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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
Drug Eluting Sinus Stents, Bioabsorbable	N/A	MP9700
Durable Medical Equipment	Non-Covered DME, BP cuffs	MP9347

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
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 Dilatation 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
Extended Hours of Home Care (Private Duty Nursing)	N/A	MP9766
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
Eye-Movement Analysis without Spatial Calibration (e.g., EyeBOX® system)	N/A	MP9785
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, Upper and Lower Limb	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
Glaucoma Surgical Treatments	N/A	MP9467
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 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
Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea	BiPAP, CPAP, OSA	MP9239
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
Intradiscal Electrothermal (IDET)	N/A	MP9711
Intraoperative Neurophysiological Monitoring (IONM)	IONM	MP9577
Intraosseous Ablation of Basivertebral Nerve for Treating Low-Back Pain (e.g., Intrasept)	N/A	MP9736

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
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
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 Therapy for Nicotine Dependence	N/A	MP9717
Laser Therapy for Treatment of Pain	N/A	MP9718
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
Meibomian Gland Evacuation Therapies	N/A	MP9719
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

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
Motion Preserving Posterior Inter-spinous/Inter-laminar Decompression/Stabilization Devices	N/A	MP9749
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 Expiratory Positive Airway Pressure (Provent) for Obstructive Sleep Apnea	N/A	MP9753
Nasal Implant, Absorbable for Treatment of Nasal Valve Collapse	N/A	MP9773
Nebulized Intranasal Antibiotics/Antifungals for Sinusitis	N/A	MP9712
Negative Pressure Wound Therapy with Installation System	N/A	MP9720
Neurofeedback or Biofeedback for Behavioral and Substance Use Disorders	N/A	MP9579
Neuropsychological Testing	N/A	MP9493
Noncontact, Low-frequency Ultrasound Therapy for Healing of Chronic Wounds	N/A	MP9735
Noncontact Near Infrared Spectroscopy	N/A	MP9780
Non-Contact Normothermic Wound Therapy	N/A	MP9721
Non-Covered Medical Procedures and Services	N/A	MP9415
Non-invasive Measurement of Left Ventricular End Diastolic Pressure	N/A	MP9767
Non-pneumatic Compression Systems or Garments (e.g. Dayspring)	N/A	MP9750
Nuclear Stress Testing	ETT, Exercise Tolerance Test	N/A
Nutrition Counseling	N/A	MP9661
Occupational Therapy (OT)	OT	N/A
Orthognathic Surgery	N/A	MP9651
Orthotrac Pneumatic Vest Spinal Unloading Device for Low Back Pain	N/A	MP9722
Otoplasty	N/A	MP9647
Outdoor Behavioral Therapy	N/A	MP9723
Outpatient and Inpatient Electroconvulsive Therapy (ECT)	ECT	MP9570
Outpatient Enteral Therapy	Tube feeding	MP9069
Palatal Implants for Obstructive Sleep Apnea	N/A	MP9754
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

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Percutaneous Disc Decompression Procedures (Percutaneous Discectomies, Nucleoplasty)	N/A	MP9734
Percutaneous Left Atrial Appendage (LAA) Closure Therapy	LAA	MP9499
Percutaneous Neuromodulation Therapy for the Treatment of Pain	N/A	MP9724
Percutaneous Tibial Nerve Stimulation	N/A	MP9563
Percutaneous Ultrasonic Ablation of Soft Tissue	N/A	MP9725
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
Phrenic Nerve Stimulation for Central Sleep Apnea	N/A	MP9755
Physical Therapy (PT)	PT	N/A
Plastic and Reconstructive Surgery	N/A	MP9022
Powered Robotic Lower-Limb Exoskeleton Devices	N/A	MP9645
Prolotherapy	N/A	MP9726
Quantitative Electroencephalogram (qEEG) and Referenced Electroencephalogram (rEEG)	N/A	MP9622
Quantitative Sensory Tests	N/A	MP9727
Radioembolization of Hepatic Tumors	N/A	MP9774
Radiofrequency Ablation of Uterine Fibroids	N/A	MP9657
Radiofrequency Volumetric Tissue Reduction for Obstructive Sleep Apnea	N/A	MP9751
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
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 Airborned Allergy	N/A	MP9684
Services Related to Dental Care	N/A	MP9271

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
Scanning Laser Technologies for Retina and Optic Nerve Imaging	N/A	MP9629
Scar Revision	N/A	MP9649
Scrambler Pain Therapy	N/A	MP9728
Sensory and Auditory Integration Therapies	N/A	MP9729
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
Stem Cell Therapy for Peripheral Artery Disease	N/A	MP9730
Subacromial Tissue Spacer for Treatment of Rotator Cuff	N/A	MP9731
Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH)	N/A	MP9361
Surgical Interruption of Pelvic Nerve Pathways for Treatment of Pelvic Pain	N/A	MP9732
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
Thermography	N/A	MP9733
Thoracic Electrical Bioimpedance (TEB) for Cardiac Output Measurement	N/A	MP9737
Three Dimensional (3-D) Printed Anatomic Modeling for Surgical Planning	N/A	MP9738
Tidal Knee Lavage for Osteoarthritis	N/A	MP9739
Tongue Based Suspension Surgery	N/A	MP9752
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
Transcutaneous Electrical Joint Stimulation Device	N/A	MP9740
Transvaginal and Transurethral Radiofrequency (RF) Treatments of Stress Urinary Incontinence in Women	N/A	MP9741
Trigger Point Dry Needling	N/A	MP9672
Treatment of Obstructive Sleep Apnea (OSA) and Related Conditions with Invasive Treatments and Surgery	N/A	MP9585
Upright Magnetic Resonance Imaging (MRI) (Standing/Seated/Weight Bearing/Positional MRI)	N/A	MP9742
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
Vaginal Tactile Imaging	N/A	MP9743
Vein Disease Treatment	N/A	MP9241
Vestibular Evoked Myogenic Potentials (VEMP)	N/A	MP9744
Virtual Care	N/A	MP9663
VivAer Airway Remodeling for Airway Obstruction	N/A	MP9745
Vitamin D Testing for Screening	N/A	MP9686
Volara Oscillation and Lung Expansion System	N/A	MP9746
Wheelchairs, Scooters and Accessories	N/A	MP9782 (III-DEV.25)
Wireless Capsule Endoscopy (CE) and Capsule Technology to Verify Patency Prior to Capsule Endoscopy	N/A	MP9626
Wireless Pulmonary Artery Pressure Monitoring Systems for Monitoring Heart Failure (CardioMEMS)	N/A	MP9748

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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	<u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u> Related Policy: Quantitative Sensory Tests (MP9727)

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	
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.
<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	
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.*	93702, 0358T
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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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>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 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 (MP9545)

Medical Policy	Bone, Cartilage Ligament Graft Substitutes (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. Related Policy: Recombinant Human Bone Morphogenic Protein-2 (rhBMP-2)/InFUSE and Allogenic Morphogenic Protein (e.g., Osteo-AMP™) MP9763</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	
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.*	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>Photographs encouraged, but not mandatory, as they may assist in establishing medical necessity.</p> <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	
<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>E0734</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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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	
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.*	E1399
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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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	
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-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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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
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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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	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.*	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. <p><u>Related Policy:</u> Transcranial Magnetic Stimulation (TMS) MP9526</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.*	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
<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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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"> • 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>	S1091
<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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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. Related Policy: Interferential Current Stimulation MP9710 Percutaneous Neuromodulation Therapy for the Treatment of Pain MP9724

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.*	64999 13999
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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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>

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><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 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.

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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	
<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>62263 62264</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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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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Extended Hours of Home Care (Private Duty Nursing) (MP9766)

Medical Policy	Extended Hours of Home Care (Private Duty Nursing) (MP9766)
Alternate Service Name(s)	N/A
Additional Information	Coverage may vary according to the terms of the Member Certificate or Summary Plan Description (SPD)

Patients with Prevea360 Commercial Insurance

Codes that Require Authorization	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	Prevea360 Provider Portal

Patients with Dean Health Plan ASO Insurance

Codes that Require Authorization	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	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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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"> • <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>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>

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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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Eye-Movement Analysis without Spatial Calibration (e.g., EyeBOX® system) MP9785

Medical Policy	Eye-Movement Analysis without Spatial Calibration (e.g., EyeBOX® system) MP9785
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 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.*	0615T
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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Eye-Movement Analysis without Spatial Calibration (e.g., EyeBOX® system) MP9785 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.*	0615T
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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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	
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.*	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"> 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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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>Photographs encouraged, but not mandatory, as they may assist in establishing medical necessity.</p> <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. <p>Related Policies:</p> <p>Salivary Hormone Tests MP9683</p> <p>Cytotoxic Testing for Allergy Diagnosis MP9678</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.*	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, Upper and Lower Limb (MP9566)

Medical Policy	Functional Electrical Stimulation, Upper and Lower Limb (MP9566)
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 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, Upper and Lower Limb (MP9566) (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>E0770, E0764</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 MP9566 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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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.

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Glaucoma Surgical Treatments (MP9467)

Medical Policy	Glaucoma Surgical Treatments (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 MP9647, 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.

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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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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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.*	S9810
CPT codes applicable to this policy (NOTE: these codes DO NOT require a prior authorization.)	99601, 99602, G0068, G0069, G0070, S9500
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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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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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.*	0437T, 64582, 64583, 64584
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.</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</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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Hospice Services (Inpatient and Outpatient) (MP9299)

Medical Policy	Hospice Services (Inpatient and Outpatient) (MP9299)
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 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.

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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	
<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>E0446</p>
<p>Codes that Require Authorization</p>	<p>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.</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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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.</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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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 .
<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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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"> • A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. Related Policy: Meibomian Gland Evacuation Therapies MP9719

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.*	0507T
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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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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Intradiscal Electrothermal (IDET) (MP9711)

Medical Policy	Intradiscal Electrothermal (IDET) (MP9711)
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>	22526 22527
<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.
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. • Related Medical Policies: Vestibular Evoked Potential MP9744 Quantative Sensory Testing MP9727

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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Intraosseous Ablation of Basivertebral Nerve for Treating Low-Back Pain (e.g., Intracept) MP9736

Medical Policy	Intraosseous Ablation of Basivertebral Nerve for Treating Low-Back Pain (e.g., Intracept) (MP9736)
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 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.*	64628, 64629, C9752, C9753
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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Intraosseous Ablation of Basivertebral Nerve for Treating Low-Back Pain (e.g., Intracept) MP9736 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.*	64628, 64629, C9752, C9753
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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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 Therapy for Nicotine Dependence (MP9717)

Medical Policy	Laser Therapy for Nicotine Dependence (MP9717)
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> Related Policy: Laser Therapy for Treatment of Pain (MP9718)

Patients with Prevea360 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.*	S8948
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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Laser Therapy for Nicotine Dependence (MP9717) 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.*</p>	<p>S8948</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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Laser Therapy for Treatment of Pain (MP9718)

Medical Policy	Laser Therapy for Treatment of Pain (MP9718)
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 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.*	0552T, S8948
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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Laser Therapy for Treatment of Pain (MP9718) 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.*	0552T, S8948
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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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>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 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. 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. 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><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 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 .
<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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Mechanical Circulatory Support Devices (MP9528)

Medical Policy	Mechanical Circulatory Support Devices (MP9528)
Alternate Service Name(s)	pVAD
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 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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Meibomian Gland Evacuation Therapies (MP9719)

Medical Policy	Meibomian Gland Evacuation Therapies (MP9719)
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 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.*	0207T, 0563T
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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Meibomian Gland Evacuation Therapies (MP9719) 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.*	0207T, 0563T
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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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, L5962
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	<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.*	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>	0275T
<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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Motion Preserving Posterior Inter-spinous/Inter-laminar Decompression/Stabilization Devices (MP9749)

Medical Policy	Motion Preserving Posterior Inter-spinous/Inter-laminar Decompression/Stabilization Devices (MP9749)
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 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.*	22867, 22868, 22869, 22870, 0202T, C1821
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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Motion Preserving Posterior Inter-spinous/Inter-laminar Decompression/Stabilization Devices (MP9749) 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.*	22867, 22868, 22869, 22870, 0202T, C1821
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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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 Expiratory Positive Airway Pressure (Provent) for Obstructive Sleep Apnea (MP9753)

Medical Policy	Nasal Expiratory Positive Airway Pressure (Provent) for Obstructive Sleep Apnea (MP9753)
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>Home Use of Continuous Positive Airway Pressure (CPAP) Bilevel Positive Airway Pressure (BiPAP) for Obstructive Sleep Apnea (OSA) MP9658</p> <p>Tongue Base Suspension Surgery for Obstructive Sleep Apnea MP9752</p> <p>Palatal Implants for Obstructive Sleep Apnea MP9754</p>

Patients with Prevea360 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.*	A7049
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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Nasal Expiratory Positive Airway Pressure (Provent) for Obstructive Sleep Apnea (MP9753) 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.*	A7049
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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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>	30468
<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"> • <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.*	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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Negative Pressure Wound Therapy with Installation System (MP9720)

Medical Policy	Negative Pressure Wound Therapy with Installation System (MP9720)
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 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.*	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-Prior authorization is not required for these services

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Negative Pressure Wound Therapy with Installation System (MP9720) 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.*	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-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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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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Noncontact, Low-frequency Ultrasound Therapy for Healing of Chronic Wounds MP9735

Medical Policy	Noncontact, Low-frequency Ultrasound Therapy for Healing of Chronic Wounds (MP9735)
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 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.*	97610
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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Noncontact, Low-frequency Ultrasound Therapy for Healing of Chronic Wounds MP9735 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.*	97610
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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Noncontact Near Infrared Spectroscopy (MP9780)

Medical Policy	Noncontact Near Infrared Spectroscopy (MP9780)
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 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.*	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-Prior authorization is not required for these services

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Noncontact Near Infrared Spectroscopy (MP9780) 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.*	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-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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Non-Contact Normothermic Wound Therapy (MP9721)

Medical Policy	Non-Contact Normothermic Wound Therapy (MP9721)
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 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.*	0859T, 0860T, 0640T
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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Non-Contact Normothermic Wound Therapy (MP9721) 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.*	0859T, 0860T, 0640T
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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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, 0206T, 0263T, 0264T, 0265T, 0341T, 0397T, 0623T, 0657T, 0745T, 0746T, 0747T, 0776T, 0783T, C1824, C1825, C9772, C9773, C9774, C9775, C1062, E2120, E0769, E2402, C1825, 0627T, 0628T, 0629T, 0630T, C2624, C9724, C9757, 64625, 62263, 62264, 93278, 0335T, 0639T, 0631T, 93025, 0596T, 0597T, S2348, 0219T, 0220T, 0221T, 0222T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0510T, 0511T, S2117, 67999, 0624T, 0625T, 0658T, 0656T, 0659T, 0692T, 0693T, 0695T, 0696T, 17999, 20999, 22899, 27005, 27306, 27602, 28446, 30999, 31299, 33999, 38999, 55899, 69779, 97124, 97605, 97606, 97608, 92499, 92700, 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	
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-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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Non-pneumatic Compression Systems or Garments (e.g. Dayspring) (MP9750)

Medical Policy	Non-pneumatic Compression Systems or Garments (e.g. Dayspring) (MP9750)
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 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.*	E0678, E0679, E0680, E0681, E0682
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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Non-pneumatic Compression Systems or Garments (e.g. Dayspring) (MP9750) 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.*	E0678, E0679, E0680, E0681, E0682
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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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)
<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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Nutrition Counseling (MP9661)

Medical Policy	Nutrition Counseling (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

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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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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Orthotrac Pneumatic Vest Spinal Unloading Device for Low Back Pain (MP9722)

Medical Policy	Orthotrac Pneumatic Vest Spinal Unloading Device for Low Back Pain (MP9722)
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 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.*	E0941, E0830
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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Orthotrac Pneumatic Vest Spinal Unloading Device for Low Back Pain (MP9722) 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.*	E0941, E0830
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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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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Outdoor Behavioral Therapy (MP9723)

Medical Policy	Outdoor Behavioral Therapy (MP9723)
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 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.*	T2036, T2037
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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Outdoor Behavioral Therapy (MP9723) 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.*	T2036, T2037
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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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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Palatal Implants for Obstructive Sleep Apnea (MP9754)

Medical Policy	Palatal Implants for Obstructive Sleep Apnea (MP9754)
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 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.*	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-Prior authorization is not required for these services

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Palatal Implants for Obstructive Sleep Apnea (MP9754) 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.*	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-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) 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.*	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"> • 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-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	
<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>0584T, 0585T, 0586T</p>
<p>Codes that Require Authorization</p>	<p>48160, 48550, 48551, 48552, 48554, 48556.</p> <p>Prior authorization is needed for evaluation and actual transplant.</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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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 Disc Decompression Procedures (Percutaneous Discectomies, Nucleoplasty) MP9734

Medical Policy	Percutaneous Disc Decompression Procedures (Percutaneous Discectomies, Nucleoplasty) (MP9734)
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> Related Policy: Intradiscal Electrothermal Therapy MP9711

Patients with Prevea360 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.*	62287, S2345
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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Percutaneous Disc Decompression Procedures (Percutaneous Discectomies, Nucleoplasty) MP9734 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.*	62287, S2345
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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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 .

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 Neuromodulation Therapy for the Treatment of Pain (MP9724)

Medical Policy	Percutaneous Neuromodulation Therapy for the Treatment of Pain (MP9724)
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 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.*	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-Prior authorization is not required for these services

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Percutaneous Neuromodulation Therapy for the Treatment of Pain (MP9724)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.*	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-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 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 Ultrasonic Ablation of Soft Tissue (MP9725)

Medical Policy	Percutaneous Ultrasonic Ablation of Soft Tissue (MP9725)
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 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.*	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-Prior authorization is not required for these services

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Percutaneous Ultrasonic Ablation of Soft Tissue (MP9725) 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.*	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-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><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 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.

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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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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.

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

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Phrenic Nerve Stimulation for Central Sleep Apnea (MP9755)

Medical Policy	Phrenic Nerve Stimulation for Central Sleep Apnea (MP9755)
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 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.*	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-Prior authorization is not required for these services

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Phrenic Nerve Stimulation for Central Sleep Apnea (MP9755) 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.*	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-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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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

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

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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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Prolotherapy (MP9726)

Medical Policy	Prolotherapy (MP9726)
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> Related Policy: Autologous Blood-Derived Injections (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood) MP9713

Patients with Prevea360 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.*	M0076
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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Prolotherapy (MP9726) 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.*</p>	<p>M0076</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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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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Quantitative Sensory Tests (MP9727)

Medical Policy	Quantitative Sensory Tests (MP9727)
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> Related Policy: Automated, Non-Invasive Nerve Conduction Velocity (NCV) Testing MP9689

Patients with Prevea360 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.*	0106T, 0107T, 0108T, 0109T, 0110T, G0255
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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Quantitative Sensory Tests (MP9727) 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.*	0106T, 0107T, 0108T, 0109T, 0110T, G0255
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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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.

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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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Radiofrequency Volumetric Tissue Reduction for Obstructive Sleep Apnea (MP9751)

Medical Policy	Radiofrequency Volumetric Tissue Reduction for Obstructive Sleep Apnea (MP9751)
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 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.*	41530
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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Radiofrequency Volumetric Tissue Reduction for Obstructive Sleep Apnea (MP9751) 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.*	41530
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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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
<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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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><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 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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Scrambler Pain Therapy (MP9728)

Medical Policy	Scrambler Pain Therapy (MP9728)
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 covered if submitted.</p> <p>Related Policies:</p> <p>Interferential Current Stimulation MP9710</p> <p>Intradiscal Electrothermal Therapy (IDET) MP9711</p> <p>Percutaneous Neuromodulation Therapy for the Treatment of Pain MP9724</p> <p>Transcutaneous Electrical Joint Stimulation Device MP9740</p>

Patients with Prevea360 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.*</p>	0278T
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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Scrambler Pain Therapy (MP9728) 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.*	0278T
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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Sensory and Auditory Integration Therapies (MP9729)

Medical Policy	Sensory and Auditory Integration Therapies (MP9729)
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 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.*	97533
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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Sensory and Auditory Integration Therapies (MP9729) 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.*	97533
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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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"> • <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.*	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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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	
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-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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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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Stem Cell Therapy for Peripheral Artery Disease MP9730

Medical Policy	Stem Cell Therapy for Peripheral Artery Disease MP9730
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 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.*	0263T, 0264T, 0265T
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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Stem Cell Therapy for Peripheral Artery Disease MP99730 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.*	0263T, 0264T, 0265T
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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Subacromial Tissue Spacer for Treatment of Rotator Cuff MP9731

Medical Policy	Subacromial Tissue Spacer for Treatment of Rotator Cuff (MP9731)
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 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.*	C9781
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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Subacromial Tissue Spacer for Treatment of Rotator Cuff MP9731 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.*	C9781
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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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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Surgical Interruption of Pelvic Nerve Pathways for Treatment of Pelvic Pain MP9732

Medical Policy	Surgical Interruption of Pelvic Nerve Pathways for Treatment of Pelvic Pain (MP9732)
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 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.*	58578
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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Surgical Interruption of Pelvic Nerve Pathways for Treatment of Pelvic Pain MP9732 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.*	58578
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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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><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 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.

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Thermography MP9733

Medical Policy	Thermography (MP9733)
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 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.*	93740
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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Thermography MP9733 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.*	93740
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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Thoracic Electrical Bioimpedance (TEB) for Cardiac Output Measurement MP9737

Medical Policy	Thoracic Electrical Bioimpedance (TEB) for Cardiac Output Measurement (MP9737)
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 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.*	93701
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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Thoracic Electrical Bioimpedance (TEB) for Cardiac Output Measurement MP9737 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.*</p>	<p>93701</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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Three Dimensional (3-D) Printed Anatomic Modeling for Surgical Planning MP9738

Medical Policy	Three Dimensional (3-D) Printed Anatomic Modeling for Surgical Planning (MP9738)
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 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.*	0559T, 0560T, 0561T, 0562T
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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Three Dimensional (3-D) Printed Anatomic Modeling for Surgical Planning MP9738 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.*	0559T, 0560T, 0561T, 0562T
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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Tidal Knee Lavage for Osteoarthritis MP9739

Medical Policy	Tidal Knee Lavage for Osteoarthritis (MP9739)
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 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.*	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-Prior authorization is not required for these services

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Tidal Knee Lavage for Osteoarthritis MP9739 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.*	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-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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Tongue Based Suspension Surgery (MP9752)

Medical Policy	Tongue Based Suspension Surgery (MP9752)
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>Actigraphy MP9559</p> <p>Sleep Studies for Initial Diagnosis of Obstructive Sleep Apnea MP9673</p> <p>Home Use of Bilevel Positive Airway Pressure (Bilevel PAP)for Conditions Other Than Obstructive Sleep Apnea MP9239</p> <p>Implanted Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea MP9636</p> <p>Palatal Implants for the Treatment of Obstructive Sleep Apnea MP9754</p> <p>Radiofrequency Volumetric Tissue Reduction (RFVTR) for Obstructive Sleep Apnea MP9751</p>

Patients with Prevea360 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.*	41512
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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Tongue Based Suspension Surgery (MP9752) 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.*	41512
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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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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The [complete library of medical policies](#) is available on prevea360.com.

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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><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 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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Transcutaneous Electrical Joint Stimulation Device MP9740

Medical Policy	Transcutaneous Electrical Joint Stimulation Device (MP9740)
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 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.*	E0762
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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Transcutaneous Electrical Joint Stimulation Device MP9740 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.*	E0762
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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Transvaginal and Transurethral Radiofrequency (RF) Treatments of Stress Urinary Incontinence in Women MP9741

Medical Policy	Transvaginal and Transurethral Radiofrequency (RF) Treatments of Stress Urinary Incontinence in Women (MP9741)
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 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.*	53860
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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Transvaginal and Transurethral Radiofrequency (RF) Treatments of Stress Urinary Incontinence in Women MP9741 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.*	53860
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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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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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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Upright Magnetic Resonance Imaging (MRI) (Standing/Seated/Weight Bearing/Positional MRI) MP9742

Medical Policy	Upright Magnetic Resonance Imaging (MRI) (Standing/Seated/Weight Bearing/Positional MRI) (MP9742)
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 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.*	76498
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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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.*	76498
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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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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Vaginal Tactile Imaging MP9743

Medical Policy	Vaginal Tactile Imaging MP9743
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 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.*	0487T
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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Vaginal Tactile Imaging MP9743 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.*	0487T
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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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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Vestibular Evoked Myogenic Potentials (VEMP) MP9744

Medical Policy	Vestibular Evoked Myogenic Potentials (VEMP) (MP9744)
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 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.*	92517, 92518, 92519
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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Vestibular Evoked Myogenic Potentials (VEMP) MP9744 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.*	92517, 92518, 92519
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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Virtual Care (MP9663)

Medical Policy	Virtual Care (MP9663)
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 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
<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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VivAer Airway Remodeling for Airway Obstruction (MP9745)

Medical Policy	VivAer Airway Remodeling for Airway Obstruction (MP9745)
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>Rhinoplasty Procedure With or Without Septoplasty MP9648</p> <p>Radiofrequency Volumetric Tissue Reduction for Obstructive Sleep Apnea MP9751</p>

Patients with Prevea360 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.*</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>

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VivAer Airway Remodeling for Airway Obstruction (MP9745) 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.*	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-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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Volara Oscillation and Lung Expansion System (MP9746)

Medical Policy	Volara Oscillation and Lung Expansion System (MP9746)
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 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.*	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-Prior authorization is not required for these services

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Volara Oscillation and Lung Expansion System (MP9746) 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.*	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-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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Wheelchairs, Scooters and Accessories MP9782 (III-DEV.25)

Medical Policy	Wheelchairs, Scooters and Accessories MP9782 (III-DEV.25)
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.</p> <p>For medical necessity criteria, The Health Plan uses the following MCG™ Care Guidelines, 28th edition, 2024:</p> <ul style="list-style-type: none"> • ACG: A-0352 (AC), Scooters • ACG: A-0353 (AC), Wheelchairs, Powered • ACG: A-0354 (AC), Wheelchairs, Manual.

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	<p>Purchase of all wheelchair and scooter codes require prior authorization.</p> <p>Prior authorization is required for wheelchair and scooter accessories, repairs or modifications with a billed charge of \$1,000 or more per item.</p> <p>Replacement of a wheelchair or scooter with another wheelchair or a different device requires prior authorization.</p>
Services that do not require prior authorization	<p>Rental does not require prior authorization, and is allowed for 12 months or until 100% of purchase price has been reached.</p> <p>Rental of medically necessary equipment while the member's own equipment is being repaired does not require prior authorization.</p>
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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The [complete library of medical policies](#) is available on prevea360.com.

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Wheelchairs, Scooters and Accessories MP9782 (III-DEV.25) 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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Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member’s benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

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.

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Wireless Pulmonary Artery Pressure Monitoring Systems for Monitoring Heart Failure (CardioMEMS) (MP9748)

Medical Policy	Wireless Pulmonary Artery Pressure Monitoring Systems for Monitoring Heart Failure (CardioMEMS) (MP9748)
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 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.*	33289, 93264
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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Wireless Pulmonary Artery Pressure Monitoring Systems for Monitoring Heart Failure (CardioMEMS) (MP9748) 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.*	33289, 93264
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>	