

Prior Authorization Services List

Medical Services	
PROCEDURE CODE	DESCRIPTION
	Dermabrasion
15783	Dermabrasion; superficial, any site
	Abdominoplasty
15830	Excision, excessive skin; abdomen
15847	Excision, excessive skin; abdomen
	Breast Surgery, Repair and Reconstruction
19355	Correction inverted nipples
	Bone Growth Stimulator
20974	Electrical stimulation to aid bone healing; non-invasive
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)
	Osteoplasty
21208	Osteoplasty, facial bones; augmentation (autograft, allograft or prosthetic implant)
	Temporomandibular Joint (TMJ) Dysfunction
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft (interpositional material such as silastic to replace the meniscus)
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement (operative report shall be included with claim)
	Foot Repair, Revision or Reconstruction
28300	Osteotomy; Calcaneus (Eg, Dwyer Or Chambers Type Procedure), With Or Without Internal Fixation
28302	Osteotomy; Talus
28304	Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus
28305	Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus; With Autograft (Includes Obtaining Graft)
28307	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; First Metatarsal With Autograft
28309	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; Multiple
28320	Repair, Nonunion Or Malunion; Tarsal Bones
28322	Repair Of Nonunion Or Malunion; Metatarsal, With Or Without Bone Graft (Includes Obtaining Graft)
	Arthroscopy, Shoulder
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	Arthroscopy, Shoulder, Surgical; Capsulorrhaphy
29807	Arthroscopy, Shoulder, Surgical; Repair Of Slap Lesion
29819	Arthroscopy, shoulder, removal loose body
29820	Arthroscopy, shoulder, synovectomy

****The services listed above are subject to eligibility and benefit coverage.** Cosmetic, investigational, or experimental surgeries, procedures, or office visits are not a covered benefit by CenCal Health. Prior Authorization is not required for sensitive or emergency services. Providers are required to obtain a SAR for CCS members and refer members who have a suspected or confirmed CCS eligible condition to the local CCS office.

Prior Authorization Services List

Medical Services	
PROCEDURE CODE	DESCRIPTION
	Arthroscopy, Shoulder
29821	Arthroscopy, shoulder, synovectomy, complete
29822	Arthroscopy, shoulder, debridement
29823	Arthroscopy, shoulder, debridement
29824	Arthroscopy, Shoulder, Surgical; Distal Claviclectomy Including Distal Articular Surface (Mumford Procedure)
29825	Arthroscopy, shoulder, lysis of adhesions
29826	Arthroscopy, shoulder, decompression of subacromial space
	Arthroscopy, Knee
29870	Arthroscopy, knee, diagnostic
29871	Arthroscopy, knee, surgical; for infection/lavage/drainage
29873	Arthroscopy, with lateral release
29874	Arthroscopy, knee, surgical, removal loose body
29875	Arthroscopy, knee, surgical, synovectomy, limited
29876	Arthroscopy, knee, surgical, synovectomy, major
29877	Arthroscopy, knee, surgical, debridement/shaving of articular cartilage
29879	Arthroscopy, knee, surgical, abrasion arthroplasty
29880	Arthroscopy, knee, surgical, meniscectomy (medial and lateral)
29881	Arthroscopy, knee, surgical, meniscectomy (medial or lateral)
29882	Arthroscopy, knee, surgical, meniscus repair (medial or lateral)
29883	Arthroscopy, knee, surgical, meniscus repair (medial and lateral)
29884	Arthroscopy, knee, surgical, lysis of adhesions
29885	Arthroscopy, knee, surgical, drilling for osteochondritis dissecans
29886	Arthroscopy, knee, surgical, drilling for intact osteochondritis dissecans lesion
29887	Arthroscopy, knee, surgical, drilling for intact osteochondritis dissecans lesion with internal fixation
29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Reconstruction
29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation Or Reconstruction
	Nasal and Sinus Endoscopy
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection
31254	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial
31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy, with removal of sphenoid sinus tissue

****The services listed above are subject to eligibility and benefit coverage.** Cosmetic, investigational, or experimental surgeries, procedures, or office visits are not a covered benefit by CenCal Health. Prior Authorization is not required for sensitive or emergency services. Providers are required to obtain a SAR for CCS members and refer members who have a suspected or confirmed CCS eligible condition to the local CCS office.

Prior Authorization Services List

Medical Services	
PROCEDURE CODE	DESCRIPTION
	Nasal and Sinus Endoscopy
31290	Nasal/sinus endoscopy, surgical, with cerebrospinal fluid leak repair, ethmoid region
31291	Nasal/sinus endoscopy, surgical, with cerebrospinal fluid leak repair, sphenoid region
31292	Nasal/sinus endoscopy, surgical, with medial or inferior orbital wall decompression
31293	Nasal/sinus endoscopy, surgical, with medial and inferior orbital wall decompression
31294	Nasal/sinus endoscopy, surgical, with optic nerve decompression
	Dentoalveolar Structures
41899	Unlisted procedure, dentoalveolar structures
	Bariatric and Gastric Bypass
43845	Gastric restrictive procedure, biliopancreatic diversion with duodenal switch
43848	Revision, open, of gastric restrictive procedure for morbid obesity
	Surgery on the Male Genital System
54150	Circumcision, Using Clamp Or Other Device; Newborn
54160	Circumcision, Surgical Excision Other Than Clamp, Device Or Dorsal Slit; Newborn
	Surgery on the Female Genital System
58350	Chromotubation Of Oviduct, Including Materials
58750	Tubotubal anastomosis
58752	Tubouterine implantation
58760	Fimbrioplasty
58770	Salpingostomy (salpingoneostomy)
	Neurostimulators, Intracranial
61850	Burr holes, implantation neurostimulator electrodes; cortical
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes; cortical
61863	Twist drill, burr hole, craniotomy, or craniotomy with stereotactic implantation of neurostimulator electrode array in subcortical site; first array
61864	Twist drill, burr hole, craniotomy, or craniotomy with stereotactic implantation of neurostimulator electrode array in subcortical site; each additional array
61870	Craniectomy, implantation neurostimulator electrodes; cortical
61875	Craniectomy, implantation neurostimulator electrodes; subcortical
	Neurostimulators, Spinal
63001	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Diskectomy
63003	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Diskectomy

****The services listed above are subject to eligibility and benefit coverage.** Cosmetic, investigational, or experimental surgeries, procedures, or office visits are not a covered benefit by CenCal Health. Prior Authorization is not required for sensitive or emergency services. Providers are required to obtain a SAR for CCS members and refer members who have a suspected or confirmed CCS eligible condition to the local CCS office.

Prior Authorization Services List

Medical Services	
PROCEDURE CODE	DESCRIPTION
	Neurostimulators, Spinal
63005	Laminectomy With Exploration And/Or Decomp Of Spinal Cord And/Or Cauda Equina, W/O Facetectomy, Foraminotomy Or Diskectomy, 1 Or 2 Vertebral
63011	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Diskectomy
63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With Decompression Of Cauda Equina And Nerve Roots For Spondylolisthe
63015	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Diskectomy
63016	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Diskectomy
63017	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Diskectomy
63020	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Int
63030	Laminotomy (Hemilaminectomy), W Decompression Of Nerve Root(S), Incl Partial Facetectomy, Foraminotomy &/ Excision Of Herniated Intervert Disk
63035	Laminotomy (Hemilaminectomy), W Decompress Of Nerve Root(S), Incl Part Facetect, Foraminot &/ Excis Of Herniated Intervertebral Disk; Ea Add In
63040	Laminotomy (Hemilaminectomy), W/Decompression Of Nerve Root(S), Inclg Partial Facetectomy, Foraminotomy And/Or Exc Of Herniated Intervrtebrl
63042	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Int
63043	Laminotomy (Hemilaminectomy), W/ Decompress Nerve Root(S), Incl Part Facetectomy, Foraminotomy And/Or Excis Herniated Intervertebral Disk
63044	Laminotomy (Hemilaminectomy), With Decompress Nerve Root(S), Incl Part Facetectomy, Foraminotomy And/Or Excis Herniated Intervertebral Disk
63045	Laminectomy, Facetectomy And Foraminotomy (Uni Or Bilateral W Decomp Of Spinal Cord, Cauda Equina And/Or Nerve Root(S), (Eg, Spinal Or Lateral
63046	Laminectomy, Facetectomy And Foraminotomy (Uni Or Bilateral W Decomp Of Spinal Cord, Cauda Equina And/Or Nerve Root(S), (Eg, Spinal Or Lateral
63047	Laminectomy, Facetectomy And Foraminotomy (Uni Or Bilateral W Decomp Of Spinal Cord, Cauda Equina And/Or Nerve Root(S), (Eg, Spinal Or Lateral
63048	Laminect, Facetect & Foraminot (Uni/Bilat W Decomp Of Spinal Cord, Cauda Equina &/ Nerve Root(S), (Eg, Spinal/Lat Recess Stenos)), 1 Vert Seg; Ea A
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more segments
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more segments; with reconstruction of the posterior bony elements (including applic of bridging bone graft and non-segmental fixation devices)
63055	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disk), Single Segment
63056	Transpedicular Appr W Decompression Of Spinal Cord, Equina &/ Nerve Root(S) (Eg, Herniated Intervertebral Disk), 1 Segment; Lumbar

****The services listed above are subject to eligibility and benefit coverage.** Cosmetic, investigational, or experimental surgeries, procedures, or office visits are not a covered benefit by CenCal Health. Prior Authorization is not required for sensitive or emergency services. Providers are required to obtain a SAR for CCS members and refer members who have a suspected or confirmed CCS eligible condition to the local CCS office.

Prior Authorization Services List

Medical Services	
PROCEDURE CODE	DESCRIPTION
	Neurostimulators, Spinal
63057	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disk), Single Segment
63064	Costovertebral Approach With Decompression Of Spinal Cord Or Nerve Root(S), (Eg, Herniated Intervertebral Disk), Thoracic; Single Segment
63066	Costovertebral Approach With Decompression Of Spinal Cord Or Nerve Root(S), (Eg, Herniated Intervertebral Disk), Thoracic; Each Additional Segment
63075	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Cervical, Single Interspace
63076	Discectomy, Anterior, With Decompression Of Spinal Cord And/ Or Nerve Root(S), Including Osteophytectomy; Cervical, Each Additional Interspace
63077	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Thoracic, Single Interspace
63078	Discectomy, Anterior, With Decompression Of Spinal Cord And/ Or Nerve Root(S), Including Osteophytectomy; Thoracic, Each Additional Interspace
63081	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S);
63082	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S)
63085	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Transthoracic Approach With Decompression Of Spinal Cord And/Or Nerve Root
63086	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Transthoracic Approach With Decompression Of Spinal Cord And/Or Nerve Root
63087	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combined Thoracolumbar Approach W Decomp Of Spinal Cord
63088	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combined Thoracolumbar Approach With Decompression Of Spinal Cord
63090	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Trans/Retroperitoneal Approach W Decomp Of Spinal Cord
63091	Vertebral Corpectomy (Vertebral Body Resection), Part/Comp, Transperitoneal/Retroperitoneal Approach W Decomp Of Spinal Cord
63101	Vertebral corpectomy (vertebral body resection, partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve roots; thoracic, single segment
63102	Vertebral corpectomy (vertebral body resection, partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve roots; lumbar, single segment
63103	Vertebral corpectomy (vertebral body resection, partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve roots; thoracic or lumbar, each additional segment
63170	Laminectomy With Myelotomy (Eg, Bischof Or Drez Type), Cervical, Thoracic Or Thoracolumbar
63172	Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Subarachnoid Space
63173	Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Peritoneal Space
63180	Laminectomy And Section Of Dentate Ligaments, With Or Without Dural Graft, Cervical; One Or Two Segments
63182	Laminectomy And Section Of Dentate Ligaments, With Or Without Dural Graft, Cervical; More Than Two Segments

****The services listed above are subject to eligibility and benefit coverage.** Cosmetic, investigational, or experimental surgeries, procedures, or office visits are not a covered benefit by CenCal Health. Prior Authorization is not required for sensitive or emergency services. Providers are required to obtain a SAR for CCS members and refer members who have a suspected or confirmed CCS eligible condition to the local CCS office.

Prior Authorization Services List

Medical Services	
PROCEDURE CODE	DESCRIPTION
	Neurostimulators, Spinal
63185	Laminectomy With Rhizotomy; One Or Two Segments
63190	Laminectomy With Rhizotomy; More Than Two Segments
63191	Laminectomy With Section Of Spinal Accessory Nerve
63194	Laminectomy With Cordotomy, With Section Of One Spinothalamic Tract, One Stage; Cervical
63195	Laminectomy With Cordotomy, With Section Of One Spinothalamic Tract, One Stage; Thoracic
63196	Laminectomy With Cordotomy, With Section Of Both Spinothalamic Tracts, One Stage; Cervical
63197	Laminectomy With Cordotomy, With Section Of Both Spinothalamic Tracts, One Stage; Thoracic
63198	Laminectomy With Cordotomy With Section Of Both Spinothalamic Tracts, Two Stages Within 14 Days; Cervical
63199	Laminectomy With Cordotomy With Section Of Both Spinothalamic Tracts, Two Stages Within 14 Days; Thoracic
63200	Laminectomy With Release Of Tethered Spinal Cord, Lumbar
63250	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Cervical
63251	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Thoracic
63252	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Thoracolumbar
63265	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neoplasm, Extradural; Cervical
63266	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neoplasm, Extradural; Thoracic
63267	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neoplasm, Extradural; Lumbar
63268	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neoplasm, Extradural; Sacral
63270	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural; Cervical
63271	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural; Thoracic
63272	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural; Lumbar
63273	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural; Sacral
63275	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Cervical
63276	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Thoracic
63277	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Lumbar
63278	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Sacral
63280	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Extramedullary, Cervical
63281	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Extramedullary, Thoracic
63282	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Extramedullary, Lumbar
63283	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Sacral
63285	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Intramedullary, Cervical
63286	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Intramedullary, Thoracic
63287	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Intramedullary, Thoracolumbar
63290	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Combined Extradural-Intradural Lesion, Any Level
63300	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinal Lesion, Single Segment; Extradural, Cervical
63301	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinal Lesion, Single Segment; Extradural, Thoracic

****The services listed above are subject to eligibility and benefit coverage.** Cosmetic, investigational, or experimental surgeries, procedures, or office visits are not a covered benefit by CenCal Health. Prior Authorization is not required for sensitive or emergency services. Providers are required to obtain a SAR for CCS members and refer members who have a suspected or confirmed CCS eligible condition to the local CCS office.

Prior Authorization Services List

Medical Services	
PROCEDURE CODE	DESCRIPTION
Neurostimulators, Spinal	
63302	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinial Lesion, Single Segment; Extradural, Thoracic
63303	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinial Lesion, Single Segment; Extradural, Lumbar Or
63304	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinial Lesion, Single Segment; Intradural, Cervical
63305	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinial Lesion, Single Segment; Intradural, Thoracic
63306	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinial Lesion, Single Segment; Intradural, Thoracic
63307	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinial Lesion, Single Segment; Intradural, Lumbar Or
63308	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinial Lesion, Single Segment; Each Additional Segment
63660	Revision Or Removal Of Spinal Neurostimulator Electrode Percutaneous Array(S) Or Plate/Paddle(S)
63688	Revision Or Removal Of Implanted Spinal Neurostimulator Pulse Generator Or Receiver
Extracranial Nerves, Peripheral Nerves, And Autonomic Nervous System	
64400	Injection, anesthetic agent; trigeminal nerve
64402	Injection, anesthetic agent; facial nerve
64405	Injection, anesthetic agent; greater occipital nerve
64408	Injection, anesthetic agent; vagus nerve
64410	Injection, anesthetic agent; phrenic nerve
64412	Injection, anesthetic agent;spinal accessory nerve
64413	Injection, anesthetic agent; cervical plexus
64415	Injection, anesthetic agent; brachial plexus, single
64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter
64417	Injection, anesthetic agent; axillary nerve
64418	Injection, anesthetic agent; suprascapular nerve
64420	Injection, anesthetic agent; intercostal nerve, single
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block
64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves
64430	Injection, anesthetic agent; pudendal nerve
64435	Injection, anesthetic agent; paracervical (uterine) nerve
64445	Injection, anesthetic agent; sciatic nerve, single
64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement), including daily management for anesthetic agent administration
64447	Injection, anesthetic agent; femoral nerve, single
64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement), including daily management for anesthetic agent administration

****The services listed above are subject to eligibility and benefit coverage.** Cosmetic, investigational, or experimental surgeries, procedures, or office visits are not a covered benefit by CenCal Health. Prior Authorization is not required for sensitive or emergency services. Providers are required to obtain a SAR for CCS members and refer members who have a suspected or confirmed CCS eligible condition to the local CCS office.

Prior Authorization Services List

Medical Services	
PROCEDURE CODE	DESCRIPTION
Extracranial Nerves, Peripheral Nerves, And Autonomic Nervous System	
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement), including daily management for anesthetic agent administration
64450	Injection, anesthetic agent; other peripheral nerve or branch
64470	Injection, anesthetic agent and/or steroid; paravertebral facet joint or facet joint nerve; cervical or thoracic, single level
64472	Injection, anesthetic agent and/or steroid; cervical or thoracic, each additional level
64475	Injection, anesthetic agent and/or steroid; lumbar or sacral, single level
64476	Injection, anesthetic agent and/or steroid; lumbar or sacral, each additional level
64479	Injection, anesthetic agent and/or steroid; transforaminal epidural, cervical or thoracic, single level
64480	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level
64484	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level
64505	Injection, anesthetic agent; sphenopalatine ganglion
64508	Injection, anesthetic agent; carotid sinus (separate procedure)
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64517	Injection, anesthetic agent; superior hypogastric plexus
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
Neurostimulators, Peripheral Nerve	
64550	Application surface neurostimulator
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	Percutaneous implantation of neurostimulator electrodes; peripheral nerve
64560	Percutaneous implantation of neurostimulator electrodes; autonomic nerve
64565	Percutaneous implantation of neurostimulator electrodes; neuromuscular
64573	Incision For Implantation Of Neurostimulator Electrodes; Cranial Nerve
64575	Incision For Implantation Of Neurostimulator Electrodes; Peripheral Nerve (Excludes Sacral Nerve)
64577	Incision For Implantation Of Neurostimulator Electrodes; Autonomic Nerve
64580	Incision For Implantation Of Neurostimulator Electrodes; neuromuscular
64585	Revision or removal of peripheral neurostimulator electrodes
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
Destruction by Neurolytic Agent, Somatic Nerves	
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
64612	Chemodenervation of muscles(s); muscles innervated by facial nerve

****The services listed above are subject to eligibility and benefit coverage.** Cosmetic, investigational, or experimental surgeries, procedures, or office visits are not a covered benefit by CenCal Health. Prior Authorization is not required for sensitive or emergency services. Providers are required to obtain a SAR for CCS members and refer members who have a suspected or confirmed CCS eligible condition to the local CCS office.

Prior Authorization Services List

Medical Services	
PROCEDURE CODE	DESCRIPTION
Destruction by Neurolytic Agent, Somatic Nerves	
64613	Chemodeneration of neck muscle(s)
64614	Chemodeneration of muscle(s); extremity(s) and/or trunk muscle(s)
64620	Destruction by neurolytic agent; intercostal nerve
64622	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level
64623	Destruction by neurolytic agent; paravertebral facet joint nerve; lumbar or sacral, each additional level
64626	Destruction by neurolytic agent; paravertebral facet joint nerve; cervical or thoracic, single level
64627	Destruction by neurolytic agent; paravertebral facet joint nerve; cervical or thoracic, each additional level
64630	Destruction by neurolytic agent; pudendal nerve
64640	Destruction by neurolytic agent; other peripheral nerve/branch
Destruction by Neurolytic Agent, Sympathetic Nerves	
64680	Destruction by neurolytic agent; celiac plexus
64681	Destruction by neurolytic agent; superior hypogastric plexus
Nerve Grafts	
64885	Nerve Graft (Includes Obtaining Graft), Head Or Neck; Up To 4 Cm In Length
64886	Nerve Graft (Includes Obtaining Graft), Head Or Neck; More Than 4 Cm In Length
64890	Nerve Graft (Includes Obtaining Graft), Single Strand, Hand Or Foot; Up To 4 Cm Length
64891	Nerve Graft (Includes Obtaining Graft), Single Strand, Hand Or Foot; More Than 4 Cm Length
64892	Nerve Graft (Includes Obtaining Graft), Single Strand, Arm Or Leg; Up To 4 Cm Length
64893	Nerve Graft (Includes Obtaining Graft), Single Strand, Arm Or Leg; More Than 4 Cm Length
64895	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Hand Or Foot; Up To 4 Cm Length
64896	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Hand Or Foot; More Than 4 Cm Length
64897	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Arm Or Leg; Up To 4 Cm Length
64898	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Arm Or Leg; More Than 4 Cm Length
64901	Nerve Graft, Each Additional Nerve; Single Strand (List Separately In Addition To Code For Primary Procedure)
64902	Nerve Graft, Each Additional Nerve; Multiple Strands (Cable) (List Separately In Addition To Code For Primary Procedure)
64905	Nerve pedicle transfer; first stage
64907	Nerve pedicle transfer; second stage
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve
64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve
Speech Therapy	
92507	Treatment Of Speech, Language, Voice, Communication, And/Or Auditory Processing Disorder (Includes Aural Rehabilitation); Individual
92508	Treatment Of Speech, Language, Voice, Communication, And/Or Auditory Processing Disorder (Includes Aural Rehabilitation); Group, Two Or More In
92526	Treatment Of Swallowing Dysfunction And/Or Oral Function For Feeding

****The services listed above are subject to eligibility and benefit coverage.** Cosmetic, investigational, or experimental surgeries, procedures, or office visits are not a covered benefit by CenCal Health. Prior Authorization is not required for sensitive or emergency services. Providers are required to obtain a SAR for CCS members and refer members who have a suspected or confirmed CCS eligible condition to the local CCS office.

Prior Authorization Services List

Medical Services	
PROCEDURE CODE	DESCRIPTION
	Sleep Studies
95805	Multiple Sleep Latency Or Maintenance Of Wakefulness Testing, Recording, Analysis And Interpretation Of Physiological Measurements Of Sleep Dur
95807	Sleep Study, Simultaneous Recording Of Ventilation, Respiratory Effort, Ecg Or Heart Rate, And Oxygen Saturation, Attended By A Technologist
95808	Polysomnography; Sleep Staging With 1-3 Additional Parameters Of Sleep, Attended By A Technologist
95810	Polysomnography; Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist
95811	Polysomnography; Of Sleep, Attend By A Technologist Sleep Staging W 4/+ Add Parameters Of Sleep, W Initiation Of Continuous Positive Airway
	Electromyography and Nerve Conduction Tests (EMG)
95860	Needle Electromyography, One Extremity With Or Without Related Paraspinal Areas
95861	Needle Electromyography, Two Extremities With Or Without Related Paraspinal Areas
95863	Needle Electromyography, Three Extremities With Or Without Related Paraspinal Areas
95864	Needle Electromyography, Four Extremities With Or Without Related Paraspinal Areas
95865	Needle Electromyography, Larynx
95866	Needle Electromyography, Hemidiaphragm
95867	Needle Electromyography; Cranial Nerve Supplied Muscle(S), Unilateral
95868	Needle Electromyography, Cranial Nerve Supplied Muscles, Bilateral
95869	Needle Electromyography; Thoracic Paraspinal Muscles (Excluding T1 Or T12)
95870	Needle Electromyography; Limited Study Of Muscles In One Extremity Or Non-Limb (Axial) Muscles (Unilateral Or Bilateral), Other Than Thoracic
95872	Needle Electromyography Using Single Fiber Electrode, With Quantitative Measurement Of Jitter, Blocking And/Or Fiber Density
95873	Electrical Stimulation For Guidance In Conjunction With Chemodenervation
95874	Needle Electromyography For Guidance In Conjunction With Chemodenervation
95875	Ischemic Limb Exercise Test With Serial Specimen(S) Acquisition For Muscle(S) Metabolite(S)
95900	Nerve Conduction, Amplitude And Latency/Velocitiy Study, Each Nerve; Motor, Without F-Wave Study
95903	Nerve Conduction, Amplitude And Latency/Velocity Study, Each Nerve, Any/All Site(S) Along The Nerve; Motor, With F-Wave Study
95904	Nerve Conduction, Amplitude And Latency/Velocity Study, Each Nerve; Sensory
96002	Dynamic Surface Emg
96003	Dynamic Fine Wire Emg
	Photodynamic Therapy
96567	Photodynamic therapy, skin
96570	Photodynamic therapy; first 30 minutes
96571	Photodynamic therapy; each additional 15 minutes
	Special Dermatological Procedures
96900	Actinotherapy (UV light)

****The services listed above are subject to eligibility and benefit coverage.** Cosmetic, investigational, or experimental surgeries, procedures, or office visits are not a covered benefit by CenCal Health. Prior Authorization is not required for sensitive or emergency services. Providers are required to obtain a SAR for CCS members and refer members who have a suspected or confirmed CCS eligible condition to the local CCS office.

Prior Authorization Services List

Medical Services	
PROCEDURE CODE	DESCRIPTION
Special Dermatological Procedures	
96910	Photochemotherapy (Goeckerman)
96912	PUVA therapy
96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses
96920	Laser Treatment For Inflammatory Skin Disease (Psoriasis); Total Area Less Than 250 Sq Cm
96921	Laser Treatment For Inflammatory Skin Disease (Psoriasis); 250 Sq Cm To 500 Sq Cm
96922	Laser Treatment For Inflammatory Skin Disease (Psoriasis); Over 500 Sq Cm
Physical Medicine and Rehabilitation	
97001	Physical Therapy Evaluation
97002	Physical Therapy Re-Evaluation
97003	Occupational Therapy Evaluation
97004	Occupational Therapy Re-Evaluation
97005	Athletic Training Evaluation
97006	Athletic Training Re-Evaluation
97010	Application Of A Modality To One Or More Areas; Hot Or Cold Packs
97012	Application Of A Modality To One Or More Areas; Traction, Mechanical
97014	Application Of A Modality To One Or More Areas; Electrical Stimulation (Unattended)
97016	Application Of A Modality To One Or More Areas; Vasopneumatic Devices
97018	Application Of A Modality To One Or More Areas; Paraffin Bath
97022	Application Of A Modality To One Or More Areas; Whirlpool
97024	Application Of A Modality To One Or More Areas; Diathermy
97026	Application Of A Modality To One Or More Areas; Infrared
97028	Application Of A Modality To One Or More Areas; Ultraviolet
97032	Application Of A Modality To One Or More Areas; Electrical Stimulation (Manual), Each 15 Minutes
97033	Application Of A Modality To One Or More Areas; Iontophoresis, Each 15 Minutes
97034	Application Of A Modality To One Or More Areas; Contrast Baths, Each 15 Minutes
97035	Application Of A Modality To One Or More Areas; Ultrasound, Each 15 Minutes
97036	Application Of A Modality To One Or More Areas; Hubbard Tank, Each 15 Minutes
97039	Unlisted Modality (Specify Type And Time If Constant Attendance)
97110	Therapeutic Procedure, One Or More Areas, Each 15 Minutes; Therapeutic Exercises To Develop Strength And Endurance, Range Of Motion
97112	Therapeutic Procedure, One Or More Areas, Ea 15 Minutes; Neuromuscular Reeducation Of Movement, Balance, Coordination, Kinesthetic Sense
97113	Therapeutic Procedure, One Or More Areas, Each 15 Minutes; Aquatic Therapy With Therapeutic Exercises
97116	Therapeutic Procedure, One Or More Areas, Each 15 Minutes; Gait Training (Includes Stair Climbing)
97124	Therapeutic Procedure, One Or More Areas, Each 15 Minutes; Massage, Including Effleurage, Petrissage And/Or Tapotement
97139	Unlisted Therapeutic Procedure (Specify)
97140	Manual Therapy Techniques, One Or More Regions, Each 15 Minutes

****The services listed above are subject to eligibility and benefit coverage.** Cosmetic, investigational, or experimental surgeries, procedures, or office visits are not a covered benefit by CenCal Health. Prior Authorization is not required for sensitive or emergency services. Providers are required to obtain a SAR for CCS members and refer members who have a suspected or confirmed CCS eligible condition to the local CCS office.

Prior Authorization Services List

Medical Services	
PROCEDURE CODE	DESCRIPTION
	Physical Medicine and Rehabilitation
97150	Therapeutic Procedure(S), Group
97530	Therapeutic Activities, Direct (One-On-One) Patient Contact By Provider, Each 15 Minutes
97532	Development Of Cognitive Skills To Improve Attention, Memory, Problem Solving, (Includes Compensatory Training)
97533	Sensory Integrative Techniques To Enhance Sensory Processing And Promote Adaptive Responses To Environmental Demands
97535	Self Care/Home Management Training, Direct One-On-One Contact By Provider, Each 15 Minutes
97537	Community/Work Reintegration Training, Direct One-On-One Contact By Provider, Each 15 Minutes
97542	Wheelchair Management/Propulsion Training, Each 15 Minutes
97545	Work Hardening/Conditioning; Initial Two Hours
97546	Work Hardening/Conditioning; Each Additional Hour
97597	Active Wound Care, 20 Cm Or Less
97598	Active Wound Care, Greater Than 20 Cm
97602	Removal Of Devitalized Tissue From Wound(S); Non-Selective Debridement
97605	Negative Pressure Wound Therapy, 50 Cm Or Less
97606	Negative Pressure Wound Therapy, Greater Than 50 Cm
97750	Physical Performance Test Or Measurement, With Written Report, Each 15 Minutes
97755	Assistive Technology Assessment, With Written Report, Each 15 Minutes
	Medical Nutrition Counseling
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face, each 15 minutes
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face, each 15 minutes
97804	Medical nutrition therapy; group, each 30 minutes
	Home Health Procedures / Services
99500	Home visit, prenatal
99501	Home visit, postnatal
99502	Home visit, newborn care
99503	Home visit, respiratory therapy
99504	Home visit, mechanical ventilation care
99505	Home visit, stoma care
99506	Home visit, intramuscular injections
99507	Home visit, catheter maintenance
99509	Home visit, activities of daily living
99510	Home visit, individual, family, marriage counseling
99511	Home visit, fecal/enema management
99512	Home visit, hemodialysis

****The services listed above are subject to eligibility and benefit coverage.** Cosmetic, investigational, or experimental surgeries, procedures, or office visits are not a covered benefit by CenCal Health. Prior Authorization is not required for sensitive or emergency services. Providers are required to obtain a SAR for CCS members and refer members who have a suspected or confirmed CCS eligible condition to the local CCS office.

Medical Services	
PROCEDURE CODE	DESCRIPTION
	Home Health Procedures / Services
99600	Unlisted Home Visit Services or Procedure
Z6914	Home Health Agency: Case Evaluation and initial treatment plan
Z6916	Home Health Agency: Monthly Case Evaluation
Z6920	Home Health Agency: Early Discharge Visit
	Home Infusion Procedures / Services
99601	Home infusion, up to 2 hours
99602	Home infusion, each additional hour

****The services listed above are subject to eligibility and benefit coverage.** Cosmetic, investigational, or experimental surgeries, procedures, or office visits are not a covered benefit by CenCal Health. Prior Authorization is not required for sensitive or emergency services. Providers are required to obtain a SAR for CCS members and refer members who have a suspected or confirmed CCS eligible condition to the local CCS office.

Durable Medical Equipment	
PROCEDURE CODE	DESCRIPTION
Hospital Beds and Support Services	
E0193	Powered air flotation bed (low air loss therapy)
E0300	Pediatric crib, hospital grade, fully enclosed
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
E0371	Nonpowered advanced pressure reducing overlay for ...
E0372	Powered air overlay for mattress, standard mattress length and width
E0373	Nonpowered advanced pressure reducing mattress
Oxygen Therapy	
E0431	Portable liquid oxygen system, rental
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each
E1392	Portable oxygen concentrator, rental
Transcutaneous Electrical	
E0710	Restraints, any type (body, chest, wrist or ankle)
E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation
Infusion Equipment	
E0791	Parenteral Infusion Pump, Stationary, single or multi-channel
K0455	Infusion pump used for uninterrupted parenteral administration of medication
Wheelchairs - Accessories and Modifications	
E1009	Wheelchair accessory, addition to power seat
E1014	Reclining back, addition to pediatric wheelchair
E2227	Gear reduction drive wheel
E2228	MWC accessory, wheelchair brake
E2300	Power wheelchair accessory, power seat elevation system
E2301	Power wheelchair accessory, power standing system
E2312	Power wheelchair accessory, hand or chin control interface
E2331	Power wheelchair accessory, attendant control, proportional, includes all related electronics
E2351	Power wheelchair accessory, electronic interface to operate speech generating device
E2374	Power wheelchair accessory, hand or chin control interface
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware

****The services listed above are subject to eligibility and benefit coverage.** Cosmetic, investigational, or experimental surgeries, procedures, or office visits are not a covered benefit by CenCal Health. Prior Authorization is not required for sensitive or emergency services. Providers are required to obtain a SAR for CCS members and refer members who have a suspected or confirmed CCS eligible condition to the local CCS office.

Durable Medical Equipment	
PROCEDURE CODE	DESCRIPTION
	Wheelchairs - Accessories and Modifications
E2609	Custom fabricated wheelchair seat cushion, any size
E2610	Wheelchair seat cushion, powered
	Speech Generating Device
E2500	Speech generating device, digitized speech

****The services listed above are subject to eligibility and benefit coverage.** Cosmetic, investigational, or experimental surgeries, procedures, or office visits are not a covered benefit by CenCal Health. Prior Authorization is not required for sensitive or emergency services. Providers are required to obtain a SAR for CCS members and refer members who have a suspected or confirmed CCS eligible condition to the local CCS office.