

Health Management Operations  
 Effective 10/01/2024

Prior Authorization List

SERVICE	AUTHORIZATION TYPE
<b>Acupuncture</b>	Outpatient Rehab (S8930, 97810, 97811, 97813, 97814)
<b>Ambulance (Air &amp; Non-Emergent)</b>	Ambulance (A0384, A0380, A0392, A0390, A0430)
<b>Anesthesia/ Nerve Block</b>	Outpatient/Office Services (All Codes)
<b>Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry</b>	Durable Medical Equipment /Outpatient Rehab Therapy (93285, 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248, 93268, 93228, 93229, 93270, 93285, 93271, 93272, 93291, 93799, 33216, 33217, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 93287, C1721, C1722, C1777, C1882, C1895, C1896, G0448)
<b>Auditory Brainstem Implant</b>	Outpatient/Office Services (92630, 92633, 92640, S2235)
<b>Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions</b>	Outpatient Services (Q4315, Q4206, Q4332, Q4331, Q4275, Q4274, Q4273, Q4281, Q4248)
<b>Bioengineered Skin and Soft Tissue Substitutes</b>	Outpatient/Office Services (Q4112, Q4113, Q4138, Q4139, Q4140, Q4116)
<b>Biofeedback</b>	Outpatient/Office Services (90901 - 90913)
<b>Cardiac Rehabilitation</b>	Outpatient Rehab (All Codes)
<b>Chemotherapy</b>	Pharmacy (All Codes)
<b>Child Development Services</b>	Outpatient/Office Services (All Codes)
<b>Chiropractic Services</b>	Outpatient Rehab Therapy (98940-98943, 98925-98929, 97124, 97140)
<b>Clinical Trials</b>	Outpatient/Office Services (All Codes)
<b>Continuous Glucose Monitoring</b>	Durable Medical Equipment (All codes)

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Prior Authorization List

	(0446T, 0447T, 0448T, A4238, A4239, A9276, A9277, A9278, E2102, E2103, S1030, S1031)
<b>Continuous Passive Motion in Home Setting</b>	Durable Medical Equipment (All Codes)
<b>Cosmetic &amp; Reconstructive Procedures</b>	Outpatient/Office Services (All Codes)
<b>Dental Anesthesia/Oral Surgery</b>	Outpatient/Office Services (00170)
<b>Dialysis</b>	Outpatient/Office Services (All Codes)
<b>Durable Medical Equipment</b>	Durable Medical Equipment/Medical Supplies/Orthotics (All Codes)
<b>Elective Hospital Admission</b>	Outpatient/Inpatient Hospital (All Codes)
<b>Gender Affirmation Surgery</b>	Outpatient Hospital (11920, 11921, 11922, 11950, 11951, 11952, 11954, 11960, 11970, 11971, 15770, 15775, 15776, 15777, 15824, 15825, 15826, 15828, 15829, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 19300, 19301, 19303, 19318, 19325, 19340, 19342, 19357, 21087, 21088, 21089, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21193, 21194, 21195, 21196, 21208, 21209, 21210, 21270, 21299, 30400, 30410, 30420, 30430, 30435, 30450, 31587, 31599, 31750, 53410, 53430, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55150, 55175, 55180, 55970, 55980, 56620, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57295, 57296, 57335, 57426, 57530, 58150, 58180, 58260, 58262, 58263, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58550, 58552,

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	58553, 58554, 58555, 58570, 58571, 58572, 58573, 58661, 58720, 58940, 92507, 92508, C1813, C2622)
<b>Genetic Counseling</b>	Outpatient/Office Services (All Codes)
<b>Genetic Testing</b>	Genetic Testing (81406, 81479, 81415, 81416, 81201, 81202, 81203, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81317, 81318, 81319, 81401, 81403)
<b>Home Health Services</b>	Home Health (All Codes)
<b>Home Infusion</b>	Home Infusion (All Codes)
<b>Hospice</b>	Hospice (non-Senior)
<b>Hyperbaric Oxygen Therapy</b>	Outpatient/Office Services (All Codes)
<b>Immunizations (Travel &amp; Non-Routine)</b>	Vaccines
<b>Infertility (Consultation, Testing, Treatment – basic/advanced, injectables)</b>	Infertility (All Codes)
<b>Infusion Therapy</b>	Pharmacy (All Codes)
<b>Injectables</b>	Pharmacy (All Codes)
<b>Interventional Radiology</b>	Imaging (All Codes)
<b>Investigational/Experimental Procedures</b>	Outpatient/Office Services (All Codes)
<b>Lymphedema Therapy</b>	Outpatient Rehab Therapy
<b>MOHs Surgery</b>	Outpatient/Office Services (All Codes)
<b>Neuropsychological Testing</b>	Outpatient/Office Services (All Codes)
<b>Out of Network</b>	All Services
<b>Pain Management</b>	Outpatient/Office Services (0095T, 0098T, 0164T, 0165T, 0200T, 0201T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T,

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	0274T, 0275T, 22526, 22527, 22533, 22548, 22551, 22552, 22554, 22558, 22585, 22586, 22590, 22595, 22600, 22612, 22614, 22630, 22632, 22633, 22634, 22856, 22857, 22858, 22860, 22861, 22862, 22864, 22865, 27096, 62263, 62264, 62287, 62320, 62321, 62322, 62323, 62380, 63001, 63005, 63012, 63015, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63047, 63050, 63051, 63052, 63053, 63056, 63057, 63075, 63076, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, G0260, M0076, S2348)
<b>Pelvic Floor Therapy</b>	Outpatient Rehab Therapy
<b>Phototherapy (PUA)</b>	Outpatient/Office Services (All Codes)
<b>Pulmonary Rehabilitation</b>	Outpatient Rehab Therapy
<b>Radiology (CT, CTA, MRI, MRA, PET Scans)</b>	Imaging (0042T, 0698T, 0722T, 0724T, 0742T, 70336, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71250, 71260, 71270, 71271, 71275, 71550, 71551, 71552, 71555, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72191, 72192, 72193, 72194, 72195, 72196, 72197, 72198, 73200, 73201, 73202, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73700, 73701, 73702, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74150, 74160, 74170,

## Health Management Operations

Effective 10/01/2024

Prior Authorization List

	74174, 74175, 74176, 74177, 74178, 74181, 74182, 74183, 74185, 74261, 74262, 74263, 75557, 75559, 75561, 75563, 75565, 75571, 75572, 75573, 75574, 75635, 76380, 76390, 77011, 77012, 77013, 77021, 77022, 77046, 77047, 77048, 77049, 77084, 78429, 78430, 78431, 78432, 78433, 78434, 78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78499, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0235, G0252, S8037, S8092)
<b>Radiation Therapy</b>	Radiation Therapy (77261, 77262, 77263, 77280, 77285, 77290, 77293, 77293, 77295, 77300, 77301, 77306, 77307, 77316, 77317, 77318, 77321, 77331, 77332, 77333, 77334, 77336, 77338, 77385, 77385, 77385, 77386, 77386, 77402, 77407, 77412, 77427, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6015, G6015, G6016, G6016, G6016)
<b>Rehabilitative Therapy (Physical, Occupational, Speech)</b>	Outpatient Rehab Therapy (Prior authorization required after evaluation plus 12 visits)
<b>SERVICE</b>	<b>AUTHORIZATION TYPE</b>
<b>Remote Therapeutic Monitoring</b>	Outpatient/Office Services (98975 -98981)
<b>Sclerotherapy</b>	Outpatient/Office Services (All Codes)
<b>Surgery</b>	Ambulatory Surgery Center, Inpatient Hospital, Outpatient Hospital (All Codes)
<b>Transplant (Evaluation, Work-Up)</b>	Pre-Transplant Services (All Codes)

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<b>Vestibular Rehabilitation</b>	Outpatient Rehab Therapy (All Codes)
<b>Wound Care &amp; Burn Care</b>	Outpatient/Office Services
<b>Unlisted Codes</b>	All Codes

**All Elective Inpatient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR), or Long-Term Acute Care Hospitals (LTACH) require Prior Authorization except as excluded by law.**

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