



**Effective Jan. 1 - Jul. 31, 2019, H-E-B Members Only Additional Preauthorization Procedure Codes Lists for:**

- Knee/Hip/Spine
- Genetic Testing
- Sleep Study and Sleep Apnea
- Specialty Drug

**KNEE/HIP/SPINE PROCEDURE LIST**

Procedure Code	Description	Preauthorization/ Review (PA) Status
27125	Hemiarthroplasty, hip, partial (e.g., femoral stem prosthesis, bipolar arthroplasty)	PA Required
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	PA Required
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	PA Required
27438	Arthroplasty, patella; with prosthesis	PA Required
27440	Arthroplasty, knee, tibial plateau;	PA Required
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	PA Required
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	PA Required
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	PA Required
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	PA Required
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	PA Required
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	PA Required
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	PA Required
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	PA Required
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	PA Required
20936	Autograft for spine surgery only (includes harvesting the graft); local (e.g., ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	PA Required
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	PA Required
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bi-cortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	PA Required



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Procedure Code	Description	Preauthorization/ Review (PA) Status
22533	Arthrodesis, lateral extra cavitory technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	PA Required
22534	Arthrodesis, lateral extra cavitory technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	PA Required
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	PA Required
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	PA Required
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	PA Required
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	PA Required
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	PA Required
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	PA Required
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	PA Required
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	PA Required
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)	PA Required
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	PA Required



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Procedure Code	Description	Preauthorization/ Review (PA) Status
22842	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	PA Required
22843	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	PA Required
22844	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	PA Required
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	PA Required
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	PA Required
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	PA Required
22853	Insertion of interbody biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when conjunction with interbody arthrodesis, each interspace (List performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	PA Required
22854	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	PA Required
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	PA Required
22859	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh, methyl methacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous effect (List separately in addition to code for primary procedure)	PA Required
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	PA Required

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Procedure Code	Description	Preauthorization/ Review (PA) Status
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	PA Required
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	PA Required
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	PA Required
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	PA Required
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	PA Required
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	PA Required
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	PA Required
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; lumbar	PA Required
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	PA Required
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	PA Required <b>*No preauthorization required if lumbar is not included</b>
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, re-exploration, single interspace; lumbar	PA Required



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Procedure Code	Description	Preauthorization/ Review (PA) Status
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, re-exploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	PA Required
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; lumbar	PA Required
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	PA Required <b><i>*No preauthorization required if lumbar is <u>not</u> included</i></b>
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; lumbar (including trans facet, or lateral extraforaminal approach) (e.g., far lateral herniated intervertebral disc)	PA Required
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	PA Required <b><i>*No preauthorization required if lumbar is <u>not</u> included</i></b>
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (list separately in addition to code for primary procedure)	PA Required
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)	PA Required
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)	PA Required

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**GENETIC TESTING PROCEDURE LIST**

Procedure Code	Description	Preauthorization/ Review (PA) Status
81162	BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	PA Required
81211	BRCA1&2 seq & com dup/del	PA Required
81212	BRAC1&2 gene analysis	PA Required
81213	BRCA1&2 uncom dup/del var	PA Required
81214	BRCA1 (breast cancer 1) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants	PA Required
81215	BRCA1 gene known fam variant	PA Required
81216	BRCA2 (breast cancer 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis	PA Required
81217	BRCA2 gene known fam variant	PA Required
81432	Hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, M	PA Required
81433	Hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	PA Required

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### SLEEP STUDIES & APNEA PROCEDURE LIST

Procedure Code	Description	Preauthorization/ Review (PA) Status
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	PA Required
95807	Sleep study, attended	PA Required
95808	POLYSOMNOGRAPHY; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	PA Required
95810	Polysomnography, 4 or more	PA Required
95811	Polysomnography w/cpap	PA Required
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	PA Required
21194	Reconstruct lower jaw w/graft	PA Required
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	PA Required
21196	Reconstruct lower jaw w/fixation	PA Required
21198	Reconstruct lower jaw segment	PA Required
21199	Osteotomy, mandible, segmental; with genioglossus advancement	PA Required
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)	PA Required
21685	Hyoid myotomy and suspension	PA Required
42145	Repair palate, pharynx/uvula	PA Required

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**SPECIALTY DRUG PROCEDURE LIST**

Procedure Code	Common Drug Name	Preauthorization/ Review (PA) Status
C9466	Benralizumab	PA Required
C9493	Edaravone	PA Required
J0129	Abatacept	PA Required
J0180	Agalsidase beta	PA Required
J0221	Alglucosidase alfa	PA Required
J0256	Alpha 1-proteinase inhibitor	PA Required
J0257	Alpha 1-proteinase inhibitor	PA Required
J0490	Belimumab	PA Required
J0598	C-1 esterase inhibitor	PA Required
J0717	Certolizumab	PA Required
J0850	Cytomegalovirus immune globulin	PA Required
J0897	Denosumab	PA Required
J1290	Ecallantide	PA Required
J1300	Eculizumab	PA Required
J1322	Elosulfase alfa	PA Required
J1458	Galsulfase	PA Required
J1459	Immune globulin	PA Required
J1555	Immune globulin	PA Required
J1556	Immune globulin	PA Required
J1557	Immune globulin	PA Required
J1559	Immune globulin	PA Required
J1561	Immune globulin	PA Required



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### SPECIALITY DRUG PROCEDURE LIST

Procedure Code	Common Drug Name	Preauthorization/ Review (PA) Status
J1566	Immune globulin	PA Required
J1568	Immune globulin	PA Required
J1569	Immune globulin	PA Required
J1572	Immune globulin	PA Required
J1575	Immune globulin	PA Required
J1602	Golimumab	PA Required
J1743	Idursulfase	PA Required
J1745	Infliximab	PA Required
J1786	Imiglucerase	PA Required
J1931	Laronidase	PA Required
J2182	Mepolizumab	PA Required
J2323	Natalizumab	PA Required
J2350	Ocrelizumab	PA Required
J2357	Omalizumab	PA Required
J2507	Pegloticase	PA Required
J2786	Reslizumab	PA Required
J2840	Sebelipase alfa	PA Required
J3262	Tocilizumab	PA Required
J3358	Ustekinumab	PA Required
J3380	Vedolizumab	PA Required
J3385	Velaglucerase alfa	PA Required
Q5103	Infliximab, biosimilar	PA Required
Q5104	Infliximab, biosimilar	PA Required
J9228	Ipilimumab	PA Required
J9310	Rituximab	PA Required
J9035	Bevacizumab	PA Required
J9299	Nivolumab	PA Required
J9355	Trastuzumab	PA Required