperbaric Oxygen Therapy and Topical Oxygen (MP9055) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Dean Health Plan.* | E0446 |
| Codes that Require Authorization | Self-funded plans (ASO) may require prior authorization. Please refer to the member’s Summary Plan Description (SPD) or call the Customer Service number found on the member’s card for specific prior authorization requirements. |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Implantable Deep Brain Stimulation (DBS) (MP9331)

| | |
|---------------------------|---|
| Medical Policy | Implantable Deep Brain Stimulation (DBS) (MP9331) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> If a claim is submitted that does not meet the medical necessity indicated in MP9331, the claim will be denied. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>Related Policy: Responsive Cortical Stimulation (MP9496)</p> |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. 61885, 61886 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member's plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9331 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. 61885, 61886 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member's plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9331 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Implantable Peripheral Nerve Stimulator for Treatment of Pain MP9769

| | |
|---------------------------|--|
| Medical Policy | Implantable Peripheral Nerve Stimulator for Treatment of Pain MP9769 |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u></p> <p>Related Policies:</p> <p>Interferential Current Stimulation MP9710</p> <p>Percutaneous Neuromodulation Therapy for Treatment of Pain MP9728</p> <p>Transcutaneous Joint Stimulation Devices MP9740</p> |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | This is not a covered service. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Implantable Peripheral Nerve Stimulator for Treatment of Pain MP9769 (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>This is not a covered service.</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea (MP9636)

| | |
|---------------------------|---|
| Medical Policy | Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea (MP9636) |
| Alternate Service Name(s) | N/A |
| Additional Information | N/A |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 41521 |
| Codes that Require Authorization | 64568, 64582 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

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Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea (MP9636) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 41521 |
| Codes that Require Authorization | 64568, 64582 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Inhaled Nitric Oxide Therapy (MP9654)

| | |
|---------------------------|--|
| Medical Policy | Inhaled Nitric Oxide Therapy (MP9654) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9654, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9654 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9654 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Inpatient (Hospital) Level of Care (MP9671)

| | |
|---------------------------|---|
| Medical Policy | Inpatient (Hospital) Level of Care (MP9671) |
| Alternate Service Name(s) | N/A |
| Additional Information | |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that Require Authorization | Prior authorization is required for elective inpatient admission and continued stay; Notification of all inpatient admissions is required as specified in the hospital participation agreement, provider contracts and/or provider manuals. |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |
| Patients with Dean Health Plan ASO Insurance | |
| Codes that Require Authorization | Prior authorization is required for elective inpatient admission and continued stay; Notification of all inpatient admissions is required as specified in the hospital participation agreement, provider contracts and/or provider manuals. |
| Submission Responsibilities | <ul style="list-style-type: none"> • ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. • For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Inpatient Rehabilitation (Acute Rehabilitation) (MP9668)

| | |
|---------------------------|--|
| Medical Policy | Inpatient Rehabilitation (Acute Rehabilitation) (MP9668) |
| Alternate Service Name(s) | N/A |
| Additional Information | None |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | Prior authorization required for admission and continued stay. |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | Prior authorization required for admission and continued stay. |
| Submission Responsibilities | <ul style="list-style-type: none"> • ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. • For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Intense Pulsed Light Treatment for Dry Eye Disease (MP9709)

| | |
|---------------------------|---|
| Medical Policy | Intense Pulsed Light Treatment for Dry Eye Disease (MP9709) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • <u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u> |

| | |
|--|--|
| Patients with Prevea360 Commercial Insurance | |
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| | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Prevea360 Health Plan.*</p> | 0507T |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |

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Intense Pulsed Light Treatment for Dry Eye Disease (MP9709)

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>0507T</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Intensive Outpatient – Behavioral Health (MP9556)

| | |
|---------------------------|--|
| Medical Policy | Intensive Outpatient – Behavioral Health (MP9556) |
| Alternate Service Name(s) | IOP |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9556, the claim will be denied. <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service.</p> <p>A facility that provides Intensive Outpatient treatment may be a stand-alone mental health facility or a physically and programmatically-distinct unit within a facility licensed for this specific purpose, or a department within a general medical health care system. A multidisciplinary treatment program should occur three (3) days a week and provides at least 9 hours of weekly clinical services intended to comprehensively address the needs identified in the member’s treatment plan. Activities that are primarily recreational or diversionary or that do not address the serious presenting symptoms/problems do not count towards the total hours of treatment delivered. The member is not considered a resident at the program.</p> |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9556 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Intensive Outpatient – Behavioral Health (MP9556) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Interferential Current Stimulation (MP9710)

| | |
|---------------------------|--|
| Medical Policy | Interferential Current Stimulation (MP9710) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | S8130 S8131 |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | Not Applicable-Prior authorization is not required for these services |

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Interferential Current Stimulation (MP9710) continued

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>S8130 S8131</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Intestinal Transplantation (MP9618)

| | |
|---------------------------|---|
| Medical Policy | Intestinal Transplantation (MP9618) |
| Alternate Service Name(s) | NA |
| Additional Information | See Member Certificate or Summary Plan Description regarding services available for coverage. For multiorgan transplant, in addition to heart/lung transplantation, the member must meet criteria for each additional organ. Please refer to applicable medical policy |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that Require Authorization | 44132, 44133, 44135, 47133, 44135, 44136, 44137, 44715, 44720, 44721, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147 Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |
| Patients with Dean Health Plan ASO Insurance | |
| Codes that Require Authorization | 44132, 44133, 44135, 47133, 44135, 44136, 44137, 44715, 44720, 44721, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147 Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Intermittent Pneumatic Compression Devices (MP9119)

| | |
|---------------------------|--|
| Medical Policy | Intermittent Pneumatic Compression Devices (MP9119) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9119, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9119 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9119 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Intradiscal Electrothermal (IDET) (MP9711)

| | |
|---------------------------|---|
| Medical Policy | Intradiscal Electrothermal (IDET) (MP9711) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • <u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u> |

Patients with Prevea360 Commercial Insurance

| | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Prevea360 Health Plan.* | 22526 22527 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Intradiscal Electrotheramyl (IDET) (MP9711)

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>22526 22527</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Intraoperative Neurophysiological Monitoring (IONM) (MP9577)

| | |
|---------------------------|---|
| Medical Policy | Intraoperative Neurophysiological Monitoring (IONM) (MP9577) |
| Alternate Service Name(s) | IONM |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9577, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9577 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9577 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Intravascular Shockwave Lithotripsy for the Treatment of Coronary Artery Disease MP9770

| | |
|---------------------------|--|
| Medical Policy | Intravascular Shockwave Lithotripsy for the Treatment of Coronary Artery Disease MP9770 |
| Alternate Service Name(s) | N/A |
| Additional Information | A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | C1761, 92972 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Intravascular Shockwave Lithotripsy for the Treatment of Coronary Artery Disease MP9770 (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>C1761, 92972</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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In Vitro Chemosensitivity and Chemoresistance Assays (MP9760)

| | |
|---------------------------|--|
| Medical Policy | In Vitro Chemosensitivity and Chemoresistance Assays (MP9760) |
| Alternate Service Name(s) | N/A |
| Additional Information | A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0564T, 0083U |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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In Vitro Chemosensitivity and Chemoresistance Assays (MP9760) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>0564T, 0083U</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Iris Prosthesis (MP9715)

| | |
|---------------------------|--|
| Medical Policy | Iris Prosthesis (MP9715) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | 0616T 0617T 0618T C1839 |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | Not Applicable-Prior authorization is not required for these services |

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Iris Prosthesis (MP9715) continued

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>0616T 0617T 0618T C1839</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Irreversible Electroporation (NanoKnife System) (MP9714)

| | |
|---------------------------|--|
| Medical Policy | Irreversible Electroporation (NanoKnife System) (MP9714) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0600T 0601T |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Irreversible Electroporation (NanoKnife System) (MP9714) Continued

Patients with Dean Health Plan ASO Insurance

| | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>0600T 0601T</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Kidney Transplantation (MP9675)

| | |
|---------------------------|--|
| Medical Policy | Kidney Transplantation (MP9675) |
| Alternate Service Name(s) | NA |
| Additional Information | See Member Certificate or Summary Plan Description regarding services available for coverage. For multiorgan transplant, in addition to heart/lung transplantation, the member must meet criteria for each additional organ. Please refer to applicable medical policy |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that Require Authorization | 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50547. Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |
| Patients with Dean Health Plan ASO Insurance | |
| Codes that Require Authorization | 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50547. Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> • ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. • For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Knee Surgery, Inpatient and Outpatient

| | |
|---------------------------|---|
| Medical Policy | NIA Clinical Guidelines for MSK Surgeries |
| Alternate Service Name(s) | N/A |
| Additional Information | Musculoskeletal Program information |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | 27332, 27333, 27403, 27405, 27407, 27409, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27438, 27446, 27447* (*when performed as inpatient), 27486, 27487, 27570, 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29888, 29889, G0289 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | NIA Healthcare or by phone at (866) 307-9729 |

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that Require Authorization | 27332, 27333, 27403, 27405, 27407, 27409, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27438, 27446, 27447* (*when performed as inpatient), 27486, 27487, 27570, 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29888, 29889, G0289 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | NIA Healthcare or by phone at (866) 307-9729 |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Laboratory Testing (MP9539)

| | |
|---------------------------|--|
| Medical Policy | Laboratory Testing (MP9539) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9539, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9539 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Laboratory Testing (MP9539) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9539 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Laser Treatments for Choroidal Neovascularization (CNV) Associated with Macular Degeneration (MP9565)

| | |
|---------------------------|--|
| Medical Policy | Laser Treatments for Choroidal Neovascularization (CNV) Associated with Macular Degeneration (MP9565) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9565, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9565 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Laser Treatments for Choroidal Neovascularization (CNV) Associated with Macular Degeneration (MP9565)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9565 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Light Treatment and Laser Therapies for Benign Dermatologic Conditions (MP9057)

| | |
|---------------------------|---|
| Medical Policy | Light Treatment and Laser Therapies for Benign Dermatologic Conditions (MP9057) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9057, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>Prevea360 Health Plan covers the purchase of one (1) system per enrollee per lifetime. The enrollee is responsible for the cost of repairs or replacement lights.</p> |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9057 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Light Treatment and Laser Therapies for Benign Dermatologic Conditions (MP9057) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9057 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Lipoprotein-associated Phospholipase A2 (Lp-PLA2) Immunoassay for Prediction of Risk of Coronary Heart Disease or Ischemic Stroke (PLAC Test®) (MP9687)

| | |
|---------------------------|--|
| Medical Policy | Lipoprotein-associated Phospholipase A2 (Lp-PLA2) Immunoassay for Prediction of Risk of Coronary Heart Disease or Ischemic Stroke (PLAC Test®) (MP9687) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u></p> <p>Related Policy: Lipoprotein Subclass Testing for Screening, Evaluation, and Monitoring of Cardiovascular Disease MP9681</p> |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 83698 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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**Lipoprotein-associated Phospholipase A2 (Lp-PLA2) Immunoassay for Prediction of Risk of Coronary Heart Disease or Ischemic Stroke (PLAC Test®) (MP9687)
(continued)**

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | 83698 |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Lipoprotein Subclass Testing for Screening, Evaluation and Monitoring of Cardiovascular Disease (MP9681)

| | |
|---------------------------|--|
| Medical Policy | Lipoprotein Subclass Testing for Screening, Evaluation and Monitoring of Cardiovascular Disease (MP9681) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u></p> <p>Related policy: Lipoprotein-Associated Phospholipase A2 (Lp-PLA2) Immunoassay for Prediction of Risk for Coronary Heart Disease or Ischemic Stroke (PLAC® Test). MP9687</p> |

| Patients with Dean Health Plan Commercial Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | 83700, 83701, 83704, 83772, 0052U, 0377U |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Lipoprotein Subclass Testing for Screening, Evaluation and Monitoring of Cardiovascular Disease (MP9681) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>83700, 83701, 83704, 83772, 0052U, 0377U</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Liposuction for the Treatment of Lymphedema or Lipedema (MP9650)

| | |
|---------------------------|---|
| Medical Policy | Liposuction for the Treatment of Lymphedema or Lipedema (MP9650) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9650, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 15877, 15878, 15879 Prior authorization is not required when the service is provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9650 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 15877, 15878, 15879 Prior authorization is not required when the service is provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9650 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Liver Transplantation (MP9614)

| | |
|---------------------------|---|
| Medical Policy | Liver Transplantation (MP9614) |
| Alternate Service Name(s) | NA |
| Additional Information | See Member Certificate or Summary Plan Description regarding services available for coverage. For multiorgan transplant, in addition to heart/lung transplantation, the member must meet criteria for each additional organ. Please refer to applicable medical policy |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that Require Authorization | 00796, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147 Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |
| Patients with Dean Health Plan ASO Insurance | |
| Codes that Require Authorization | 00796, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147 Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Long Term Acute Care Hospital (LTACH) (MP9669)

| | |
|---------------------------|--|
| Medical Policy | Long Term Acute Care Hospital (LTACH) (MP9669) |
| Alternate Service Name(s) | NA |
| Additional Information | None |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | Prior authorization required for admission and continued stay. |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | Prior authorization required for admission and continued stay. |
| Submission Responsibilities | <ul style="list-style-type: none"> • ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. • For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Lumbar Spine Surgery, Inpatient and Outpatient

| | |
|---------------------------|---|
| Medical Policy | NIA Clinical Guidelines for MSK Surgeries |
| Alternate Service Name(s) | L-Spine Surgery |
| Additional Information | Musculoskeletal Program information |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | 22533, 22534, 22558, 22585, 22612, 22614, 22630, 22632, 22633, 22634, 62380, 63005, 63012, 63017, 63030, 63035, 63042, 63044, 63047, 63048, 63052, 63053, 63056, 63057 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | NIA Healthcare or by phone at (866) 307-9729 |

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that Require Authorization | 22533, 22534, 22558, 22585, 22612, 22614, 22630, 22632, 22633, 22634, 62380, 63005, 63012, 63017, 63030, 63035, 63042, 63044, 63047, 63048, 63052, 63053, 63056, 63057 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | NIA Healthcare or by phone at (866) 307-9729 |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Lung Transplantation (MP9615)

| | |
|---------------------------|---|
| Medical Policy | Lung Transplantation (MP9615) |
| Alternate Service Name(s) | NA |
| Additional Information | See Member Certificate or Summary Plan Description regarding services available for coverage. For multiorgan transplant, in addition to heart/lung transplantation, the member must meet criteria for each additional organ. Please refer to applicable medical policy |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that Require Authorization | 0494T, 0495T, 0496T, S2060, S2061, 32850, 32851, 32852, 32853, 32854, 32855, 32856, 34714. Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |
| Patients with Dean Health Plan ASO Insurance | |
| Codes that Require Authorization | 0494T, 0495T, 0496T, S2060, S2061, 32850, 32851, 32852, 32853, 32854, 32855, 32856, 34714. Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> • ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. • For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Magnetic Esophageal Ring for the Treatment of Gastric Reflux Disease (LINX Reflux Management System (MP9471))

| | |
|---------------------------|---|
| Medical Policy | Magnetic Esophageal Ring for the Treatment of Gastric Reflux Disease (LINX Reflux Management System) (MP9471) |
| Alternate Service Name(s) | N/A |
| Additional Information | N/A |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | 43284 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that Require Authorization | 43284 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Magnetoencephalography and Magnetic Source Imaging MP9630

| | |
|---------------------------|---|
| Medical Policy | Magnetoencephalography and Magnetic Source Imaging (MP9630) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9630, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9630 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9630 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Male Gynecomastia Surgery (MP9581)

| | |
|---------------------------|--|
| Medical Policy | Male Gynecomastia Surgery MP9581 |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>Related Medical Policies</p> <p>Female Breast Reduction Surgery – Reduction Mammoplasty MP9582</p> <p>Breast Implant Removal, Revision, or Reimplantation MP9580</p> <p>Gender Affirmation Procedures MP9642</p> <p>Plastic and Reconstructive Surgery MP9022</p> |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | 19300 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | 19300 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Mechanical Circulatory Support Devices (MP9528)

| | |
|---------------------------|--|
| Medical Policy | Mechanical Circulatory Support Devices (MP9528) |
| Alternate Service Name(s) | pVAD |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9528, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>Related Policies: Heart Transplantation (Adult and Pediatric) MP9613 Heart/Lung Transplantation MP9612</p> |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9528 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9528 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Mechanical Stretching Devices for the Treatment of Joint Contractures of the Extremities (MP9659)

| | |
|---------------------------|---|
| Medical Policy | Mechanical Stretching Devices for the Treatment of Joint Contractures of the Extremities (MP9659) |
| Alternate Service Name(s) | N/A |
| Additional Information | Low-Load Prolonged-Duration Stretch (LLPS), Static Progressive Stretch (SPS), Patient-actuated serial stretch (PASS) and Continuous Passive Motion (CPM) devices are considered experimental and investigational and therefore not covered for all indications. |

Patients with Prevea360 Commercial Insurance

| | |
|---|--|
| Non-covered service codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.) *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | E0935, E0936, E1800, E1801, E1802, E1803, E1805, E1806, E1810, E1811, E1812, E1815, E1816, E1818, E1820, E1821, E1825, E1830, E1831, E1840, E1841, L4396 |
| Provider Responsibilities to facilitate claims payment | Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable |

Patients with Dean Health Plan ASO Insurance

| | |
|---|--|
| Non-covered service codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.) *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | E0935, E0936, E1800, E1801, E1802, E1803, E1805, E1806, E1810, E1811, E1812, E1815, E1816, E1818, E1820, E1821, E1825, E1830, E1831, E1840, E1841, L4396 |
| Provider Responsibilities to facilitate claims payment | Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Mechanized Spinal Decompression Traction Tables for Low Back Pain (MP9644)

| | |
|---------------------------|--|
| Medical Policy | Mechanized Spinal Decompression Traction Tables for Low Back Pain (MP9644) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9644, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|--|---|
| <p>Non-covered service codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.) *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | E0941 |
| <p>CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.)</p> | Prior authorization is not required when the service provided by an in-network provider. |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9644 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | Not Applicable-Prior authorization is not required for these services |

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Mechanized Spinal Decompression Traction Tables for Low Back Pain (MP9644) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| <p>Non-covered service codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.) *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>E0941</p> |
| <p>CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.)</p> | <p>Prior authorization is not required when the service provided by an in-network provider.</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9644 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Microprocessor Controlled Knee Prostheses, with or without Polycentric 3D Dimensional Endoskeletal Hip Joint System (MP9638)

| | |
|---------------------------|--|
| Medical Policy | Microprocessor Controlled Knee Prostheses, with or without Polycentric 3D Dimensional Endoskeletal Hip Joint System (MP9638) |
| Alternate Service Name(s) | N/A |
| Additional Information | Related policy: Limb Prosthesis MP9103 |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | L5856, L5857, L5858, L5859, L5930, L5961 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | L5856, L5857, L5858, L5859, L5930, L5961 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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mild® Procedure (mild® Device Kit) MP9761

| | |
|---------------------------|--|
| Medical Policy | mild® Procedure (mild® Device Kit) MP9761 |
| Alternate Service Name(s) | N/A |
| Additional Information | A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0275T |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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mild® Procedure (mild® Device Kit) MP9761 (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>0275T</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Minimally Invasive Glaucoma Surgery (MIGS): Microstent Implantation (MP9467)

| | |
|---------------------------|--|
| Medical Policy | Minimally Invasive Glaucoma Surgery (MIGS): Microstent Implantation (MP9467) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9467, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when (1) the patient meets criteria for MP9467 and when (2) the service is provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9467 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when (1) the patient meets criteria for MP9467 and when (2) the service is provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9467 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

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Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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MRI/MRA

| | |
|---------------------------|---|
| Medical Policy | N/A – Refer to the Radiology Prior Authorization page on Prevea360.com for additional information |
| Alternate Service Name(s) | Magnetic Resonance Angiography, Magnetic Resonance Imaging |
| Additional Information | N/A |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | 70336, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72195, 72196, 72197, 72198, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74181, 74182, 74183, 74185, 75557, 75559, 75561, 75563, 75565, 76390, 77046, 77047, 77048, 77049, 77084, S8037, 0698T, 0724T |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | National Imaging Associates (NIA) |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|---|
| Codes that Require Authorization | 70336, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72195, 72196, 72197, 72198, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74181, 74182, 74183, 74185, 75557, 75559, 75561, 75563, 75565, 76390, 77046, 77047, 77048, 77049, 77084, S8037, 0698T, 0724T |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | National Imaging Associates (NIA) |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Multichannel Intraluminal Esophageal Impedance with pH Monitoring (MP9567)

| | |
|---------------------------|---|
| Medical Policy | Multichannel Intraluminal Esophageal Impedance with pH Monitoring (MP9567) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9567, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>Related Policy: Gastrointestinal Monitoring System (Smart Pill) MP9707</p> |

| Patients with Prevea360 Commercial Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9567 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Multichannel Intraluminal Esophageal Impedance with pH Monitoring (MP9567)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9567 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Myoelectric Upper Limb Prosthetics and Orthotics (MP9637)

| | |
|---------------------------|---|
| Medical Policy | Myoelectric Upper Limb Prosthetics and Orthotics (MP9637) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9637, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>Related policies</p> <p>Microprocessor Controlled Knee Prostheses, With or Without Polycentric, Three-Dimensional Endoskeletal Hip Joint System MP9638</p> <p>Powered Robotic Lower-Limb Exoskeleton Devices (MP9645)</p> |

Patients with Prevea360 Commercial Insurance

| | |
|--|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | L6026, L6715, L6880, L6882, L8701, L8702 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | A prior authorization is NOT required when provided by an in-network provider under the member’s plan. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9637 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Myoelectric Upper Limb Prosthetics and Orthotics (MP9637) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|---|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | L6026, L6715, L6880, L6882, L8701, L8702 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | A prior authorization is NOT required when provided by an in-network provider under the member’s plan. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9637 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Nasal Implant, Absorbable for Treatment of Nasal Valve Collapse MP9773

| | |
|---------------------------|--|
| Medical Policy | Nasal Implant, Absorbable for Treatment of Nasal Valve Collapse MP9773 |
| Alternate Service Name(s) | N/A |
| Additional Information | A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 30468 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Nasal Implant, Absorbable for Treatment of Nasal Valve Collapse MP9773 (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>30468</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Nebulized Intranasal Antibiotics/Antifungals for Sinusitis (MP9712)

| | |
|---------------------------|--|
| Medical Policy | Nebulized Intranasal Antibiotics/Antifungals for Sinusitis (MP9712) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

Patients with Prevea360 Commercial Insurance

| | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 95199 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Nebulized Intranasal Antibiotics/Antifungals for Sinusitis (MP9712) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>95199</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Neurofeedback or Biofeedback for Behavioral and Substance Use Disorders (MP9579)

| | |
|---------------------------|--|
| Medical Policy | Neurofeedback or Biofeedback for Behavioral and Substance Use Disorders (MP9579) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9579, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9579 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Neurofeedback or Biofeedback for Behavioral and Substance Use Disorders (MP9579) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9579 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Neuropsychological Testing (MP9493)

| | |
|---------------------------|--|
| Medical Policy | Neuropsychological Testing (MP9493) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. If a claim is submitted that does not meet the medical necessity indicated in MP9493, the claim will be denied. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>This service must be performed by a licensed physician, psychologist, or mental health professional.</p> |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. 96121, 96132, 96133 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member's plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9493 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. 96121, 96132, 96133 Some ASO groups will require prior authorization, please call the Customer Care Center number found on the member's card to verify. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member's plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9493 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Non-Covered Medical Procedures and Services (MP9415)

| | |
|---------------------------|--|
| Medical Policy | Non-Covered Medical Procedures and Services (MP9415) |
| Alternate Service Name(s) | N/A |
| Additional Information | N/A |

CPT Codes Related to this Policy

| | |
|---|--|
| Summary | <p>This policy indicates services which are considered either Experimental/Investigational (E/I) or Not Medically Necessary. Some MAY be considered for coverage in specific situations. Review of the actual policy is needed to determine whether the procedure/service you are intending to request has been identified as E/I or NMN.</p> <p>*The list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Prevea360 Health Plan.*</p> |
| <p>Procedure codes addressed in MP 9415-Non-covered Medical Procedures and Services.</p> <p>This is NOT an all inclusive list. Please verify the name of the service/procedure within the policy *</p> | <p>CPT/HCPCS Code</p> <p>A6000, A6550, A6560, A9291, 0126T, 0200T, 0201T, 0206T, 0207T, 0263T, 0264T, 0265T, 0341T, 0397T, 0552T, 0563T, 0487T, 0559T, 0560T, 0561T, 0562T, 0623T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0657T, 0745T, 0746T, 0747T, 0776T, 0783T, 0615T, C1824, C1825, C9772, C9773, C9774, C9775, C1062, E0830, E0941, E2120, E0762, E0769, E2402, C1825, 0627T, 0628T, 0629T, 0630T, M0076, 33289, C2624, C9724, C9757, C9781, 64625, 0106T, 0107T, 0108T, 0109T, 0110T, 62263, 62264, 93278, 0335T, 0639T, 0631T, 93025, 0596T, 0597T, T2036, T2037, S2348, S8948, S8130, S8131, 0219T, 0220T, 0221T, 0222T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0510T, 0511T, S2117, 67999, 0278T, 0624T, 0625T, 0658T, 0656T, 0659T, 0692T, 0693T, 0695T, 0696T, 17999, 20999, 22899, 23405, 23406, 24347, 27000, 27005, 27006, 27306, 27599, 27602, 28446, 30469, 30999, 31299, 33999, 38999, 55899, 58578, 62287, 69779, 76498, 93701, 93740, 97124, 97533, 97605, 97606, 97608, 92499, 92700, 93264, 97039, S9101, G2170, G2171</p> |
| Submission Method | Prevea360 Provider Portal |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | NOTE: Review MP9415 to determine whether the procedure/service you are intending to request has been identified as 'Non-Covered'. |
|----------------------------------|--|

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Non-Covered Medical Procedures and Services (MP9415) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|---|--|
| Codes that Require Authorization | NOTE: Review MP9415 to determine whether the procedure/service you are intending to request has been identified as ‘Non-Covered’. |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Non-invasive Measurement of Left Ventricular End Diastolic Pressure MP9767

| | |
|---------------------------|---|
| Medical Policy | Non-invasive Measurement of Left Ventricular End Diastolic Pressure MP9767 |
| Alternate Service Name(s) | N/A |
| Additional Information | <u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u> |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 93799 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Non-invasive Measurement of Left Ventricular End Diastolic Pressure MP9767 (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>93799</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Nuclear Stress Testing

| | |
|---------------------------|---|
| Medical Policy | N/A – Refer to the Radiology Prior Authorization page on Prevea360.com for additional information |
| Alternate Service Name(s) | ETT, Exercise Tolerance Test |
| Additional Information | N/A |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | 78451, 78452, 78453, 78454, 78481, 78483 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | National Imaging Associates (NIA) |

| Patients with Dean Health Plan ASO Insurance | |
|---|--|
| Codes that Require Authorization | 78451, 78452, 78453, 78454, 78481, 78483 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | National Imaging Associates (NIA) |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Occupational Therapy (OT)

| | |
|---------------------------|---|
| Medical Policy | N/A |
| Alternate Service Name(s) | OT |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

| Patients with Dean Health Plan ASO Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

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Orthognathic Surgery (MP9651)

| | |
|---------------------------|---|
| Medical Policy | Orthognathic Surgery (MP9651) |
| Alternate Service Name(s) | N/A |
| Additional Information | For coverage related to the treatment of temporomandibular disease (TMD) refer to the member’s Certificate or Summary Plan Description (SPD). |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | 21085, 21110, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21210, 21215, 21247, 21685, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7995, D7996 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | National Imaging Associates (NIA) |

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that Require Authorization | 21085, 21110, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21210, 21215, 21247, 21685, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7995, D7996 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | National Imaging Associates (NIA) |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Otoplasty (MP9647)

| | |
|---------------------------|--|
| Medical Policy | Otoplasty (MP9647) |
| Alternate Service Name(s) | N/A |
| Additional Information | For additional information see Plastic and Reconstructive Surgery MP9022 |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | 69300 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

| Patients with Dean Health Plan ASO Insurance | |
|---|--|
| Codes that Require Authorization | 69300 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Outpatient and Inpatient Electroconvulsive Therapy (ECT) (MP9570)

| | |
|---------------------------|--|
| Medical Policy | Outpatient and Inpatient Electroconvulsive Therapy (ECT) (MP9570) |
| Alternate Service Name(s) | ECT |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9570, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

| Patients with Prevea360 Commercial Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 90870 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9570 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Outpatient and Inpatient Electroconvulsive Therapy (ECT) (MP9570) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 90870 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9570 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Outpatient Enteral Therapy (MP9069)

| | |
|---------------------------|--|
| Medical Policy | Outpatient Enteral Therapy (MP9069) |
| Alternate Service Name(s) | Tube Feedings |
| Additional Information | Further information for infants less than one (1) year of age can be found in the following medical policy: Amino Acid-Based Elemental Formulas (MP9355) |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | B4105 |
| Codes that Require Authorization | B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162 |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

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Outpatient Enteral Therapy (MP9069) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>B4105</p> |
| <p>Codes that Require Authorization</p> | <p>B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162</p> |
| <p>Submission Responsibilities</p> | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| <p>Submission Method</p> | <p>Dean/Prevea contracted providers - Dean Health Plan Provider Portal; All other providers – Prior Authorization Forms may be accessed by clicking here.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Pancreas-Kidney (SPK, PAK) Transplantation (MP9617)

| | |
|---------------------------|---|
| Medical Policy | Pancreas-Kidney (SPK, PAK) Transplantation (MP9617) |
| Alternate Service Name(s) | N/A |
| Additional Information | See Member Certificate or Summary Plan Description regarding services available for coverage. For multiorgan transplant, in addition to heart/lung transplantation, the member must meet criteria for each additional organ. Please refer to applicable medical policy |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0585T, 0586T |
| Codes that Require Authorization | S2065. Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

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Pancreas-Kidney (SPK, PAK) Transplantation (MP9617)(continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0585T, 0586T |
| Codes that Require Authorization | S2065. Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Pancreas Transplantation (Pancreas Alone) (MP9616)

| | |
|---------------------------|---|
| Medical Policy | Pancreas Transplantation (Pancreas Alone) (MP9616) |
| Alternate Service Name(s) | NA |
| Additional Information | See Member Certificate or Summary Plan Description regarding services available for coverage. For multiorgan transplant, in addition to heart/lung transplantation, the member must meet criteria for each additional organ. Please refer to applicable medical policy |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0584T, 0585T, 0586T |
| Codes that Require Authorization | 48160, 48550, 48551, 48552, 48554, 48556. Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

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Pancreas Transplantation (Pancreas Alone) (MP9616) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0584T, 0585T, 0586T |
| Codes that Require Authorization | 48160, 48550, 48551, 48552, 48554, 48556. Prior authorization is needed for evaluation and actual transplant. |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Partial Hospitalization Program (PHP) – Behavioral Health (MP9555)

| | |
|---------------------------|--|
| Medical Policy | Partial Hospitalization Program (PHP) – Behavioral Health (MP9555) |
| Alternate Service Name(s) | PHP |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9555, the claim will be denied. <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service.</p> <p>A facility that provides Partial Hospitalization programs may be a stand-alone mental health facility or a physically and programmatically-distinct unit within a facility licensed for this specific purpose, or a department within a general medical healthcare system. Boarding is not covered as this level of care is an ambulatory service. Multidisciplinary treatment program should occur 5 days a week and provide at least 20 hours of weekly clinical services intended to comprehensively address the needs identified in the member’s treatment plan. Activities that are primarily recreational or diversionary or that do not address the serious presenting symptoms or problems do not count towards the total hours of treatment delivered.</p> |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9555 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Partial Hospitalization Program (PHP) – Behavioral Health (MP9555) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9555 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Pelvic Vein Embolization (MP9572)

| | |
|---------------------------|--|
| Medical Policy | Pelvic Vein Embolization (MP9572) |
| Alternate Service Name(s) | N/A |
| Additional Information | If a claim is submitted, the claim will be denied. |

Patients with Prevea360 Commercial Insurance

| | |
|---|--|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Pelvic vein embolization for treatment of pelvic congestion syndrome/chronic pelvic pain, is considered experimental and investigational, and therefore is not medically necessary |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • If a claim is submitted, the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable |

Patients with Dean Health Plan ASO Insurance

| | |
|---|--|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Pelvic vein embolization for treatment of pelvic congestion syndrome/chronic pelvic pain, is considered experimental and investigational, and therefore is not medically necessary |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • If a claim is submitted, the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Percutaneous Left Atrial Appendage (LAA) Closure Therapy (MP9499)

| | |
|---------------------------|---|
| Medical Policy | Percutaneous Left Atrial Appendage (LAA) Closure Therapy (MP9499) |
| Alternate Service Name(s) | LAA |
| Additional Information | N/A |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | Prior authorization is not required. |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that Require Authorization | Prior authorization is not required. |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Percutaneous Tibial Nerve Stimulation (MP9563)

| | |
|---------------------------|--|
| Medical Policy | Percutaneous Tibial Nerve Stimulation (MP9563) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9563, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9563 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Percutaneous Tibial Nerve Stimulation (MP9563) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9563 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty (MP9429)

| | |
|---------------------------|---|
| Medical Policy | Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty (MP9429) |
| Alternate Service Name(s) | Kyphoplasty |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9429, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9429 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9429 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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PET Scan

| | |
|---------------------------|---|
| Medical Policy | N/A – Refer to the Radiology Prior Authorization page on Prevea360.com for additional information |
| Alternate Service Name(s) | Positron Emission Tomography |
| Additional Information | N/A |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | 78429, 78430, 78431, 78432, 78433, 78434, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0235 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | National Imaging Associates (NIA) |

| Patients with Dean Health Plan ASO Insurance | |
|---|--|
| Codes that Require Authorization | 78429, 78430, 78431, 78432, 78433, 78434, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0235 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | National Imaging Associates (NIA) |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Photodynamic Therapy with Visudyne®(verteprofin) for Ocular Indications (MP9660)

| | |
|---------------------------|---|
| Medical Policy | Photodynamic Therapy with Visudyne®(verteprofin) for Ocular Indications (MP9660) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9660, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>Related Policy: Laser Treatments for Choroidal Neovascularization Associated with Macular Degeneration MP9565</p> |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9660 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9660 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Physical Therapy (PT)

| | |
|---------------------------|---|
| Medical Policy | N/A |
| Alternate Service Name(s) | PT |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|--|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|--|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

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Plastic and Reconstructive Surgery (MP9022)

| | |
|---------------------------|--|
| Medical Policy | Plastic and Reconstructive Surgery (MP9022) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9022, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>American Medical Association (AMA) approved definitions:</p> <ul style="list-style-type: none"> • Cosmetic Surgery: Cosmetic Surgery is performed to reshape normal structure of the body in order to improve the patient’s appearance and self-esteem; and • Reconstructive Surgery: Reconstructive Surgery is performed on abnormal structures of the body, caused by congenital defect, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function. <p>Related Medical Policies:</p> <p>Female Breast Reduction Surgery – Reduction Mammoplasty MP9582 Breast Implant Removal, Revision, or Reimplantation MP9580 Gender Affirmation Procedures MP9642 Male Gynecomastia Surgery MP9581</p> |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 11950, 11951, 11952, 11954, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15824, 15825, 15826, 15828, 15829, 17360, 17380, 21082, 21083, 21084, 21086, 21087, 21088, 21193, 21194, 21195, 21198, 21206, 21208, 21209, 36468, 69090 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 15832, 15833, 15834, 15835, 15836, 15837, 15838 Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9022 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Plastic and Reconstructive Surgery (MP9022) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>11950, 11951, 11952, 11954, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15824, 15825, 15826, 15828, 15829, 17360, 17380, 21082, 21083, 21084, 21086, 21087, 21088, 21193, 21194, 21195, 21198, 21206, 21208, 21209, 36468, 69090</p> |
| <p>CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.)</p> | <p>15832, 15833, 15834, 15835, 15836, 15837, 15838 Prior authorization is not required when the service provided by an in-network provider.</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9022 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Powered Robotic Lower-Limb Exoskeleton Devices (MP9645)

| | |
|---------------------------|--|
| Medical Policy | Powered Robotic Lower-Limb Exoskeleton Devices (MP9645) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9645, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Prevea360 Health Plan.* | A4541, L2006 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9645 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Powered Robotic Lower-Limb Exoskeleton Devices (MP9645) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>K1017</p> |
| <p>CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.)</p> | <p>Prior authorization is not required when the service provided by an in-network provider.</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9645 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Quantitative Electroencephalogram (qEEG) and Referenced Electroencephalogram (rEEG) (MP9622)

| | |
|---------------------------|--|
| Medical Policy | Quantitative Electroencephalogram (qEEG) and Referenced Electroencephalogram (rEEG) (MP9622) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9622, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9622 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Quantitative Electroencephalogram (qEEG) and Referenced Electroencephalogram (rEEG) (MP9622) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9622 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Radioembolization of Hepatic Tumors MP9774

| | |
|---------------------------|---|
| Medical Policy | Radioembolization of Hepatic Tumors MP9774 |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9774, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9774 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9774 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Radiofrequency Ablation of Uterine Fibroids (MP9657)

| | |
|---------------------------|--|
| Medical Policy | Radiofrequency Ablation of Uterine Fibroids (MP9657) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9657, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9657 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9657 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Real-Time Mobile Cardiac Outpatient Telemetry (MP9621)

| | |
|---------------------------|--|
| Medical Policy | Real-Time Mobile Cardiac Outpatient Telemetry (MP9621) |
| Alternate Service Name(s) | RT-MCOT |
| Additional Information | Prior authorization is not required for RT-MCOT ordered in the emergency room setting. |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | 93228, 93229. Prior authorization is not required for RT-MCOT ordered in the emergency room setting. |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | 93228, 93229. Prior authorization is not required for RT-MCOT ordered in the emergency room setting. |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) MP9716

| | |
|---------------------------|---|
| Medical Policy | Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) MP9716 |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9716, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 98975, 98976, 98977, 98978, 98980, 98981 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 99091, 99453, 99454, 99457, 99458, 99474, G0322 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9716 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) MP9716 (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>98975, 98976, 98977, 98978, 98980, 98981</p> |
| <p>CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.)</p> | <p>99091, 99453, 99454, 99457, 99458, 99474, G0322</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9716 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Repairs/Replacement of Durable Medical Equipment/Supplies (MP9106)

| | |
|---------------------------|--|
| Medical Policy | Repairs/Replacement of Durable Medical Equipment/Supplies (MP9106) |
| Alternate Service Name(s) | DME Repairs/Replacement |
| Additional Information | Replacement of equipment/supplies due to loss is not a covered benefit. |
| Related Medical Policies: | Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea MP9239 Wheelchair: Manual and Accessories MP9639 Wheelchair: Powered and Accessories MP9640 Scooters and Accessories MP9641 |

Patients with Prevea360 Commercial Insurance

| | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | A4233, A4234, A4235, A4236, A1366, A4634, A4638, A4639, A8004 L7367, L7368, L7902, V5336 |
| Codes that Require Authorization | K0672, L4010, L4020, L4030, L4130, L8514, L8681, L8684, L8689, L8691 |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

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Repairs/Replacement of Durable Medical Equipment/Supplies (MP9106) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>A4233, A4234, A4235, A4236, A1366, A4634, A4638, A4639, A8004 L7367, L7368, L7902, V5336</p> |
| <p>Codes that Require Authorization</p> | <p>E2368, E2369, E2370, E2374, E2376, K0672, L4000, L4010, L4020, L4030, L4130, L5700, L5701, L5702, L6883, L6885, L7510, L7520, L8514, L8681, L8684, L8689, L8691, K0608, K0609</p> |
| <p>Submission Responsibilities</p> | <ul style="list-style-type: none"> • ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. • For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| <p>Submission Method</p> | <p>Dean/Prevea contracted providers - Dean Health Plan Provider Portal; All other providers – Prior Authorization Forms may be accessed by clicking here.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Residential Treatment – Behavioral Health (MP9554)

| | |
|---------------------------|--|
| Medical Policy | Residential Treatment – Behavioral Health (MP9554) |
| Alternate Service Name(s) | N/A |
| Additional Information | A facility that provides Residential Treatment is either a stand-alone mental health facility or a physically and programmatically-distinct unit within a facility licensed for this specific purpose and that includes 7 days per week, 24 hour supervision and monitoring. |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | Prior authorization is required for residential treatment. See medical policy for criteria. |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | Prior authorization is required for residential treatment. See medical policy for criteria. |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Responsive Cortical Stimulation (MP9496)

| | |
|---------------------------|--|
| Medical Policy | Responsive Cortical Stimulation (MP9496) |
| Alternate Service Name(s) | RNS |
| Additional Information | N/A |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | Prior authorization is not required. |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | Prior authorization is not required. |
| Submission Responsibilities | <ul style="list-style-type: none"> • ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. • For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Rhinoplasty Procedure with or without Septoplasty (MP9648)

| | |
|---------------------------|--|
| Medical Policy | Rhinoplasty Procedure with or without Septoplasty (MP9648) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>Rhinoplasty and Septorhinoplasty require prior authorization Septoplasty as a stand-alone procedure does not require prior authorization. Refer to the Member Certificate or Summary Plan Description (SPD) for coverage. Cosmetic surgery is generally an exclusion of the Member Certificate or Summary Plan Description (SPD). If two or more procedures (one cosmetic and one reconstructive) are performed during the same operative session, the surgeon must delineate the cosmetic and reconstructive components associated with the procedure.</p> |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30468 |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30468 |
| Submission Responsibilities | <ul style="list-style-type: none"> • ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. • For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Sacral Nerve Stimulation (MP9624)

| | |
|---------------------------|--|
| Medical Policy | Sacral Nerve Stimulation (MP9624) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9624, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9624 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Sacral Nerve Stimulation (MP9624) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9624 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Sacroiliac (SI) Joint Fusion, Open and Minimally Invasive (MP9643)

| | |
|---------------------------|--|
| Medical Policy | Sacroiliac (SI) Joint Fusion, Open and Minimally Invasive (MP9643) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> Prior authorization is not required when the SI joint fusion, open or minimally invasive, is emergent in nature. |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | 27279, 27280, 0775T, 0809T |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | 27279, 27280, 0775T, 0809T |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Salivary Estriol Test for Preterm Labor (MP9682)

| | |
|---------------------------|---|
| Medical Policy | Salivary Estriol Test for Preterm Labor (MP9682) |
| Alternate Service Name(s) | N/A |
| Additional Information | <u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u> |

| Patients with Dean Health Plan Commercial Insurance | |
|--|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Dean Health Plan.* | S3652 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Salivary Estriol Test for Preterm Labor (MP9682) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Dean Health Plan.* | S3652 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Salivary Hormone Tests (MP9683)

| | |
|---------------------------|---|
| Medical Policy | Salivary Hormone Tests (MP9683) |
| Alternate Service Name(s) | N/A |
| Additional Information | <u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u> |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | S3650 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Salivary Hormone Tests (MP9683) (continued)

Patients with Dean Health Plan ASO Insurance

| | |
|---|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>S3650</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Services Related to Dental Care (MP9271)

| | |
|---------------------------|--|
| Medical Policy | Services Related to Dental Care (MP9271) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9271, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9271 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9271 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Scanning Laser Technologies for Retina and Optic Nerve Imaging (MP9629)

| | |
|---------------------------|--|
| Medical Policy | Scanning Laser Technologies for Retina and Optic Nerve Imaging (MP9629) |
| Alternate Service Name(s) | N/A |
| Additional Information | A Prior Authorization will NOT be processed for these requests and will be cancelled if submitted. If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws. |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0604T, 0605T, 0606T |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted, the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Scanning Laser Technologies for Retina and Optic Nerve Imaging (MP9629) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>0604T, 0605T, 0606T</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted, the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Scar Revision (MP9649)

| | |
|---------------------------|--|
| Medical Policy | Scar Revision (MP9649) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP96498, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9649 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9649 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Scooters and Accessories (MP9641)

| | |
|---------------------------|---|
| Medical Policy | Scooters and Accessories MP9641 |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>Refer to the Member Certificate or Summary Plan Description for coverage information. Purchase of all wheelchair and scooter codes require prior authorization. Prior authorization is required for wheelchair and scooter accessories, repairs or modifications with a billed charge of \$1,000 or more per item. Rental does not require prior authorization, and is allowed for 12 months or until 100% of purchase price has been reached. Replacement of a wheelchair or scooter with another wheelchair or a different device requires prior authorization. Rental of medically necessary equipment while the member’s own equipment is being repaired does not require prior authorization. A back up manual wheelchair for members with a powered device is considered a duplicate device and/or convenience item and is excluded from coverage.</p> <p>Related policies: Wheelchair: Manual and Accessories MP9639 Wheelchair: Powered and Accessories MP9640</p> |

Patients with Prevea360 Commercial Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | Prior authorization required for purchase: E1230, K0008, K0801, K0802, K0806, K0807, K0808, K0812 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

Patients with Dean Health Plan ASO Insurance

| | |
|----------------------------------|--|
| Codes that Require Authorization | Prior authorization required for purchase: E1230, K0008, K0801, K0802, K0806, K0807, K0808, K0812 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Serial Dilution Endpoint Titration for Diagnosis and Treatment of Airborne Allergy (MP9684)

| | |
|---------------------------|--|
| Medical Policy | Serial Dilution Endpoint Titration for Diagnosis and Treatment of Airborne Allergy (MP9684) |
| Alternate Service Name(s) | N/A |
| Additional Information | <ul style="list-style-type: none"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 95027 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Serial Dilution Endpoint Titration for Diagnosis and Treatment of Airborne Allergy (MP9684) Continued

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | 95027 |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Shoes and Shoe Modifications (Custom Molded/Corrective/Therapeutic) (MP9061)

| | |
|---|---|
| Medical Policy | Shoes and Shoe Modifications (Custom Molded/Corrective/Therapeutic) (MP9061) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9061, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. • Shoes and shoe modifications are limited to one (1) pair per 12 months. |
| Patients with Prevea360 Commercial Insurance | |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | A5500, A5501, A5503, A5504, A5505, A5506, A5508, A5510, A5512, A5513, A5514, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3216, L3217, L3219, L3221, L3322, L3224, L3225, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3260, L3265, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3295. Prior authorization is not required when the service is provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9061 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Shoes and Shoe Modifications (Custom Molded/Corrective/Therapeutic) (MP9061) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | A5500, A5501, A5503, A5504, A5505, A5506, A5508, A5510, A5512, A5513, A5514, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3216, L3217, L3219, L3221, L3322, L3224, L3225, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3260, L3265, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3295. Prior authorization is not required when the service is provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9061 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Shoulder Surgery, Inpatient and Outpatient

| | |
|---------------------------|---|
| Medical Policy | NIA Clinical Guidelines for MSK Surgeries (Page 96) |
| Alternate Service Name(s) | N/A |
| Additional Information | Musculoskeletal Program information |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | 23120, 23125, 23130, 23405, 23410, 23412, 23415, 23420, 23430, 23450, 23455, 23460, 23462, 23465, 23466, 23470, 23472, 23473, 23474, 23700, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | NIA Healthcare or by phone at (866) 307-9729 |

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that Require Authorization | 23120, 23125, 23130, 23405, 23410, 23412, 23415, 23420, 23430, 23450, 23455, 23460, 23462, 23465, 23466, 23470, 23472, 23473, 23474, 23700, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | NIA Healthcare or by phone at (866) 307-9729 |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Single Photon Emission Computed Tomography (SPECT) for Attention Deficit Hyperactivity Disorder (ADHD) (MP9633)

| | |
|---------------------------|--|
| Medical Policy | Single Photon Emission Computed Tomography (SPECT) for Attention Deficit Hyperactivity Disorder (ADHD) (MP9633) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9633, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9633 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9633 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Skilled Nursing Facility (MP9670)

| | |
|---------------------------|---|
| Medical Policy | Skilled Nursing Facility (MP9670) |
| Alternate Service Name(s) | Nursing Home, SNF, Swing Bed |
| Additional Information | N/A |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | Prior authorization required for admission and continued stay. Review MP9670 to determine which codes require prior authorization. |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that Require Authorization | Prior authorization required for admission and continued stay. Review MP9670 to determine which codes require prior authorization. |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Skin and Soft Tissue Engineered Substitutes for Wound and Surgical Care (MP9655)

| | |
|---------------------------|--|
| Medical Policy | Skin and Soft Tissue Engineered Substitutes for Wound and Surgical Care (MP9655) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9655, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>Refer to Appendix 1, found at the policy link above, for a list of products considered to be experimental and investigational (the list may not be all-inclusive).</p> |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Prevea360 Health Plan.* | Q4100, Q4113, Q4114, Q4115, Q4117, Q4118, Q4123, Q4126, Q4127, Q4128, Q4133, Q4135, Q4136, Q4137, Q4138, Q4139, Q4142, Q4143, Q4145, Q4146, Q4153, Q4157, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4169, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4184, Q4185, Q4189, Q4190, Q4191, Q4192, Q4195, Q4196, Q4197, Q4181, Q4183, Q4193, Q4198, Q4201, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4217, Q4218, Q4219, Q4220, Q4222, Q4226, Q4227, Q4229, Q4230, Q4231 Q4232 Q4233, Q4234, Q4235, Q4236 Q4237 Q4238, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4250 Q4252 Q4253 Q4255, Q4166 Q4170 Q4188 Q4195, Q4196, Q4197, Q4215 Q4245 Q4247 Q4251 C9250 C9352, C9353, C9361, C9364, Q4137 Q4227 Q4242 Q4276, Q4277, Q4278, Q4281, Q4282, Q4283, Q4284, C1762, C1763, C1781 C9250, C9354 C9355 C9356 C9358 C9360 C9361, C9364, C9399, A4649 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4112, Q4114, Q4116, Q4121, Q4122, Q4130, Q4132, Q4134, Q4151, Q4182, Q4186, 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, 15777 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9655 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Skin and Soft Tissue Engineered Substitutes for Wound and Surgical Care (MP9655) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>Q4100, Q4113, Q4114, Q4115, Q4117, Q4118, Q4123, Q4126, Q4127, Q4128, Q4133, Q4135, Q4136, Q4137, Q4138, Q4139, Q4142, Q4143, Q4145, Q4146, Q4153, Q4157, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4169, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4184, Q4185, Q4189, Q4190, Q4191, Q4192, Q4195, Q4196, Q4197, Q4181, Q4183, Q4193, Q4198, Q4201, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4217, Q4218, Q4219, Q4220, Q4222, Q4226, Q4227, Q4229, Q4230, Q4231 Q4232 Q4233, Q4234, Q4235, Q4236 Q4237 Q4238, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4250 Q4252 Q4253 Q4255, Q4166 Q4170 Q4188 Q4195, Q4196, Q4197, Q4215 Q4245 Q4247 Q4251 C9250 C9352, C9353, C9361, C9364, Q4137 Q4227 Q4242 Q4276, Q4277, Q4278, Q4281, Q4282, Q4283, Q4284, C1762, C1763, C1781 C9250, C9354 C9355 C9356 C9358 C9360 C9361, C9364, C9399, A4649</p> |
| <p>CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.)</p> | <p>Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4112, Q4114, Q4116, Q4121, Q4122, Q4130, Q4132, Q4134, Q4151, Q4182, Q4186, 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, 15777</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9655 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Speech Therapy (Rehabilitative/Habilitative) (MP9171)

| | |
|---------------------------|--|
| Medical Policy | Medical policy is retired effective 1/1/2024. |
| Alternate Service Name(s) | ST |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9171, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Dean Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD).</p> |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 92507, 92508, 92521, 92522, 92523, 92523, 92524, 92526, 92550, 92551, 92552, 92553, 92554, 92555, 92556, 92557, 92558, 92559, 92560, 92561, 92562, 92563, 92564, 92565, 92566, 92567, 92568, 92569, 92570, 92571, 92572, 92573, 92574, 92575, 92576, 92577, 92578, 92579, 92580, 92581, 92582, 92583, 92584, 92585, 92586, 92587, 92588, 92589, 92590, 92591, 92592, 92593, 92594, 92595, 92596, 92597, 92610, 92611, 92612, 92613, 92614, 92615, 92616, 92617, 92618 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9171 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Speech Therapy (Rehabilitative/Habilitative) (MP9171)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 92507, 92508, 92521, 92522, 92523, 92523, 92524, 92526, 92550, 92551, 92552, 92553, 92554, 92555, 92556, 92557, 92558, 92559, 92560, 92561, 92562, 92563, 92564, 92565, 92566, 92567, 92568, 92569, 92570, 92571, 92572, 92573, 92574, 92575, 92576, 92577, 92578, 92579, 92580, 92581, 92582, 92583, 92584, 92585, 92586, 92587, 92588, 92589, 92590, 92591, 92592, 92593, 92594, 92595, 92596, 92597, 92610, 92611, 92612, 92613, 92614, 92615, 92616, 92617, 92618 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9171 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Sphenopalatine Ganglion Block for the Treatment of Headache MP9764

| | |
|---------------------------|---|
| Medical Policy | Sphenopalatine Ganglion Block for the Treatment of Headache MP9764 |
| Alternate Service Name(s) | N/A |
| Additional Information | <u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u> |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 64505 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Sphenopalatine Ganglion Block for the Treatment of Headache MP9764 (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | 64505 |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Spinal Cord and Dorsal Root Ganglion Stimulation for Treatment of Pain (MP9430)

| | |
|---------------------------|---|
| Medical Policy | Spinal Cord and Dorsal Root Ganglion Stimulation for Treatment of Pain (MP9430) |
| Alternate Service Name(s) | DCS, DRG, SCS |
| Additional Information | <ul style="list-style-type: none"> • Prior authorization is required for the trial, permanent placement and reoperation of Spinal Cord and Dorsal Root Ganglion Stimulation. • Following the trial, there must be documentation of improvement in pain. |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | 63650, 63655, 63663, 63664, 63685, 63688, L8689 |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that Require Authorization | 63650, 63655, 63663, 63664, 63685, 63688, L8689 |
| Submission Responsibilities | <ul style="list-style-type: none"> • ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. • For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH) (MP9361)

| | |
|---------------------------|--|
| Medical Policy | Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH) (MP9361) |
| Alternate Service Name(s) | N/A |
| Additional Information | N/A |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0421T, 55880, 0619T C2586 when billed with diagnosis code N400 or N401 |
| Codes that Require Authorization | N/A |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

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Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Dean Health Plan.* | 0421T, 55880, 0619T C2586 when billed with diagnosis code N400 or N401 |
| Codes that Require Authorization | N/A |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Technology Assisted Surgical Techniques (Robotic Surgery) (MP9546)

| | |
|---------------------------|--|
| Medical Policy | Technology Assisted Surgical Techniques (Robotic Surgery) (MP9546) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9546, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. • Additional reimbursement is not provided based upon the type of instruments, technique or approach (e.g. open, laparoscopic, percutaneous, endoscopic, thoracoscopy, and other/unspecified robotic assisted procedures). |

Patients with Prevea360 Commercial Insurance

| | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9546 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9546 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

The [complete library of medical policies](#) is available on prevea360.com.

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Telehealth (MP9662)

| | |
|---------------------------|--|
| Medical Policy | Telehealth (MP9662) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9662, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9662 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9662 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Testing for Neutralizing Antibodies to Interferon Beta in Management of Multiple Sclerosis (MP9685)

| | |
|---------------------------|---|
| Medical Policy | Testing for Neutralizing Antibodies to Interferon Beta in Management of Multiple Sclerosis (MP9685) |
| Alternate Service Name(s) | N/A |
| Additional Information | <u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u> |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | This is not a covered service. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Testing for Neutralizing Antibodies to Interferon Beta in Management of Multiple Sclerosis (MP9685) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes that are considered non-covered.</p> <p>*This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>This is not a covered service.</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Therapeutic Apheresis (TA) – Plasmapheresis, Plasma Exchange (MP9627)

| | |
|---------------------------|---|
| Medical Policy | Therapeutic Apheresis (TA) – Plasmapheresis, Plasma Exchange (MP9627) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9627, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>Related Policy: Extracorporeal Photophoresis (Photochemotherapy) (MP9558)</p> |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9627 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9627 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

The [complete library of medical policies](#) is available on prevea360.com.

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Total Ankle Replacement (MP9363)

| | |
|---------------------------|--|
| Medical Policy | Total Ankle Replacement (MP9363) |
| Alternate Service Name(s) | N/A |
| Additional Information | This service is restricted to orthopedic surgeons. |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | Prior authorization is not required. |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

| Patients with Dean Health Plan ASO Insurance | |
|---|--|
| Codes that Require Authorization | Prior authorization is not required. |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Total Knee Arthroplasty (TKA) and Total Hip Arthroplasty (THA) Ambulatory Level of Care (MP9550)

| | |
|---------------------------|---|
| Medical Policy | Total Knee Arthroplasty (TKA) and Total Hip Arthroplasty (THA) Ambulatory Level of Care (MP9550) |
| Alternate Service Name(s) | N/A |
| Additional Information | When performed in an inpatient setting, Total Knee Arthroplasty and Total Hip Arthroplasty require prior authorization by NIA Health Musculoskeletal (MSK) Care Management Program . |

| Patients with Prevea360 Commercial Insurance | |
|--|---|
| Codes that Require Authorization | <p>Knee</p> <ul style="list-style-type: none"> • Effective July 1, 2021, if a Total Knee Arthroplasty (CPT Code 27447) is done in an Outpatient Hospital or Ambulatory Surgery Setting a prior authorization is NOT required. • All other Outpatient Hospital or Ambulatory Setting knee procedures require a prior authorization. • If the Total Knee Arthroplasty (CPT Code 27447) is done as an Inpatient a prior authorization is required. <p>Hip</p> <ul style="list-style-type: none"> • Effective July 1, 2021, if a Total Hip Arthroplasty (CPT Code 27130) is done in an Outpatient Hospital or Ambulatory Surgery Setting a prior authorization is NOT required. • All other Outpatient Hospital or Ambulatory Setting hip procedures require a prior authorization. • If the Total Hip Arthroplasty (CPT Code 27130) is done as an Inpatient a prior authorization is required. |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | NIA Healthcare or by phone at (866) 307-9729 |

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Total Knee Arthroplasty (TKA) and Total Hip Arthroplasty (THA) Ambulatory Level of Care (MP9550) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| Codes that Require Authorization | <p>Knee</p> <ul style="list-style-type: none"> • Effective July 1, 2021, if a Total Knee Arthroplasty (CPT Code 27447) is done in an Outpatient Hospital or Ambulatory Surgery Setting a prior authorization is NOT required. • All other Outpatient Hospital or Ambulatory Setting knee procedures require a prior authorization. • If the Total Knee Arthroplasty (CPT Code 27447) is done as an Inpatient a prior authorization is required. <p>Hip</p> <ul style="list-style-type: none"> • Effective July 1, 2021, if a Total Hip Arthroplasty (CPT Code 27130) is done in an Outpatient Hospital or Ambulatory Surgery Setting a prior authorization is NOT required. • All other Outpatient Hospital or Ambulatory Setting hip procedures require a prior authorization. • If the Total Hip Arthroplasty (CPT Code 27130) is done as an Inpatient a prior authorization is required. |
| Submission Responsibilities | <ul style="list-style-type: none"> • ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. • For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | NIA Healthcare or by phone at (866) 307-9729 |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Transcatheter Closure of Cardiac Defects (MP9625)

| | |
|---------------------------|--|
| Medical Policy | Transcatheter Closure of Cardiac Defects (MP9625) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9625, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9625 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Transcatheter Closure of Cardiac Defects (MP9625) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9625 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Transcatheter Heart Valve Replacement and Repair Procedure (MP9623)

| | |
|---------------------------|--|
| Medical Policy | Transcatheter Heart Valve Replacement and Repair Procedure (MP9623) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9623, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0569T |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9623 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Transcatheter Heart Valve Replacement and Repair Procedure (MP9623) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>0569T</p> |
| <p>CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.)</p> | <p>Prior authorization is not required.</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9623 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Transcranial Magnetic Stimulation (MP9526)

| | |
|---------------------------|--|
| Medical Policy | Transcranial Magnetic Stimulation (MP9526) |
| Alternate Service Name(s) | TMS |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. If a claim is submitted that does not meet the medical necessity indicated in MP9526, the claim will be denied. <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service.</p> |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. 90867, 90868, 90869 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9526 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. 90867, 90868, 90869 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9526 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Transport of Members (Ambulance) Ground and Water(MP9137)

| | |
|---------------------------|--|
| Medical Policy | Transport of Members (Ambulance) (MP9137) |
| Alternate Service Name(s) | Water Ambulance, Ambulance, Ground Ambulance, Stretcher Van |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. If a claim is submitted that does not meet the medical necessity indicated in MP9137, the claim will be denied. <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service.</p> <p>NOTE:</p> <ul style="list-style-type: none"> As a general rule, ambulance transportation is only a covered benefit when the member is taken to the nearest facility (e.g., hospital, skilled nursing facility) which could be expected to have appropriate facilities for treatment of the illness or injury involved. Unplanned ground ambulance transport does not require prior authorization. Planned ground ambulance with transport requires prior authorization refer to the medical policy for additional information. Please refer to Air Ambulance, Non Emergent (MP9632) for additional information regarding prior authorization. |

| Patients with Prevea360 Commercial Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9137 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Transport of Members (Ambulance) Ground and Water(MP9137)

| Patients with Dean Health Plan ASO Insurance | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9137 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Trigger Point Dry Needling (MP9672)

| | |
|---------------------------|---|
| Medical Policy | Trigger Point Dry Needling (MP9672) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9672, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

| Patients with Prevea360 Commercial Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9672 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Prevea360 Health Plan.* | 20560 20561 |

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Trigger Point Dry Needling (MP9672) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9672 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 20560 20561 |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea (MP9239)

| | |
|---------------------------|--|
| Medical Policy | Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea MP9239 |
| Alternate Service Name(s) | BiPAP, CPAP, OSA |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9239, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. <p>Related policies: Treatment of Obstructive Sleep Apnea (OSA) and Related Conditions with Invasive Treatments and Surgery MP9585</p> |

| Patients with Prevea360 Commercial Insurance | |
|--|---|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0424T, 0425T, 0426T, 0437T, 41512, 64582, 64583, 64584, S2080 |
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | 21120, 21121, 21122, 21123, 21199, 42145, E0470, E0471, E0472, E0485, E0486, E0601, A9279 |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9239 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

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Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea (MP9239) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|---|
| <p>Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.*</p> | <p>0424T, 0425T, 0426T, 0437T, 41512, 64582, 64583, 64584, S2080</p> |
| <p>CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.)</p> | <p>21120, 21121, 21122, 21123, 21199, 42145, E0470, E0471, E0472, E0485, E0486, E0601, A9279</p> |
| <p>Provider Responsibilities to facilitate claims payment</p> | <ul style="list-style-type: none"> A prior authorization is NOT required when provided by an in-network provider under the member’s plan. Prior authorization, if submitted, will be cancelled as not needed for the service. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9239 the claim will deny. Denied claims will be addressed through the provider appeal process. |
| <p>Submission Method</p> | <p>Not Applicable-Prior authorization is not required for these services.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Treatment of Obstructive Sleep Apnea (OSA) and Related Conditions with Invasive Treatments and Surgery (MP9585)

| | |
|---------------------------|---|
| Medical Policy | Treatment of Obstructive Sleep Apnea (OSA) and Related Conditions with Invasive Treatments and Surgery MP9585 |
| Alternate Service Name(s) | N/A |
| Additional Information | Related policies: Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea MP9239 |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 21193, 21195, 21198, S2080 |
| Codes that Require Authorization | 21196, 21199, 30400, 30410, 30420, 30430, 30435, 30450, 42145, 64582 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

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Treatment of Obstructive Sleep Apnea (OSA) and Related Conditions with Invasive Treatments and Surgery (MP9585) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Dean Health Plan.* | 0424T, 0425T, 0426T, 0437T, 64582, 64583, 64584, S2080 |
| Codes that Require Authorization | 21120, 21121, 21122, 21123, 21199, 42145, E0470, E0471, E0472, E0485, E0486, E0601 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Urethral Bulking Agents for Urinary Incontinence (MP9475)

| | |
|---------------------------|---|
| Medical Policy | Urethral Bulking Agents for Urinary Incontinence (MP9475) |
| Alternate Service Name(s) | VUR, VUR Treatment in Children |
| Additional Information | N/A |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | N/A |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

| Patients with Dean Health Plan ASO Insurance | |
|---|--|
| Codes that Require Authorization | N/A |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Urine Drug Testing (UDT) Presumptive and Definitive (MP9460)

| | |
|---------------------------|--|
| Medical Policy | Urine Drug Testing (UDT) Presumptive and Definitive (MP9460) |
| Alternate Service Name(s) | UDT, Urine Drug Screening, Urine Drug Testing |
| Additional Information | N/A |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | Prior authorization is not required when (1) the patient meets criteria for MP9460 and when (2) the service is provided by an in-network provider. |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that Require Authorization | Prior authorization is not required when (1) the patient meets criteria for MP9460 and when (2) the service is provided by an in-network provider. |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea/Hypopnea Syndrome MP9775

| | |
|---------------------------|--|
| Medical Policy | Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea/Hypopnea Syndrome MP9775 |
| Alternate Service Name(s) | N/A |
| Additional Information | N/A |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | S2080 |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

| Patients with Dean Health Plan ASO Insurance | |
|---|--|
| Codes that Require Authorization | S2080 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Vagus Nerve Stimulation, Implantable (VNS) (MP9232)

| | |
|---------------------------|---|
| Medical Policy | Vagus Nerve Stimulation (VNS), Implantable (MP9232) |
| Alternate Service Name(s) | VNS |
| Additional Information | Revision or replacement does not require prior authorization. |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, K1020 |
| Codes that Require Authorization | 64553 , 64568 |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
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Vagus Nerve Stimulation, Implantable (VNS) (MP9232) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, K1020 |
| Codes that Require Authorization | 64568 |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Vein Disease Treatment (MP9241)

| | |
|---------------------------|---|
| Medical Policy | Vein Disease Treatment (MP9241) |
| Alternate Service Name(s) | N/A |
| Additional Information | N/A |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 36468 |
| Codes that Require Authorization | 36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

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Vein Disease Treatment (MP9241) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Dean Health Plan.* | 36468 |
| Codes that Require Authorization | 36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Virtual Care (MP9663)

| | |
|---------------------------|--|
| Medical Policy | Virtual Care (MP9663) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9663, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9663 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9663 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.

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Vitamin D Testing for Screening (MP9686)

| | |
|---------------------------|--|
| Medical Policy | Vitamin D Testing for Screening (MP9686) |
| Alternate Service Name(s) | N/A |
| Additional Information | A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. |

| Patients with Dean Health Plan Commercial Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 82306, 82652, 0038U |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Services are not covered. |

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Vitamin D Testing for Screening (MP9686) (continued)

| Patients with Dean Health Plan ASO Insurance | |
|---|--|
| Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Prevea360 Health Plan.* | 82306, 82652, 0038U |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> Prior authorization, if submitted, will be cancelled as not covered for the service. If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |
| Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516. | |

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Wheelchairs, Manual and Accessories (MP9639)

| | |
|---------------------------|--|
| Medical Policy | Wheelchair: Manual and Accessories MP9639 |
| Alternate Service Name(s) | N/A |
| Additional Information | Related policies: Wheelchair: Powered and Accessories MP9640 Scooters and Accessories MP9641 |

| Patients with Prevea360 Commercial Insurance | |
|---|--|
| Codes/Services that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Dean Health Plan.* | A back up manual wheelchair for members with a powered device is considered a duplicate device and/or convenience item and is excluded from coverage. |
| Codes/Services that Require Authorization | Purchase of all wheelchair and scooter codes require prior authorization. Prior authorization is required for wheelchair and scooter accessories, repairs or modifications with a billed charge of \$1,000 or more per item. Replacement of a wheelchair or scooter with another wheelchair or a different device requires prior authorization. |
| Services that do not require prior authorization | Rental does not require prior authorization, and is allowed for 12 months or until 100% of purchase price has been reached. Rental of medically necessary equipment while the member’s own equipment is being repaired does not require prior authorization. |
| Submission Responsibilities | <ul style="list-style-type: none"> Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Prevea360 Provider Portal |

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Wheelchairs, Manual and Accessories (MP9639) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| <p>Codes/Services that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Dean Health Plan.*</p> | <p>A back up manual wheelchair for members with a powered device is considered a duplicate device and/or convenience item and is excluded from coverage.</p> |
| <p>Codes/Services that Require Authorization</p> | <p>Purchase of all wheelchair and scooter codes require prior authorization. Prior authorization is required for wheelchair and scooter accessories, repairs or modifications with a billed charge of \$1,000 or more per item. Replacement of a wheelchair or scooter with another wheelchair or a different device requires prior authorization.</p> |
| <p>Services that do not require prior authorization</p> | <p>Rental does not require prior authorization, and is allowed for 12 months or until 100% of purchase price has been reached. Rental of medically necessary equipment while the member’s own equipment is being repaired does not require prior authorization.</p> |
| <p>Submission Responsibilities</p> | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| <p>Submission Method</p> | <p>Dean/Prevea contracted providers - Dean Health Plan Provider Portal; All other providers – Prior Authorization Forms may be accessed by clicking here.</p> |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Wheelchairs, Powered and Accessories (MP9640)

| | |
|---------------------------|---|
| Medical Policy | Wheelchair: Powered and Accessories MP9640 |
| Alternate Service Name(s) | N/A |
| Additional Information | <p>Refer to the Member Certificate or Summary Plan Description for coverage information. Purchase of all wheelchair and scooter codes require prior authorization. Prior authorization is required for wheelchair and scooter accessories, repairs or modifications with a billed charge of \$1,000 or more per item. Rental does not require prior authorization, and is allowed for 12 months or until 100% of purchase price has been reached. Replacement of a wheelchair or scooter with another wheelchair or a different device requires prior authorization. Rental of medically necessary equipment while the member's own equipment is being repaired does not require prior authorization. A back up manual wheelchair for members with a powered device is considered a duplicate device and/or convenience item and is excluded from coverage.</p> <p>Related policies:</p> <p>Wheelchair: Manual and Accessories MP9639</p> <p>Scooters and Accessories MP9641</p> |

| Patients with Prevea360 Commercial Insurance | |
|--|--|
| Codes that Require Authorization | Purchase of all wheelchair and scooter codes require prior authorization. Prior authorization is required for powered wheelchair and accessories, repairs or modifications with a billed charge of \$1,000 or more per item. Replacement of a powered wheelchair with another wheelchair or a different device requires prior authorization. |
| Submission Responsibilities | <ul style="list-style-type: none"> • Providers are responsible for submitting prior authorizations for Prevea360 Commercial members with HMO or POS (In-Network Provider) plans; and • Prevea360 Commercial members with PPO or POS (Out-of-Network Provider) plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
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Wheelchairs, Powered and Accessories (MP9640) continued

| Patients with Dean Health Plan ASO Insurance | |
|--|--|
| Codes that Require Authorization | Purchase of all wheelchair and scooter codes require prior authorization. Prior authorization is required for powered wheelchair and accessories, repairs or modifications with a billed charge of \$1,000 or more per item. Replacement of a powered wheelchair with another wheelchair or a different device requires prior authorization. |
| Submission Responsibilities | <ul style="list-style-type: none"> ASO members – contracted Dean ASO & Prevea 360 providers are responsible for submitting prior authorizations for Dean Health Plan ASO members. For all other providers, Dean Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability. |
| Submission Method | Dean/Prevea contracted providers - Dean Health Plan Provider Portal ; All other providers – Prior Authorization Forms may be accessed by clicking here . |
| <p>Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 877-234-4516.</p> | |

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Wireless Capsule Endoscopy (CE) and Capsule Technology to Verify Patency Prior to Capsule Endoscopy (MP9626)

| | |
|---------------------------|--|
| Medical Policy | Wireless Capsule Endoscopy (CE) and Capsule Technology to Verify Patency Prior to Capsule Endoscopy (MP9626) |
| Alternate Service Name(s) | N/A |
| Additional Information | <p><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></p> <ul style="list-style-type: none"> • An appropriate diagnosis and procedure code must appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure code. • If a claim is submitted that does not meet the medical necessity indicated in MP9626, the claim will be denied. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service. |

Patients with Prevea360 Commercial Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9626 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services |

Patients with Dean Health Plan ASO Insurance

| | |
|---|---|
| CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.) | Prior authorization is not required when the service provided by an in-network provider. |
| Provider Responsibilities to facilitate claims payment | <ul style="list-style-type: none"> • A prior authorization is NOT required when provided by an in-network provider under the member’s plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9626 the claim will deny. • Denied claims will be addressed through the provider appeal process. |
| Submission Method | Not Applicable-Prior authorization is not required for these services. |

Note: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the [Provider Portal](#) or by calling Customer Service at 877-234-4516.