

Prior Authorization Updates March 2021

Cook Children's Health Plan has updated the following procedure codes (s) with an effective date of 04/01/2021. 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.

Procedure Code	Code Description	Added, Terminated, Revised	Effective date of change	STAR	CHIP	STAR Kids
81400	Under Tier 2 Molecular Pathology Procedures	Added	4/1/2021	X	X	X
81408	Under Tier 2 Molecular Pathology Procedures	Added	4/1/2021	X	X	X
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	Terminated	4/1/2021	X	X	X
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	Terminated	4/1/2021	X	X	X
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	Terminated	4/1/2021	X	X	X
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Terminated	4/1/2021	X	X	X
Q3031	Collagen skin test	Terminated	4/1/2021	X	X	X
Q4100	Skin substitute, not otherwise specified	Terminated	4/1/2021	X	X	X
Q4101	Apligraf, per square centimeter	Terminated	4/1/2021	X	X	X
Q4102	Oasis wound matrix, per square centimeter	Terminated	4/1/2021	X	X	X
Q4103	Oasis burn matrix, per square centimeter	Terminated	4/1/2021	X	X	X
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter	Terminated	4/1/2021	X	X	X
Q4105	omnigraft dermal regeneration matrix, per square centimeter	Terminated	4/1/2021	X	X	X
Q4106	Dermagraft, per square centimeter	Terminated	4/1/2021	X	X	X

Q4107	Graftjacket, per square centimeter	Terminated	4/1/2021	X	X	X
Q4108	Integra matrix, per square centimeter	Terminated	4/1/2021	X	X	X
Q4110	Primatrix, per square centimeter	Terminated	4/1/2021	X	X	X
Q4111	Gammagraft, per square centimeter	Terminated	4/1/2021	X	X	X
Q4115	Alloskin, per square centimeter	Terminated	4/1/2021	X	X	X
Q4116	Alloderm, per square centimeter	Terminated	4/1/2021	X	X	X
Q4121	Theraskin, per square centimeter	Terminated	4/1/2021	X	X	X
Q4122	Dermacell, dermacell awm or dermacell awm porous, per square centimeter	Terminated	4/1/2021	X	X	X
Q4123	Alloskin rt, per square centimeter	Terminated	4/1/2021	X	X	X
Q4124	Oasis ultra tri-layer wound matrix, per square centimeter	Terminated	4/1/2021	X	X	X
Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter	Terminated	4/1/2021	X	X	X
Q4127	Talymed, per square centimeter	Terminated	4/1/2021	X	X	X
Q4128	Flex hd, allopatch hd, or matrix hd, per square centimeter	Terminated	4/1/2021	X	X	X
S0148	Injection, pegylated interferon alfa-2b, 10 mcg	Terminated	4/1/2021	X	X	X
S0515	Scleral Lens, Liquid Bandage Device, per lens	Terminated	4/1/2021	X	X	X
S5036	Home Infusion Therapy, repair of infusion	Terminated	4/1/2021	X	X	X
A5200	Percutaneous Catherer/Tube Anchoring	Terminated	4/1/2021	X	X	X
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	Terminated	4/1/2021	X	X	X
A4234	Replacement battery, alkaline, other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	Terminated	4/1/2021	X	X	X
A4235	necessary home blood glucose monitor owned by patient, each	Terminated	4/1/2021	X	X	X
A4236	necessary home blood glucose monitor owned by patient, each	Terminated	4/1/2021	X	X	X

A4252	Irrigation kits, nonsterile	Terminated	4/1/2021	X	X	X
A4256	Normal, Low and high calibrator	Terminated	4/1/2021	X	X	X
A4258	Spring-powered device for lancet, each	Terminated	4/1/2021	X	X	X
A4927	Gloves, sterile, or non-sterile, per pair	Terminated	4/1/2021	X	X	X
A4259	Lancets, per box of 100; glucose monitor supply for Diabetic Beneficiary not treated with insulin	Terminated	4/1/2021	X	X	X
J3241	Injection, teprotumumab-trbw, 10mg	Added	4/1/2021	X	X	X
J1632	Injection, brexanolone, 1mg	Added	4/1/2021	X	X	X
J0791	Injection, crizanlizumab-tmca, 5mg	Added	4/1/2021	X	X	X
D0191	Assessment of a patient. A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.	Terminated	4/1/2021	X	X	X
D0210	Intraoral-complete series (including bitewings)	Terminated	4/1/2021	X	X	X
D0220	Intraoral - periapical first film	Terminated	4/1/2021	X	X	X
D0230	Intraoral - periapical each additional film	Terminated	4/1/2021	X	X	X
D0240	Intraoral - occlusal film	Terminated	4/1/2021	X	X	X
D0250	Extraoral - first film	Terminated	4/1/2021	X	X	X
D0260	Extraoral - each additional film	Terminated	4/1/2021	X	X	X
D0270	Bitewing - single film	Terminated	4/1/2021	X	X	X
D0272	Bitewings - two films	Terminated	4/1/2021	X	X	X
D0273	Bitewings - three films	Terminated	4/1/2021	X	X	X
D0274	Bitewings - four films	Terminated	4/1/2021	X	X	X
D0277	Vertical bitewings - 7 to 8 films	Terminated	4/1/2021	X	X	X
D0290	Posterior-anterior or lateral skull and facial bone survey film	Terminated	4/1/2021	X	X	X
D0321	Other temporomandibular joint films, by report	Terminated	4/1/2021	X	X	X
D0340	Cephalometric film	Terminated	4/1/2021	X	X	X
D0364	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	Terminated	4/1/2021	X	X	X
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch-mandible	Terminated	4/1/2021	X	X	X

D0366	Cone beam CT capture and interpretation with field of view of one full dental arch- maxilla, with O	Terminated	4/1/2021	X	X	X
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	Terminated	4/1/2021	X	X	X
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	Terminated	4/1/2021	X	X	X
D0369	Maxillofacial MRI capture and interpretation	Terminated	4/1/2021	X	X	X
D0370	Maxillofacial ultrasound capture and interpretation	Terminated	4/1/2021	X	X	X
D0371	Sialoendoscopy capture and interpretation	Terminated	4/1/2021	X	X	X
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw	Terminated	4/1/2021	X	X	X
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible	Terminated	4/1/2021	X	X	X
D0382	Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without CRA	Terminated	4/1/2021	X	X	X
D0383	Cone beam CT image capture with field of view of both jaws, with or without Cranium	Terminated	4/1/2021	X	X	X
D0384	Cone beam CT image capture for TMJ series including two or more exposures	Terminated	4/1/2021	X	X	X
D0385	Maxillofacial MRI capture	Terminated	4/1/2021	X	X	X
D0386	Maxillofacial ultrasound image capture	Terminated	4/1/2021	X	X	X
D2710	Crown-resin-based composite (indirect)	Terminated	4/1/2021	X	X	X
D2799	Provisional Crown	Terminated	4/1/2021	X	X	X
D2929	Prefabricated porcelain/ceramic crown-primary tooth	Terminated	4/1/2021	X	X	X
D2940	Sedative filling	Terminated	4/1/2021	X	X	X
D2990	Resin infiltration of incipient smooth surface lesions	Terminated	4/1/2021	X	X	X
81220	regulator)	Added	4/1/2021	X	X	X
81251	Tier 1 Molecular Pathology Procedures	Added	4/1/2021	X	X	X
81255	Tier 1 Molecular Pathology Procedures	Added	4/1/2021	X	X	X
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2)	Added	4/1/2021	X	X	X
81260	Tier 1 Molecular Pathology Procedures	Added	4/1/2021	X	X	X
81361	HBB (hemoglobin, subunit beta)	Added	4/1/2021	X	X	X

81400	Tier 2 Molecular Pathology Procedures	Added	4/1/2021	X	X	X
81405	Tier 2 Molecular Pathology Procedures	Added	4/1/2021	X	X	X
81408	Tier 2 Molecular Pathology Procedures	Added	4/1/2021	X	X	X
Q0163	approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-Emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	Terminated	4/1/2021	X	X	X
Q0164	Prochlorperazine Maleate, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of Chemotherapy treatment, not to exceed A 4	Terminated	4/1/2021	X	X	X
Q0166	Granisetron Hydrochloride, 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV Anti-emetic at the time of Chemotherapy treatment, not to exceed A	Terminated	4/1/2021	X	X	X
Q0167	Dronabinol, 2.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of Chemotherapy treatment, not to exceed a 48 hour dosage	Terminated	4/1/2021	X	X	X
Q0169	Promethazine Hydrochloride, 12.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of Chemotherapy treatment, not to exceed a 48 hour regimen	Terminated	4/1/2021	X	X	X
Q0173	Trimethobenzamide Hydrochloride, 250 mg, oral, FDA approved prescription Anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of Chemotherapy treatment, not to exceed a 48 hour regimen	Terminated	4/1/2021	X	X	X
Q0175	Perphenazine, 4 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage	Terminated	4/1/2021	X	X	X

Q0177	Hydroxyzine Pamoate, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of Chemotherapy treatment, not to exceed a 48 hour dosage	Terminated	4/1/2021	X	X	X
Q0180	Dolasetron Mesylate, 100 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV Anti-emetic at the time of Chemotherapy treatment, not to exceed A 24 hour dosage	Terminated	4/1/2021	X	X	X
Q0181	Unspecified oral dosage form, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of a Chemotherapy treatment, not to exceed a 48 hour dosage	Terminated	4/1/2021	X	X	X
Q0485	Motor control cable for use with electric ventricular assist device, replacement only	Terminated	4/1/2021	X	X	X
Q0486	Monitor control cable for use with electric/Pneumatic ventricular assist device, replacement only	Terminated	4/1/2021	X	X	X
Q0487	electric/Pneumatic Ventricular assist device, replacement only	Terminated	4/1/2021	X	X	X
Q0492	Electric power supply cable for use with Electric Ventricular Assist Device, replacement only	Terminated	4/1/2021	X	X	X
Q0493	Electric/Pneumatic Ventricular Assist Device, replacement only	Terminated	4/1/2021	X	X	X
Q0494	Emergency hand pump for use with Electric/Pneumatic Ventricular Assist Device, replacement only	Terminated	4/1/2021	X	X	X
Q0497	Battery clips for use with Electric or Electric/Pneumatic Ventricular Assist Device, replacement only	Terminated	4/1/2021	X	X	X
Q0498	Holster for use with Electric or Electric/Pneumatic Ventricular Assist Device, replacement only	Terminated	4/1/2021	X	X	X
Q0499	Belt/vest for use with Electric or Electric/Pneumatic Ventricular Assist Device, replacment only	Terminated	4/1/2021	X	X	X
Q0500	Filters for use with Electric or Electric/Pneumatic Ventrucular Assist Device, replacement only	Terminated	4/1/2021	X	X	X
Q0501	Shower cover for use with Electric or Electric/Pneumatic Ventricular Assist Device, replacement only	Terminated	4/1/2021	X	X	X

Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device	Terminated	4/1/2021	X	X	X
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	Terminated	4/1/2021	X	X	X
Q2004	Irrigation solution for treatment of bladder calculi, for exampe renacidin, per 500 ml	Terminated	4/1/2021	X	X	X
Q2009	Injection, fosphenytoin, 50 mg	Terminated	4/1/2021	X	X	X
Q2026	Injection, radiesse, 0.1 ml	Terminated	4/1/2021	X	X	X
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Terminated	4/1/2021	X	X	X
Q2052	the medicare intravenous immune globulin (ivig) demonstration	Terminated	4/1/2021	X	X	X
G0162	RN E&M svcs, 15 min	Added	4/1/2021	X	X	X
81410	Aortic Dysfunction or dilation (EG, Marfan Syndrome, Loeys Dietz Syndrome, Ehler Danlos Syndrpme Type IV, Arterial Tortuosity Syndrome); Genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	Added	4/1/2021	X	X	X
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, EG, Acquired knowledge, attention, language memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with patient and time interpreting test results and preparing the report	Terminated	1/1/2019	X	X	X
58565	cannulation to induce occlusion by placement of permanent implants	Terminated	4/1/2021	X	X	X
33976	Insertion of ventricular assist device: extracorporeal, single ventricle	Added	4/1/2021	X	X	X
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	Added	4/1/2021	X	X	X

33982	Replacement of ventricular assist device pump(s) implantable intracorporeal, single ventricle, without cardiopulmonary bypass	Added	4/1/2021	X	X	X
33983	implantable intracorporeal, single ventricle, with cardiopulmonary bypass	Added	4/1/2021	X	X	X
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	Added	4/1/2021	X	X	X
97033	Application of a modality to one or more areas; iontophoresis, each 15 minutes	Added	4/1/2021	X	X	X
97034	Application of a modality to one or more areas; contrast baths, each 15 minutes	Added	4/1/2021	X	X	X
97035	Application of a modality to one or more areas; ultrasound, each 15 minutes distinct procedural service	Added	4/1/2021	X	X	X
97036	Application of a modality to one or more areas; Hubbard Tank, each 15 minutes	Added	4/1/2021	X	X	X
G0104	Colorectal cancer screening; flexible sigmoidoscopy	Terminated	4/1/2021	X	X	X
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	Terminated	4/1/2021	X	X	X
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	Terminated	4/1/2021	X	X	X
92201	Ophthalmoscopy, extended with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral	Terminated	4/1/2021	X	X	X
92202	Ophthalmoscopy, extended, with drawing of optic nerve or macula (e.g., for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral	Terminated	4/1/2021	X	X	X
92230	Fluorescein angiography with interpretation and report	Terminated	4/1/2021	X	X	X
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	Terminated	4/1/2021	X	X	X
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report	Terminated	4/1/2021	X	X	X

92242	angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	Terminated	4/1/2021	X	X	X
92250	Fundus photography with interpretation and report	Terminated	4/1/2021	X	X	X
92260	Under Ophthalmoscopy Procedure	Terminated	4/1/2021	X	X	X
92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral	Terminated	4/1/2021	X	X	X
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Terminated	4/1/2021	X	X	X
92229	Imaging of retina for detection or monitoring of disease	Terminated	4/1/2021	X	X	X
92270	Procedures	Terminated	4/1/2021	X	X	X
92273	Electroretinography (ERG), with interpretation and report	Terminated	4/1/2021	X	X	X
92274	Electroretinography (ERG), with interpretation and report	Terminated	4/1/2021	X	X	X
92285	Procedures	Terminated	4/1/2021	X	X	X
92286	Special anterior segment photography with interpretation and report	Terminated	4/1/2021	X	X	X
92287	Special anterior segment photography with interpretation and report	Terminated	4/1/2021	X	X	X
97032	PR electrical stimulation	Added	4/1/2021	X	X	X
97033	PR electric current therapy	Added	4/1/2021	X	X	X
97034	PR contract bath therapy	Added	4/1/2021	X	X	X
97035	PR ultrasound therapy	Added	4/1/2021	X	X	X
97036	PR Hydrotherapy	Added	4/1/2021	X	X	X
97750	PR Physical Performance Test	Added	4/1/2021	X	X	X
97761	PR Prosthetics Training Initial Enctr EA 15 Mins	Added	4/1/2021	X	X	X
97012	PR Mechanical Traction Therapy	Added	4/1/2021	X	X	X
97014	PR Electric Stimulation Therapy	Added	4/1/2021	X	X	X
97016	PR Vasopneumatic Device Therapy	Added	4/1/2021	X	X	X
97018	PR Paraffin Bath Therapy	Added	4/1/2021	X	X	X

97022	PR Whirlpool Therapy	Added	4/1/2021	X	X	X
97024	PR Diathermy Treatment	Added	4/1/2021	X	X	X
97026	PR Infrared Therapy	Added	4/1/2021	X	X	X
97028	PR Ultraviolet therapy	Added	4/1/2021	X	X	X
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	Terminated	4/1/2021	X	X	X