



2023 Referral and Prior Authorization Requirements (HMO)

This document represents Essence Healthcare referral and prior authorization requirements based on Medicare coverage guidelines. Certain durable medical equipment (DME) and orthotics & prosthetics (O&P) items are not covered by Medicare and therefore not covered by Essence Healthcare. It is the responsibility of the provider to secure prior authorization before delivery of items requiring prior authorization.

Referrals from member's primary care physician are required for the following services:

- Specialist visits (excluding Essence Advantage in Southwest Missouri)
- Home health care: nursing visits, physical, occupational, speech therapies, social work, home health aide
- Outpatient therapies: physical including aquatic, occupational, speech
- Cardiac and pulmonary rehabilitation therapies, including Supervised Exercise Therapy

In addition to the services listed below Essence Healthcare requires Prior Authorization or Notification for the following:

- Acute hospital admissions – notification is required within 1 business day of admission
- Admissions to Skilled Nursing Facility (SNF), Acute Rehabilitation Unit (ARU) or Long-Term Acute Care (LTAC)
- Behavioral health services – for specific codes requiring prior authorization, please contact Mercy Managed Behavioral Health
- Certain Medicare Part B drugs – for more information, please see “Part B Prior authorization Criteria list” located on provider portal under the Forms & Resources Tab
- Non-emergent air ambulance
- Non-emergent ground ambulance transfers EXCEPT transfers from facility to facility (i.e. acute to acute, acute to LTAC, acute to SNF, acute to acute rehab)
- Radiation therapy, advanced imaging (excluding CT and CTA), medical oncology – notification/prior authorization is required through HealthHelp
- Services, items, visits obtained from non-participating providers

Please Note:

- DME must be supplied by a network provider with a plan contract that includes the provision of DME items.
- O&P can be provided by any in-network provider.
- Add-ons or upgrades: Requested upgrades for equipment, supplies, O&P require that an initial organization determination (IOD) be secured, and the member be notified in writing of the decision before the item or service can be provided and the member held financially responsible. The request can be pursued by the provider or the member. The request should be made to the Utilization Management Department.
- Non-covered services/items require a prior authorization. Providers must request a pre-service IOD and obtain prior authorization before rendering the service and holding the member responsible for payment.
- Unlisted/Unclassified/Not otherwise classified services/DME and O&P items require prior authorization. Providers must request a pre-service IOD and obtain prior authorization before rendering the service and/or supplying items.

Health plan contact information can be found on the Quick Reference Guide located on the provider portal at provider.essencehealthcare.com under the Forms & Resources Tab.



2023 Referral and Prior Authorization Requirements (HMO)

Description of Procedure/ Service	Additional Information	Billing Code(s)
Abdominoplasty/ Panniculectomy		15830 15847
Artificial Disk		22856 22857 22858 22860 22861 22862
Autologous Chondrocyte Implantation Procedures		27412
Bariatric surgery		43290 43291 43644 43645 43770 43771 43772 43773 43774 43775 43843 43845 43846 43847 43848
Bio-engineered Skin Substitute (includes application)	This list contains commonly used codes; however, all bio-engineered skin substitute requires prior authorization. The list is updated to include additional codes as identified.	A2011 A2012 A2013 A2019 A2021 A2022 A2023 A2024 A2025 A4100 Q4100 Q4101 Q4102 Q4103 Q4105 Q4106 Q4107 Q4108 Q4110 Q4111 Q4113 Q4115 Q4116 Q4117 Q4118 Q4121 Q4122 Q4123 Q4125 Q4126 Q4127 Q4128 Q4130 Q4132 Q4133 Q4134 Q4135 Q4136 Q4137 Q4138 Q4140 Q4141 Q4142 Q4143 Q4146 Q4148 Q4150 Q4151 Q4152 Q4153 Q4154 Q4156 Q4157 Q4158 Q4159 Q4160 Q4161 Q4162 Q4163 Q4164 Q4165 Q4166 Q4167 Q4168 Q4169 Q4170 Q4173 Q4174 Q4175 Q4176 Q4177 Q4178 Q4179 Q4180 Q4181 Q4182 Q4183 Q4184 Q4185 Q4186 Q4187 Q4188 Q4189 Q4190 Q4191 Q4192 Q4193 Q4194 Q4195 Q4196 Q4197 Q4198 Q4200 Q4201 Q4202 Q4203 Q4204 Q4205 Q4206 Q4208 Q4209 Q4210 Q4211 Q4212 Q4213 Q4214 Q4215 Q4216 Q4217 Q4218 Q4219 Q4220 Q4221 Q4222 Q4224 Q4225 Q4226 Q4256 Q4257 Q4258 Q4259 Q4260 Q4261 Q4262 Q4263 Q4264 Q4265 Q4266 Q4267 Q4268 Q4269 Q4270 Q4271 Q4272 Q4273 Q4274 Q4275 Q4276 Q4277 Q4278 Q4280 Q4281 Q4282 Q4283 Q4284 Q4285 Q4286 15271 15272 15273 15274 15275 15276 15277 15278
Blepharoplasty/ Brow Lift/Eyelid ptosis repair		15820 15821 15822 15823 11443 67900 67901 67902 67903 67904 67906 67908 67909 67911
Bone Anchored Hearing Device/Cochlear Implant		69714 69716 69717 69719 69726 69727 69729 69730 69930
Brain/Spinal cord/Nerve Stimulators		61863 61864 61867 61868 61885 61886 63650 63655 63685 64555 64561 64566 64568 64582 64590
Breast Reduction Reconstruction/ Augmentation, Mastectomy for Gynecomastia		19300 19316 19318 19325 19340 19342 19350 19355 19357 19361 19364 19367 19368 19369 19370 19371 19380 19396
Genetic Testing	This list contains commonly used codes; however, ALL genetic testing requires prior authorization. The list is updated to include additional codes as identified.	81105 81106 81107 81108 81109 81110 81111 81112 81120 81121 81161 81162 81163 81164 81165 81166 81167 81168 81170 81171 81172 81173 81174 81175 81176 81177 81178 81179 81180 81181 81182 81183 81184 81185 81186 81187 81188 81189 81190 81191 81193 81194 81200 81201 81202 81203 81204 81205



2023 Referral and Prior Authorization Requirements (HMO)

Genetic Testing (continued)	<p>This list contains commonly used codes; however, ALL genetic testing requires prior authorization. The list is updated to include additional codes as identified.</p>	<p>81206 81207 81208 81209 81210 81212 81215 81216 81217 81218 81219 81220 81221 81222 81223 81224 81225 81226 81227 81228 81229 81230 81231 81232 81233 81234 81235 81236 81237 81238 81239 81240 81241 81242 81243 81244 81245 81246 81247 81248 81249 81250 81251 81252 81253 81254 81255 81256 81257 81258 81259 81260 81261 81262 81263 81264 81265 81266 81267 81268 81269 81270 81271 81272 81273 81274 81275 81276 81278 81279 81283 81284 81285 81286 81287 81288 81289 81290 81291 81292 81293 81294 81295 81296 81297 81298 81299 81300 81301 81302 81303 81304 81305 81306 81310 81311 81312 81313 81314 81315 81316 81317 81318 81319 81320 81321 81322 81323 81324 81325 81326 81327 81328 81329 81330 81331 81332 81333 81334 81335 81336 81337 81338 81339 81340 81341 81342 81343 81344 81345 81346 81347 81348 81349 81350 81351 81352 81353 81355 81357 81360 81361 81362 81363 81364 81370 81371 81372 81373 81374 81375 81376 81377 81378 81379 81380 81381 81382 81383 81400 81401 81402 81403 81404 81405 81406 81407 81408 81410 81411 81412 81413 81414 81418 81419 81420 81432 81434 81435 81436 81437 81438 81439 81441 81445 81448 81449 81450 81451 81455 81456 81479 81490 81493 81507 81511 81513 81514 81518 81519 81520 81521 81523 81525 81529 81540 81541 81546 81551 81554 81595 81599 84433 84999 86003 86005 86008 86386 86794 87634 87662 88299 0001U 0002M 0002U 0003M 0003U 0004M 0005U 0006M 0007M 0007U 0008U 0009U 0010U 0011M 0011U 0012M 0013M 0016U 0017U 0018U 0019U 0021U 0022U 0023U 0024U 0025U 0026U 0027U 0029U 0030U 0031U 0032U 0033U 0034U 0035U 0036U 0037U 0038U 0039U 0040U 0041U 0042U 0043U 0044U 0045U 0046U 0047U 0048U 0049U 0050U 0055U 0058U 0059U 0060U 0061U 0062U 0063U 0067U 0069U 0070U 0071U 0072U 0073U 0074U 0075U 0076U 0077U 0078U 0079U 0080U 0083U 0084U 0089U 0090U 0094U 0101U 0102U 0103U 0105U 0108U 0109U 0111U 0112U 0113U 0114U 0115U 0118U 0119U 0120U 0121U 0122U 0123U 0129U 0130U 0131U 0132U 0133U 0134U 0135U 0136U 0137U 0138U 0228U 0229U 0230U 0231U 0232U 0233U 0234U 0235U 0236U 0237U 0238U 0239U 0306U 0307U 0308U 0309U 0310U 0311U 0312U 0313U 0314U 0315U 0317U 0318U 0319U 0320U 0321U 0322U 0323U 0324U 0325U 0326U 0327U 0329U 0330U 0331U</p>
CardioMEMS		33289



2023 Referral and Prior Authorization Requirements (HMO)

Continuous glucose monitor (CGM) and supplies		A4238 A4239 A9276 A9277 A9278 E2102 E2103 G0308 G0309
Durable Medical Equipment		A4216 A4257 A4465 A4606 A4639 A4640 A4649 A5500 A5501 A5503 A5504 A5505 A5506 A5507 A5508 A5510 A5512 A5513 A5514 A6010 A6011 A6021 A6022 A6023 A6024 A6025 A6154 A6196 A6197 A6198 A6199 A6203 A6204 A6205 A6206 A6207 A6208 A6209 A6210 A6211 A6212 A6213 A6214 A6215 A6219 A6220 A6221 A6222 A6223 A6224 A6228 A6229 A6230 A6231 A6232 A6233 A6234 A6235 A6236 A6237 A6238 A6239 A6240 A6241 A6242 A6243 A6244 A6245 A6246 A6247 A6248 A6250 A6251 A6252 A6253 A6254 A6255 A6256 A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404 A6441 A6442 A6443 A6444 A6445 A6446 A6447 A6448 A6449 A6450 A6451 A6452 A6453 A6454 A6455 A6456 A6457 A6460 A6461 A6501 A6502 A6503 A6504 A6505 A6506 A6507 A6508 A6509 A6510 A6511 A6512 A6513 A6531 A6532 A6545 A6550 A6590 A6591 A7001 A7025 A7026 A9900 A9999 B9998 B9999 E0181 E0182 E0184 E0185 E0186 E0187 E0191 E0193 E0194 E0196 E0197 E0198 E0199 E0200 E0205 E0210 E0215 E0217 E0218 E0221 E0225 E0236 E0239 E0246 E0247 E0248 E0249 E0250 E0251 E0255 E0256 E0260 E0261 E0265 E0266 E0271 E0272 E0277 E0290 E0291 E0292 E0293 E0294 E0295 E0296 E0297 E0301 E0302 E0303 E0304 E0316 E0371 E0372 E0373 E0424 E0425 E0430 E0431 E0433 E0434 E0435 E0439 E0440 E0470 E0471 E0481 E0482 E0483 E0485 E0486 E0555 E0561 E0562 E0601 E0620 E0621 E0627 E0629 E0630 E0635 E0636 E0639 E0640 E0650 E0651 E0652 E0655 E0656 E0657 E0660 E0665 E0666 E0667 E0668 E0669 E0671 E0672 E0673 E0676 E0691 E0692 E0693 E0694 E0700 E0710 E0720 E0730 E0731 E0740 E0745 E0747 E0748 E0760 E0764 E0766 E0770 E0779 E0780 E0781 E0784 E0840 E0849 E0850 E0856 E0860 E0910 E0911 E0912 E0940 E0955 E0956 E0957 E0958 E0959 E0960 E0966 E0967 E0973 E0974 E0981 E0982 E0983 E0984 E0985 E0986 E0988 E0990 E0992 E0995 E1002 E1003 E1004 E1005 E1006 E1007 E1008 E1009 E1010 E1012 E1015 E1016 E1017 E1018 E1028 E1029 E1030 E1035 E1036 E1038 E1039 E1161 E1225 E1226 E1390 E1391 E1392 E1399 E1405 E1406 E2000 E2201 E2202 E2203 E2204 E2205 E2211 E2212 E2213 E2214 E2215 E2216 E2217 E2218 E2219 E2220 E2221 E2222 E2224 E2225 E2226 E2227 E2228 E2230 E2231 E2300 E2301 E2310 E2311 E2312 E2313 E2321 E2322 E2323 E2324 E2325 E2326 E2327 E2328 E2329



2023 Referral and Prior Authorization Requirements (HMO)

Durable Medical Equipment (continued)		E2330 E2331 E2351 E2368 E2369 E2370 E2373 E2374 E2375 E2376 E2377 E2381 E2382 E2383 E2384 E2385 E2394 E2395 E2396 E2402 E2500 E2502 E2504 E2506 E2508 E2510 E2511 E2512 E2599 E2603 E2604 E2605 E2606 E2607 E2608 E2609 E2610 E2613 E2614 E2615 E2616 E2617 E2620 E2621 E2622 E2623 E2624 E2626 E2627 E2628 E2629 E2630 E2631 E2632 E2633 K0001 K0002 K0003 K0004 K0005 K0006 K0007 K0009 K0040 K0041 K0042 K0043 K0056 K0065 K0069 K0070 K0071 K0072 K0073 K0077 K0098 K0108 K0195 K0455 K0606 K0669 K0672 K0738 K0800 K0801 K0802 K0806 K0807 K0808 K0812 K0813 K0814 K0815 K0816 K0820 K0821 K0822 K0823 K0824 K0825 K0826 K0827 K0828 K0829 K0830 K0831 K0835 K0836 K0837 K0838 K0839 K0840 K0841 K0842 K0843 K0848 K0849 K0850 K0851 K0852 K0853 K0854 K0855 K0856 K0857 K0858 K0859 K0860 K0861 K0862 K0863 K0864 K0868 K0869 K0870 K0871 K0877 K0878 K0879 K0880 K0884 K0885 K0886 K0898 K0899 K1024 K1029 K1031 K1032 K1033
Emerging Technology, services and procedures		Category III codes - CPT codes ending in "T" require prior authorization
Facial Osteotomy, Genioplasty, Orthognathic Surgery, Maxillofacial Surgery Requiring Hospitalization of a Non-Emergency Basis		21120 21121 21122 21123 21125 21127 21137 21138 21139 21141 21142 21143 21145 21146 21147 21150 21151 21154 21155 21159 21160 21172 21175 21179 21180 21188 21193 21194 21195 21196 21198 21199 21206 21208 21209 21210 21215 21230 21240 21242 21243 21244 21245 21246 21247 21248 21249
Hyperbaric Oxygen Therapy		G0277
Kyphoplasty/Vertebroplasty		22510 22511 22512 22513 22514 22515
Nasal Reconstruction/Rhinoplasty		30400 30410 30420 30430 30435 30450 30460 30462 30465 30520 30540 30545 30560 30580 30600 30620 30630
Nasal/Sinus Endoscopy		31295 31296 31297 31298 J7402
Ophthalmic procedures		68841
Orthotics and Prosthetics		E1800 E1801 E1802 E1805 E1806 E1810 E1811 E1815 E1816 E1818 E1825 E1830 E1840 E1841 L0112 L0452 L0480 L0482 L0484 L0486 L0622 L0624 L0629 L0632 L0634 L0636 L0638 L0640 L0700 L0710 L0999 L1000 L1005 L1200 L1300 L1310 L1499 L1834 L1840 L1844 L1846 L1860 L1904 L1907 L1920 L1940 L1945 L1950 L1960 L1970 L1980 L1990 L2000 L2005 L2010 L2020 L2030 L2034 L2036 L2037 L2038 L2106 L2108 L2126 L2128 L2525 L2627 L2628 L2999 L3000 L3001 L3002 L3003 L3010 L3020 L3030 L3031 L3040 L3050 L3060 L3070 L3080 L3090 L3100 L3140 L3150 L3160 L3170 L3224 L3225 L3230 L3250 L3251 L3252 L3253 L3254



2023 Referral and Prior Authorization Requirements (HMO)

Orthotics and Prosthetics (continued)		L3255 L3257 L3260 L3265 L3300 L3310 L3320 L3330 L3332 L3334 L3340 L3350 L3360 L3370 L3380 L3390 L3400 L3410 L3420 L3430 L3440 L3450 L3455 L3460 L3465 L3470 L3480 L3485 L3500 L3510 L3520 L3530 L3540 L3550 L3560 L3570 L3580 L3590 L3595 L3600 L3610 L3620 L3630 L3640 L3649 L3765 L3900 L3901 L3961 L3967 L3971 L3973 L3975 L3976 L3977 L3978 L3999 L4000 L4210 L4631 L5010 L5020 L5050 L5060 L5100 L5105 L5150 L5160 L5200 L5210 L5220 L5230 L5250 L5270 L5280 L5301 L5312 L5321 L5331 L5341 L5400 L5410 L5420 L5430 L5450 L5460 L5500 L5505 L5510 L5520 L5530 L5535 L5540 L5560 L5570 L5580 L5585 L5590 L5595 L5600 L5610 L5611 L5613 L5614 L5616 L5617 L5618 L5620 L5622 L5624 L5626 L5628 L5629 L5630 L5631 L5632 L5634 L5636 L5637 L5638 L5639 L5640 L5642 L5643 L5644 L5645 L5646 L5647 L5648 L5649 L5650 L5651 L5652 L5653 L5654 L5655 L5656 L5658 L5661 L5665 L5666 L5668 L5670 L5671 L5672 L5673 L5676 L5677 L5678 L5679 L5680 L5681 L5682 L5683 L5684 L5685 L5686 L5688 L5690 L5692 L5694 L5695 L5696 L5697 L5698 L5699 L5700 L5701 L5702 L5703 L5704 L5705 L5706 L5707 L5710 L5711 L5712 L5714 L5716 L5718 L5722 L5724 L5726 L5728 L5780 L5781 L5782 L5785 L5790 L5795 L5810 L5811 L5812 L5814 L5816 L5818 L5822 L5824 L5826 L5828 L5830 L5840 L5845 L5848 L5850 L5855 L5856 L5857 L5858 L5910 L5920 L5925 L5930 L5940 L5950 L5960 L5961 L5962 L5964 L5966 L5968 L5969 L5970 L5971 L5972 L5973 L5974 L5975 L5976 L5978 L5979 L5980 L5981 L5982 L5984 L5985 L5986 L5987 L5988 L5990 L5999 L7367 L7368 L7510 L8000 L8001 L8002 L8010 L8020 L8030 L8031 L8032 L8035 L8039 L8040 L8041 L8043 L8044 L8045 L8046 L8047 L8048 L8400
Percutaneous Left Atrial Appendage Closure – Watchman Procedure		33267 33268 33269 33340 33370
Transcatheter valve procedures (TAVR and TMVR)		33361 33362 33363 33364 33365 33366 33367 33368 33369 33418 33419
Transgender Surgery		55970 55980
Transplants	This list contains commonly used codes; however, ALL transplant surgeries require prior authorization. The list is updated to include additional codes as identified	32850 32851 32852 32853 32854 32855 32856 33928 33929 33927 33940 33944 33945 33930 33933 33935 33940 33944 33945 38204 38205 38206 38207 38208 38209 38210 38211 38212 38213 38214 38215 38230 38232 38240 38241 38242 44132 44133 44135 44136 44137 44715 44720 44721 48550 48551 48552 48554 48556 50300 50320 50323 50325 50327 50328 50329



2023 Referral and Prior Authorization Requirements (HMO)

Transplants (continued)		50340 50360 50365 50370 50380 50547 50549 47133 47135 47140 47141 47142 47143 47144 47145 47146 47147 47399
Uvulopalatopharyngoplasty (UPPP)		42140 42145
Unlisted, Unclassified, Not otherwise classified CPT/HCPCS codes		These codes require a prior authorization including all unlisted, not classified, not otherwise classified codes (most of them end in "99")
Veins (ablation, ligation, stripping, sclerotherapy)		36465 36466 36468 36470 36471 36473 36474 36475 36476 36478 36479 36482 36483 37241 37500 37501 37700 37718 37722 37735 37760 37761 37765 37766 37780 37785



2023 Referral and Prior Authorization Requirements (HMO)

Version History

Version #	Date	Author	Purpose/Summary of Changes
01	12.15.2021	J. Atherton	Original issue
02	05.01.2022	J. Atherton	Effective 05/01/2022: added 68841 Added to existing categories: new CPT/HCPCS effective 04/01/2022: 0306U, 0307U, 0308U, 0309U, 0310U, 0311U, 0312U, 0313U, 0314U, 0315U, 0317U, 0318U, 0319U, 0320U, 0321U, 0322U, A2011, A2012, A2013, A4100, A4238, E2102, K1029, K1031, K1032, K1033, Q4224, Q4225, Q4256, Q4257, Q4258
03	07.01.2022	J. Atherton	Added to existing categories: new CPT/HCPCS effective 07/01/2022: 0323U, 0324U, 0325U, 0326U, 0327U, 0329U, 0330U, 0331U, G0308, G0309, Q4259, Q4260, Q4261
04	12.06.2022	J. Atherton	Removed Observation over 48 hours notification requirement. Effective 01/01/2023: Added 64568, 64555, 64590 Added to existing categories: new/revised codes effective 01/01/2023: 22860, 43290, 43291, 69729, 69730, 81418, 81441, 81449, 81451, 81455, 81456, 84433
05	01.01.2023	J. Atherton	Effective 01/01/2023: Removed: K0553, K0554 (deleted codes) Added to existing categories: A4239, E2103, Q4262, Q4263, Q4264
06	05.23.2023	J. Atherton	Added to existing categories: effective 06/01/2023 A2019, A2021, A6590, A6591, K1024, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271, 64582
07	06.27.2023	J. Atherton	Effective 07/01/2023 CT, CTA, Sleep studies no longer require notification to HealthHelp Removed: 0053U (deleted code as of 07/01/2023) Added new codes to existing categories: Q4272, Q4273, Q4274, Q4275, Q4276, Q4277, Q4278, Q4280, Q4281, Q4282, Q4283, Q4284
08	10.01.2023	J. Atherton	Effective 10/01/2023 removed L1680, L1685. Added new codes to existing categories: A2022, A2023, A2024, A2025, Q4285, Q4286