

## Prior Authorization Updates June 2021

Cook Children's Health Plan has updated the following procedure code(s) with an effective date of 7/1/2021. Providers may contact CCHPPriorAuthorizations@cookchildrens.org for with questions specific to authorizations. For additional questions please contact Cook Children's Health Plan Provider Support Services at 888-243-3312 or email CCHPPProviderRelations@cookchildrens.org.

Procedure Code	Code Description	Added, Terminated, Revised	Effective date of change	STAR	CHIP	STAR Kids
21073	Manipulation Of Temporomandibular Joint(S) (Tmj), Therapeutic, Requiring An Anesthesia Service (ie, General or Monitored Anesthesia Care)	Terminated	7/1/2021	X	X	X
21089	Unlisted Maxillofacial Prosthetic Procedure	Terminated	7/1/2021	X	X	X
21116	Injection Procedure For Temporomandibular Joint Arthrography	Terminated	7/1/2021	X	X	X
21235	Graft; Ear Cartilage, Autogenous, To Nose Or Ear (Includes Obtaining Graft)	Terminated	7/1/2021	X	X	X
21280	Medial Canthopexy (Separate Procedure)	Terminated	7/1/2021	X	X	X
21282	Lateral Canthopexy	Terminated	7/1/2021	X	X	X
21295	Reduction Of Masseter Muscle And Bone (Eg, For Treatment Of Benign Masseteric Hypertrophy); Extraoral Approach	Terminated	7/1/2021	X	X	X
21296	Reduction Of Masseter Muscle And Bone (Eg, For Treatment Of Benign Masseteric Hypertrophy); Intraoral Approach	Terminated	7/1/2021	X	X	X
21299	Unlisted Craniofacial And Maxillofacial Procedure	Terminated	7/1/2021	X	X	X
21499	Unlisted Musculoskeletal Procedure, Head Staged Or Related Procedure	Terminated	7/1/2021	X	X	X

28010	Tenotomy, Subcutaneous, Toe; Single	Terminated	7/1/2021	X	X	X
28011	Tenotomy, Percutaneous, Toe	Terminated	7/1/2021	X	X	X
29999	Unlisted Procedure, Arthroscopy	Terminated	7/1/2021	X	X	X
30999	Unlisted Procedure, Nose	Terminated	7/1/2021	X	X	X
40500	Vermilionectomy (Lip Shave), With Mucosal Advancement	Terminated	7/1/2021	X	X	X
40799	Unlisted Procedure, Lips	Terminated	7/1/2021	X	X	X
40899	Unlisted Procedure, Vestibule Of Mouth	Terminated	7/1/2021	X	X	X
41599	Unlisted Procedure, Tongue, Floor Of Mouth	Terminated	7/1/2021	X	X	X
42299	Unlisted Procedure, Palate, Uvula	Terminated	7/1/2021	X	X	X
43647	Laparoscopy, Surgical; Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum	Terminated	7/1/2021	X	X	X
43882	Revision Or Removal Of Gastric Neurostimulator Electrodes, Antrum, Open	Terminated	7/1/2021	X	X	X
42699	Unlisted Procedure, Salivary Glands Or Ducts	Terminated	7/1/2021	X	X	X
42999	Unlisted Procedure, Pharynx, Adenoids, Or Tonsils	Terminated	7/1/2021	X	X	X
43648	Laparoscopy, Surgical; Revision Or Removal Of Gastric Neurostimulator Electrodes, Antrum	Terminated	7/1/2021	X	X	X
54150	Circumcision, Using Clamp Or Other Device; Newborn	Terminated	7/1/2021	X	X	X
54415	Removal Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis, Without Replacement Of Prosthesis	Terminated	7/1/2021	X	X	X
55250	Vasectomy, Unilateral Or Bilateral (Separate Procedure), Including Postoperative Semen Examination(S)	Terminated	7/1/2021	X	X	X
58301	Removal Of Intrauterine Device (Iud)	Terminated	7/1/2021	X	X	X
58340	Injection Procedure For Hysterosalpingography	Terminated	7/1/2021	X	X	X
58353	Endometrial Ablation, Thermal, Without Hysteroscopic Guidance	Terminated	7/1/2021	X	X	X
58578	Unlisted Laparoscopy Procedure, Uterus	Terminated	7/1/2021	X	X	X
58579	Unlisted Hysteroscopy Procedure, Uterus	Terminated	7/1/2021	X	X	X

58600	Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral	Terminated	7/1/2021	X	X	X
58611	Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Section Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure)	Terminated	7/1/2021	X	X	X
58615	Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach	Terminated	7/1/2021	X	X	X
58670	Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection)	Terminated	7/1/2021	X	X	X
58671	Laparoscopy, Surgical; With Occlusion Of Oviducts By Device (Eg, Band, Clip, Or Falope Ring)	Terminated	7/1/2021	X	X	X
59897	Unlisted Fetal Invasive Procedure, Including Ultrasound Guidance	Terminated	7/1/2021	X	X	X
59898	Unlisted Laparoscopy Procedure, Maternity Care And Delivery	Terminated	7/1/2021	X	X	X
59899	Unlisted Procedure, Maternity Care And Delivery	Terminated	7/1/2021	X	X	X
62360	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir	Terminated	7/1/2021	X	X	X
62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Non-Programmable Pump	Terminated	7/1/2021	X	X	X
62362	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With Or Without Programming	Terminated	7/1/2021	X	X	X
64590	Insertion Or Replacement Of Peripheral Or Gastric Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling	Terminated	7/1/2021	X	X	X
67903	Repair Of Blepharoptosis; (Tarso)Levator Resection Or Advancement, Internal Approach	Terminated	7/1/2021	X	X	X

67909	Reduction Of Overcorrection Of Ptosis	Terminated	7/1/2021	X	X	X
67961	Excision And Repair Of Eyelid, Involving Lid Margin, Tarsus, Conjunctiva, Canthus, Or Full Thickness, May Include Preparation For Skin Graft Or Pedicle Flap With Adjacent Tissue Transfer Or Rearrangem	Terminated	7/1/2021	X	X	X
67906	Repair Of Blepharoptosis; Superior Rectus Technique With Fascial Sling (Includes Obtaining Fascia) Left Side	Terminated	7/1/2021	X	X	X
67908	Repair Of Blepharoptosis; Conjunctivo-Tarso-Mullers Muscle-Levator Resection (Eg, Fasanella-Servat Type)	Terminated	7/1/2021	X	X	X
67911	Correction Of Lid Retraction Staged Or Related Procedure Or Service By The Same Physician	Terminated	7/1/2021	X	X	X
67950	Canthoplasty (Reconstruction Of Canthus)	Terminated	7/1/2021	X	X	X
69949	Unlisted Procedure, Inner Ear	Terminated	7/1/2021	X	X	X
76999	Unlisted Ultrasound Procedure (Eg, Diagnostic, Interventional)	Terminated	7/1/2021	X	X	X
78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Spect, At Rest, Wall Motion Study Plus Ejection Fraction, With Or Without Quantitative Processing	Terminated	7/1/2021	X	X	X
81099	Unlisted Urinalysis Procedure	Terminated	7/1/2021	X	X	X
G0127	Trimming Of Dystrophic Nails, Any Number	Terminated	7/1/2021	X	X	X
G0186	Destruction Of Localized Lesion Of Choroid (For Example, Choroidal Neovascularization); Photocoagulation, Feeder Vessel Technique (One Or More Sessions)	Terminated	7/1/2021	X	X	X
11450	Excision Of Skin And Subcutaneous Tissue For Hidradenitis, Axillary; With Simple Or Intermediate Repair	Terminated	7/1/2021	X	X	X
11451	Excision Of Skin And Subcutaneous Tissue For Hidradenitis, Axillary; With Complex Repair	Terminated	7/1/2021	X	X	X
11462	Excision Of Skin And Subcutaneous Tissue For Hidradenitis, Inguinal; With Simple Or Intermediate Repair	Terminated	7/1/2021	X	X	X

11463	Excision Of Skin And Subcutaneous Tissue For Hidradenitis, Inguinal; With Complex Repair	Terminated	7/1/2021	X	X	X
11470	Excision Of Skin And Subcutaneous Tissue For Hidradenitis, Perianal, Perineal, Or Umbilical; With Simple Or Intermediate Repair	Terminated	7/1/2021	X	X	X
11471	Excision Of Skin And Subcutaneous Tissue For Hidradenitis, Perianal, Perineal, Or Umbilical; With Complex Repair	Terminated	7/1/2021	X	X	X
L8000	Breast Prosthesis, Mastectomy Bra Left Side	Terminated	7/1/2021	X	X	X
L8001	Breast Prosthesis, Mastectomy Bra, With Integrated Breast Prosthesis Form, Unilateral	Terminated	7/1/2021	X	X	X
L8002	Breast Prosthesis, Mastectomy Bra, With Integrated Breast Prosthesis Form, Bilateral	Terminated	7/1/2021	X	X	X
L8010	Breast Prosthesis, Mastectomy Sleeve	Terminated	7/1/2021	X	X	X
L8015	External Breast Prosthesis Garment, With Mastectomy Form, Post-Mastectomy	Terminated	7/1/2021	X	X	X
L8020	Breast Prosthesis, Mastectomy Form	Terminated	7/1/2021	X	X	X
L8030	Breast Prosthesis, Silicone Or Equal Left Side	Terminated	7/1/2021	X	X	X
L8031	Breast Prs0596	Terminated	7/1/2021	X	X	X
L8032	Nipple Prosthesis, Prefabricated, Reusable, Any Type, Each	Terminated	7/1/2021	X	X	X
L8039	Breast Prosthesis, Not Otherwise Specified	Terminated	7/1/2021	X	X	X
L8499	Unlisted Procedure For Miscellaneous Prosthetic Services	Terminated	7/1/2021	X	X	X
L8501	Tracheostomy Speaking Valve	Terminated	7/1/2021	X	X	X
92312	Prescription Of Optical And Physical Characteristics Of And Fitting Of Contact Lens, With Medical Supervision Of Adaptation; Corneal Lens For Aphakia, Both Eyes	Terminated	7/1/2021	X	X	X
92313	Prescription Of Optical And Physical Characteristics Of And Fitting Of Contact Lens, With Medical Supervision Of Adaptation; Corneoscleral Lens	Terminated	7/1/2021	X	X	X

92314	Prescription Of Optical And Physical Characteristics Of Contact Lens, With Medical Supervision Of Adaptation And Direction Of Fitting By Independent Technician; Corneal Lens, Both Eyes Except For Apha	Terminated	7/1/2021	X	X	X
92315	Prescription Of Optical And Physical Characteristics Of Contact Lens, With Medical Supervision Of Adaptation And Direction Of Fitting By Independent Technician; Corneal Lens For Aphakia, One Eye	Terminated	7/1/2021	X	X	X
92316	Prescription Of Optical And Physical Characteristics Of Contact Lens, With Medical Supervision Of Adaptation And Direction Of Fitting By Independent Technician; Corneal Lens For Aphakia, Both Eyes	Terminated	7/1/2021	X	X	X
92317	Prescription Of Optical And Physical Characteristics Of Contact Lens, With Medical Supervision Of Adaptation And Direction Of Fitting By Independent Technician; Corneoscleral Lens	Terminated	7/1/2021	X	X	X
92325	Modification Of Contact Lens (Separate Procedure), With Medical Supervision Of Adaptation	Terminated	7/1/2021	X	X	X
95076	Ingestion Challenge Test (Sequential And Incremental Ingestion Of Test Items, Eg, Food, Drug Or Other Substance); Initial 120 Minutes Of Testing	Terminated	7/1/2021	X	X	X
96110	Developmental Testing; Limited (Eg, Developmental Screening Test Ii, Early Language Milestone Screen), With Interpretation And Report:Significant Separately Identifiable E/M Service By Same Physican	Terminated	7/1/2021	X	X	X
96167	Health Behavior Intervention, Family (With the Patient Present), Face to Face; Initial 30 Minutes	Terminated	7/1/2021	X	X	X
92630	Auditory Rehabilitation; Prelingual Hearing Loss	Terminated	7/1/2021	X	X	X
92626	Evaluation Of Auditory Rehabilitation Status; First Hour	Terminated	7/1/2021	X	X	X
92627	Evaluation Of Auditory Rehabilitation Status; Each Additional 15 Minutes (List Separately In Addition To Code For Primary Procedure)	Terminated	7/1/2021	X	X	X
92633	Auditory Rehabilitation; Postlingual Hearing Loss	Terminated	7/1/2021	X	X	X

96365	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis (Specify Substance Or Drug)	Terminated	7/1/2021	X	X	X
96366	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis (Specify Substance Or Drug)	Terminated	7/1/2021	X	X	X
J3490	Amondys 45	Added	6/1/2021	X	X	X
C9075	Amondys 45	Added	7/1/2021	X	X	X
L3050	Foot, Arch Support, Removable, Premolded, Metatarsal, Each	Terminated	7/1/2021	X	X	X