

**AUTHORIZATION GRID UPDATE**  
**Changes in Alterwood Authorization Requirements, effective 3/31/2023**

**Prior Authorization required for the following codes EFFECTIVE 3/31/2023:**

| CPT/HCPS | Full Description   |
|----------|--|
| 20560    | Needle insertion(s) without injection(s); 1 or 2 muscle(s)   |
| 20561    | Needle insertion(s) without injection(s); 3 or more muscles  |
| 52442    | Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)  |
| 56805    | Clitoroplasty for intersex state   |
| 57335    | Vaginoplasty for intersex state  |
| 59840    | Induced abortion, by dilation and curettage  |
| 59841    | Induced abortion, by dilation and evacuation   |
| 59850    | Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;  |
| 59851    | Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation  |
| 59852    | Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)                                   |
| 59855    | Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines  |
| 59856    | Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation |
| 59857    | Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)  |
| 59866    | Multifetal pregnancy reduction(s) (MPR)  |

**The following codes no longer require Prior Authorization:**

| CPT/HCPS | Full Description  |
|----------|---|
| 75571    | Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium   |
| 84433    | Thiopurine S-methyltransferase (TPMT)   |
| 86408    | Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen  |
| 87467    | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Hepatitis B surface ant               |
| 87468    | Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique   |
| 87469    | Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified probe technique   |
| 87478    | Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique  |
| 87484    | Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis, amplified probe technique   |
| 90287    | Botulinum antitoxin, equine, any route  |
| 90288    | Botulism immune globulin, human, for intravenous use  |
| 90291    | Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use  |
| 90384    | Rho(D) immune globulin (Rhlg), human, full-dose, for intramuscular use  |
| 90385    | Rho(D) immune globulin (Rhlg), human, mini-dose, for intramuscular use  |
| 90386    | Rho(D) immune globulin (RhlgIV), human, for intravenous use   |
| 90389    | Tetanus immune globulin (Tlg), human, for intramuscular use   |
| 90393    | Vaccinia immune globulin, human, for intramuscular use  |
| 90396    | Varicella-zoster immune globulin, human, for intramuscular use  |
| 90460    | Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered   |
| 90461    | Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure) |
| 90581    | Anthrax vaccine, for subcutaneous or intramuscular use  |
| 90625    | Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use  |

**The following codes no longer require Prior Authorization:**

| CPT/HCPS | Full Description  |
|----------|---|
| 90626    | Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use   |
| 90627    | Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use  |
| 90647    | Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use  |
| 90648    | Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use  |
| 90658    | Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use  |
| 90758    | Zaire ebolavirus vaccine, live, for intramuscular use   |
| 91312    | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use   |
| 91313    | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use  |
| 91314    | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use   |
| 91315    | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use   |
| 91316    | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use  |
| 93978    | Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study   |
| 95983    | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional |
| 99460    | Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant   |
| 99461    | Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center  |
| 99462    | Subsequent hospital care, per day, for evaluation and management of normal newborn  |
| 99463    | Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date  |

**The following codes no longer require Prior Authorization:**

| CPT/HCPS | Full Description  |
|----------|---|
| 99464    | Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn  |
| 99465    | Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output  |
| 99466    | Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport                                |
| 99467    | Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service) |
| 99468    | Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger   |
| 99469    | Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger  |
| 99471    | Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age   |
| 0224U    | Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed  |
| 0226U    | Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum   |
| 0255U    | Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score     |
| 0311U    | NFCT DS BCT QUAN ANTMCRB SC MIC EA ORG ID   |
| 0316U    | BORRELIA BURGDORFERI LYME DS OSPA PRTN EVAL UR  |
| 0353U    | IADNA CHLMYD TRCHMTS&NEISSRA GONORR MULT AMP PRB  |
| C1765    | Adhesion barrier  |
| E0149    | Walker, heavy-duty, wheeled, rigid or folding, any type   |
| J0134    | Injection, acetaminophen (fresenius kabi) not therapeutically equivalent to j0131, 10 mg  |
| J0136    | Injection, acetaminophen (b braun) not therapeutically equivalent to j0131, 10 mg   |
| J0611    | Injection, calcium gluconate (wg critical care), per 10 ml  |
| J0689    | Injection, cefazolin sodium (baxter), not therapeutically equivalent to j0690, 500 mg   |
| J0701    | Injection, cefepime hydrochloride (baxter), not therapeutically equivalent to maxipime, 500 mg  |
| J0703    | Injection, cefepime hydrochloride (b braun), not therapeutically equivalent to maxipime, 500 mg   |

**The following codes no longer require Prior Authorization:**

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|----------|--|
| J0877    | Injection, daptomycin (hospira), not therapeutically equivalent to j0878, 1 mg   |
| J0891    | Injection, argatroban (accord), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)                                     |
| J0892    | Injection, argatroban (accord), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)                                 |
| J0893    | Injection, decitabine (sun pharma) not therapeutically equivalent to j0894, 1 mg   |
| J0898    | Injection, argatroban (auromedics), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)                                 |
| J0899    | Injection, argatroban (auromedics), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)                             |
| J1611    | Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg                                |
| J2021    | Injection, linezolid (hospira) not therapeutically equivalent to j2020, 200 mg   |
| J2184    | Injection, meropenem (b. braun) not therapeutically equivalent to j2185, 100 mg  |
| J2247    | Injection, micafungin sodium (par pharm) not thereapeutically equivalent to j2248, 1 mg  |
| J2251    | Injection, midazolam hydrochloride (wg critical care) not therapeutically equivalent to j2250, per 1 mg                              |
| J2272    | Injection, morphine sulfate (fresenius kabi) not therapeutically equivalent to j2270, up to 10 mg                                    |
| J2281    | Injection, moxifloxacin (fresenius kabi) not therapeutically equivalent to j2280, 100 mg   |
| J2401    | Injection, chlorprocaine hydrochloride, per 1 mg   |
| J3371    | Injection, vancomycin hcl (mylan) not therapeutically equivalent to j3370, 500 mg  |
| J3372    | Injection, vancomycin hcl (xellia) not therapeutically equivalent to j3370, 500 mg   |
| K0001    | Standard wheelchair  |
| Q0138    | Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use) [Feraheme]                                      |
| Q0139    | Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)   |
| R0070    | Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen |
| V2630    | Anterior chamber intraocular lens  |
| V2631    | Iris supported intraocular lens  |
| V2632    | Posterior chamber intraocular lens   |