luminare health

Healthcare Management
Precertification List & Options

Healthcare Management (HCM) precertification constitutes an assessment of medical necessity only. It does not represent, imply, or guarantee any determination regarding claim payment, member eligibility, coverage provisions, or the type or availability of benefits. All final benefit decisions are subject to the terms, conditions, and limitations of the applicable health plan.

Please refer to your specific plan document for detailed requirements. The information provided here represents a comprehensive template of available options; however, it does not guarantee that all items are included in any particular plan design.

Available Precertification List & Options

Basic

This option focuses primarily on the review of all facility levels of care throughout the member's course of treatment. It includes the review of services post - acute discharge for member requiring partial hospitalization or in need of home health care services.

- **Inpatient Services:**
  - Inpatient Hospital (excludes observation setting)
  - Skilled Nursing Facilities
  - Rehabilitation Facilities
  - Long Term Acute Care Facilities
  - Psychiatric Treatment Facilities
  - Chemical Dependency Treatment Facilities
  - Organ and Tissue Transplants in all settings
- **Outpatient Services**
  - Partial Hospitalization Programs (PHPs) 90801 – 97537; G0129; S0201; H0035
  - Home Health Care/Home Infusion Therapy

Option 1: Outpatient Surgeries

This option focuses on the review of selected procedures which can be performed in an outpatient setting. A review of these procedures ensures that all conservative treatments have been exhausted, the treatment setting is most appropriate for the member, and the procedure is medically necessary.

- **Bariatric Surgery** 43842 (sleeve), 43770 (band), 43775
- **Spinal**
  - **Lumbar Laminectomy** 0275T, 63005, 63012, 63017, 63047, 63048, 63185, 63190, 63200, 63252, 63267, 63272, 63277, 63282, 63287, 63290
  - **Cervical Laminectomy** 22548, 22551, 22552, 22554, 22585, 0274T, 63143, 63001, 63045, 63048,
  - **Lumbar Diskectomy, Foraminotomy, or Laminotomy** 0275T, 62380, 63030, 63035, 63042, 63044, 63047, 63048, 63056, 63057, 22533, 22534, 22558, 22585, 22630
  - **Cervical Diskectomy or Microdiskectomy, Foraminotomy, Laminotomy** 0274T, 63020, 63035, 63040, 63043, 63045, 63048, 63075, 63076

- **Cervical Fusion, Anterior** 22548, 22551, 22552, 22554, 22585, 22595, 22600, 22590-22600
- **Disk Arthroplasty, Cervical** 0098T, 0375T, 22856, 22858, 22861, 22864, 0095T
- **Vertebroplasty and Kyphoplasty** 0200T, 0201T, 22510, 22511, 22512, 22513, 22514, 22515
- **Disk Arthroplasty, Lumbar** 0163T, 0164T, 0165T, 22857, 22862, 22865
- **Automated Percutaneous Lumbar Discectomy (APLD), Low Back Pain** 62287

- **Joint Replacements**
  - **Knee** 27445, 27447, 27486, 27487, 27446
  - **Hip** 27125, 27130, 27132, 27134, 27137, 27138
- **Cosmetic Procedures**
  - **Reduction mammoplasty** 19318 , 19300
  - **Breast Reconstruction- Mastectomy, Complete, with Insertion of Breast Prosthesis or Tissue Expander**
    19303, 19304, 19305, 19306, 19307, 19357, 19342, 19350, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396
  - **Blepharoplasty** 15820, 15821, 15822, 15823, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950
  - **Rhinoplasty** 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465
  - **Septoplasty** 30520
  - **Abdominoplasty** 15830, 15847, 17999
  - **Panniculectomy** 15830, 15847
- **Orthognathic Procedures**_21141-21160
  LeFort I=21141, 21142, 21143, 21145, 21146, 21147
  LeFort II= 21150, 21151, 21154, 21155
  LeFort III = 21159, 21160
- **Varicose Veins—includes:**
  - **Sclerotherapy plus Ligation, Saphenofemoral Junction, Saphenous Vein Stripping, Sclerotherapy- Legs Saphenous Vein ablation, Radiofrequency and Laser** 36465, 36466, 36468, 36470, 36471, 36473,
    36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785
- **Cochlear Implants** 69930, 69714, 69715, 69717

Option 2: Additional Services and Procedures

For those groups wanting review of additional services to control cost and utilization.

- **DME Over $2,500**
- **Radiation Therapy**
  - **Brachytherapy** 0394T, 0395T, 55860, 55862, 55865, 55875, 55876, 55899, 55920, 57155, 57156, 58346, 67218, 67299, 77295, 77316, 77317, 77318, 77750, 77761, 77762, 77763, 77767, 77768, 77789, 77770, 77771, 77772, 77778, 77790, 77799, G0458, 41019, 19298, C2616, C2634-C2699, C2698, C2699, C1715, C1716, C1717, C1718, C1719, C9725, A9527, Q3001,
  - **IMRT** 77301, 77338, 77385, 77386, G6015,
  - **Radiofrequency Ablation of Tumor** 0404T, 20982, 32998, 47370, 47380, 47382, 50592
  - **Radionuclide (Strontium, Samarium, Radium) Therapy of Bone Metastases** 79101, 79200, 79300, 79403, 79405, 79440, 79445, A9600, A9604, A9606, A9699
  - **Stereotactic Body Radiotherapy** 32701, 77371, 77372, 77373, 77435
  - **Proton Beam** 77520, 77522, 77523, 77525

- **Dialysis**
  - **Peritoneal** 90945, 90947, 90999
  - **Hemodialysis** 90935, 90937, 90999
  - **Home Visit for Dialysis** 99512
- **Genetic Testing**
  - **Breast Cancer**
    - **BRCA** 81162-81167, 81212, 81213, 81215, 81216, 81217
    - **Breast Cancer (Hereditary) - Gene Panel** 81432, 81433
    - **Breast Cancer - HER2 Testing** 0009U, 83950, 88271, 88274, 88275, 88291, 88360, 88361, 88368, 88369, 88377
    - **Breast Cancer Gene Expression Assays** 81518, 81519, 81520, 81521, 81599, 84999, 96040, S0265
    - **Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes** 81211, 81212, 81214, 81215, 81216, 81217, 96040, S0265 81165, 81166, 91166,
  - **Prostate Cancer**
    - **Prostate Cancer - BRCA1 and BRCA2 Genes** 81211, 81212, 81214, 81215, 81216, 81217, 96040, S0265
    - **Prostate Cancer - Genetic Profiles** 81479, 81599, 96040, S0265
    - **Prostate Cancer - HOXB13, MMR, PTEN, and TMPRSS2-ETS Fusion Genes** 81321, 81322, 81323, 81479, 96040, S0265
    - **Prostate Cancer - PCA3 Gene** 81313, 81479, 96040, S0265
    - **Prostate Cancer Gene Expression Testing – Decipher** 81479, 81599, 96040, S0265
    - **Prostate Cancer Gene Expression Testing - Oncotype DX** 81479, 81599, 96040, S0265
    - **Prostate Cancer Gene Expression Testing – Prolaris** 81541, 96040, S0265
  - **Non-Small Cell Lung Cancer**
    - **Non-Small Cell Lung Cancer - Anaplastic Lymphoma Kinase (ALK) Fusion Gene Testing** 81401
    - **Non-Small Cell Lung Cancer - EGFR Gene Testing** 81235
    - **Non-Small Cell Lung Cancer - KRAS Gene Testing** 81275, 81276
  - **Melanoma**
    - **Malignant Melanoma (Cutaneous) - BAP1, CDK4, and CDKN2A Genes** 81404, 81479, 96040, S0265
    - **Malignant Melanoma (Uveal) - BAP1, CDK4, and CDKN2A Genes** 81404, 81479, 96040, S0265
    - **Malignant Melanoma - BRAF V600 Testing** 81210
    - **Melanoma (Cutaneous) - Gene Expression Profiling** 81479, 81599, 96040, S0265
    - **Melanoma (Uveal) - Gene Expression Profiling** 81479, 81599, 96040, S0265
  - **Hereditary Colon Cancer**
    - **Colorectal Cancer (Hereditary) - Gene Panel** 81435, 81436
- **Interventional Radiology**
  - **Percutaneous Revascularization, Lower Extremity** 37220, 37221, 37722, 37223, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37232, 37233, 37234, 37235
  - **Carotid Artery Angioplasty with Stent Placement** 37215, 37216, 37217, 37218
  - **Endovascular Intervention, Iliac and Femoral Popliteal** 37220, 37221, 37222, 37223, 37224, 37225, 37226, 37227, 34707
  - **Endovascular Repair (EVR), Thoracic Aorta** 33880, 33881, 33883, 33884, 33886
  - **Vertebral Artery Angioplasty, with or without Stent Placement** 37236, 37237, 37238, 37246, 61630

- **MRI/MRA/PET Scans (not done in the ER)**
  - **MRI** 70336, 70540, 70542, 70543, 70551, 70552, 70553, 70554, 70555, 70557, 70558, 70559, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195-72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 74712, 74713, 75557, 75559, 75561, 75563, 75565, 76498, 77046, 77047, 77048, 77049, 0071t, 0072t, C8903, C8905, C8906, C8908, C9734, 77046, 77047, 77048, 77049
  - **MRA** C8900-C8902, 70544-70549, C8909-C8914, C8918-C8920, C8931-C8936, 70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 73725, 74185
  - **PET** 78459, 78491, 78492,78607, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816
- **Intensive Outpatient Treatment** H0015, S9480
- **OP Therapies** Reviewed after the first 12 visits
  - **Physical Therapy** 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97110, 97112, 97113, 97116, 97124, 97127, 97139, 97140, 97161, 97162, 97163, 97164, 97530, 97535, 97537, 97542, 97760, 97761, 97762, 97763
  - **Occupational Therapy** 97165, 97166, 97167, 97168, 97535
  - **Speech Therapy** 92507, 92508, 92521, 92522, 92523, 92524,92526, 97533, 92597, 92605, 92606, 92607, 92608, 92609, 92610, 92618, 92620, 92621, 92625, 92626, 92627, 92630, 92633, 96105, 96110, 96111, 96125