

First Choice Prior Authorization Information

Requires Authorization	CPT Code	Revenue Code	
Ambulance <i>Air and non-emergency ground transport</i>	A0430, A0431, A0435, A0436	545	
Cardiac Rehabilitation	93797, 93798	943	
Circumcision <i>Over 28 days old</i>	54161	360-369, 490-499	
Nutritional Counseling <i>Including diabetic education</i>	S0315, S0316, S9140, S9445, S9446	All codes applicable	
Durable Medical Equipment <i>Billed charges over \$250 (includes prosthetics and orthotics)</i>	All codes applicable	All codes applicable	
Eyeglasses or Contacts <i>Adults over age 21</i>	V2020	All codes applicable	
	V2200		
	V2500		
	V2710		
	V2100		
	V2201		
	V2501		
V2101	V2203	V2510	V2744
V2103	V2207	V2511	V2755
V2107	V2215	V2520	V2780
V2115	V2219	V2521	
V2199	V2299	V2700	
Family Support Services	S0315, S0316, S9445, S9446, 96153	All codes applicable	
Home Healthcare <i>(Except postpartum home visit 59430)</i>	All codes applicable	All codes applicable	
Hyperbaric Oxygen	99183	413	
Medications <i>Infusions/injectables, chemotherapy, PO and IV vitrasert, synagis</i>	Authorized by Perform Rx. All J codes greater than \$250; 90378, 96549	All J codes greater than \$250 applicable	
Inpatient Admissions <i>Including back transfers</i>	All codes applicable	All codes applicable	
Non-Participating Provider <i>Including urgent care and office-based laboratory</i>	All codes applicable	All codes applicable	
Outpatient Maternity/OB Services	99201–99215	All codes applicable	
Outpatient Surgical Services			
Blepharoplasty	15822, 15823	360–369, 490, 499	
Cochlear Implants <i>Insertion and programming</i>	69930, 92601–92604	360–369, 490, 499	
Gastric Bypass/Vertical Band Gastroplasty	43842–43848, 43644, 43645, 43770	360–369, 490, 499	
Hysterectomy	51925, 58150–58294, 58541–58554, 58951–58956	360–369, 490, 499	
Mastectomy for Gynecomastia	19300	360–369, 490, 499	
Mastopexy	19316, 19324, 19325, 19340–19342, 19357–19369	360–369, 490, 499	
Maxillofacial	21076–21299	360–369, 490, 499	
Panniculectomy	15830–15839, 15876–15879	360–369, 490, 499	
Pelvic Laparoscopy	49320	360–369, 490, 499	
Penile Prosthesis	54400–54417	360–369, 490, 499	
Plastic Surgery/Cosmetic Dermatology	See list on reverse side [†]	360–369, 490, 499	
Reduction Mammoplasty	19318	360–369, 490, 499	

Requires Authorization continued**CPT Code****Revenue Code**

Pain Management Services <i>External infusion pumps, spinal cord neurostimulators, implantable infusion pumps, radiofrequency ablation and nerve blocks</i>	01996, 62280–62282, 62310–62319, 62350, 63650, 63655, 63685, 64400–64530, 96522, 64600–64680	All codes applicable					
Pediatric Day Treatment	S5105	All codes applicable					
PET Scans	All codes applicable	All codes applicable					
Therapy Services <i>PT, OT, ST initial evaluation and ongoing treatment covered only when rendered by outpatient hospital</i>	92506–92508, 97001–97004, 97010–97039, 97110–97546, 97799	420, 424, 430, 434, 440, 444					
Transplants <i>Complete corneal transplant services, pre-transplant services provided prior to 72 hours of actual transplant, post-transplant services</i>	All codes applicable	All codes applicable					
Unlisted and Category III Codes	All codes applicable	All codes applicable					
†Plastic Surgery, Cosmetic and Dermatology CPT Codes							
11200	15847	19371	21208	21270	30435	67901	67914
11201	19316	19380	21209	21275	30450	67902	67916
11960	19318	21172	21230	21280	30465	67903	67921
11970	19324	21175	21244	21282	30520	67904	67923
11971	19325	21188	21245	30400	30620	67906	67924
15822	19340	21193	21246	30410	36470	67908	69300
15823	19355	21195	21248	30420	36471	67909	
15830	19370	21206	21249	30430	67900	67911	

Requires Notification**CPT Code****Revenue Code**

Chest CT	71250	350, 352, 359
Spiral CT <i>(CAD)</i>	71260, 71270, 71275	350, 352, 359
Sinus CT/MRI	70480–70482, 70486–70488, 70540, 70542, 70543	350, 351, 359
Observation 23-72 hours	All codes applicable	All codes applicable

Does NOT Require Authorization All services not listed above including those noted below.

Emergency Ground Transport: ALS, BLS
Behavioral Health (90801, 90802, <i>one per six months</i>)
Emergency Room Services
Endoscopies [†]
Gynecological/Well-Woman Services [†]
Independent Laboratory [†] (<i>except surgical pathology codes 88300–88386; effective 10/1/08</i>)
Tonsillectomy/Adenoidectomy [†]
Specialty Physician Office Visit [†]
[†] Requires authorization when performed by a non-participating provider.

Contact Us

Medical Services	Claims	Website
Phone 888.559.1010	Phone 800.575.0418	www.selecthealthofsc.com
Fax 866.368.4562	Address	
Perform Rx	Claims Processing Department	<i>Visit the Provider Services area online to verify member eligibility and more!</i>
Phone 866.610.2773	PO Box 7120	
Fax 866.610.2775	London, KY 40742	