

**The following services require prior authorization.**

**Ambulance (BLS and CCT).** Excluding interfacility transfers to a higher level of care or repatriation from an out-of-network facility to an in-network facility

**Ambulatory Surgery.**

- SEE FOLLOWING PAGES FOR SPECIFIC AMBULATORY SURGERIES THAT REQUIRE PRIOR AUTH
- OBS that is done with ambulatory surgery does not require separate auth.

**Bariatric Surgery.** Professional (if Canopy is financially responsible)

**Inpatient** (hospital, LTAC, SNF). Emergency room services do not require prior authorization but once the patient is stabilized authorization needs to be obtained for the remainder of the patient's stay. For maternity, inpatient stay does not need to be authorized in addition to the global maternity authorization.

**Cosmetic Surgery.** Facility & Prof (if Canopy is financially responsible) - see Cosmetic Codes

**DME/Prosthetics/Orthotics.** Excluding the following:

- *Maternal health:*
  - Breastfeeding pumps: E0602 - E0604
  - Breastfeeding pump supplies: A4285 - A4287
- *Mobility aids including standard manual wheelchairs, crutches, walking boots, and canes*
  - Manual wheelchairs: K0001 – K0005, E1130 - E1161
  - Crutches: E0110 - E0116
  - Walking boots: L4360, L4361, L4386, L4387
  - Canes: E0100, E0105
- *Oxygen therapy equipment and respiratory equipment including CPAP/BiPAP and vent supplies:*
  - Oxygen Therapy: E0424, E0425, E0430, E0431, E0431, E0433, E0434, E0439
  - CPAP: E0601
  - CPAP Supplies: A7030 - A7039
  - Bi-PAP: E0470, E0471
  - Bi-Pap Supplies: A7030 - A7039
- *Basic (non-custom) orthotics:*
  - Basic (non-custom) Orthotics: L0112 - L4631
- *Ostomy and wound care supplies:*
  - Ostomy: A4361 – A4438
  - Various Ostomy supplies: A5051 – A5093
  - Wound Care supplies: A6000 – A6208, A6250 - A6412
- *Enteral feeding and infusion therapy supplies:*
  - Enteral Feeding & Infusion therapy supplies: B4034 – B9999
  - Enteral Formula & Additives: B4100 - B4162
- *Auditory implants, hearing aids:*
  - Auditory Implants (Cochlear Implant): L9900

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<ul style="list-style-type: none"> <li>▪ Replacement of a complete external sound processor system: L8694</li> <li>▪ Cochlear Implant supplies (headset, microphone, transmitting coil, transmitter cable for use with cochlear implant device): L7510</li> <li>▪ Hearing Aids: V5120, V5130, V5140, V5150</li> <li>• <i>Continuous glucose monitors and other diabetes supplies:</i> <ul style="list-style-type: none"> <li>▪ Continuous glucose monitor: E2102</li> <li>▪ Continuous glucose monitors supplies: A4233 – A4236, A4253, A4256, A4256, A4258, A4259, A4206, A8004, A9276, A4230 - A4232, A4238 – A4239</li> </ul> </li> <li>• <i>Diabetic supplies:</i> <ul style="list-style-type: none"> <li>▪ Insulin Pump: E0776 – E0791, J1817</li> <li>▪ Insulin Pump Supplies: A4206 – A4209, A4210-A4213, A4215, A4216 – A4218, A4220-A4226, A4230-A4239, A4244-A4248, A4250-A4259</li> </ul> </li> </ul>
<p><b>Genetic Testing.</b> Exception: no prior authorization required if done in conjunction with amniocentesis, HCPC 81420 or any cancer diagnosis listed below:</p> <ul style="list-style-type: none"> <li>• C00-D499- Neoplasms</li> <li>• Z08- Encounter for follow-up examination after completed treatment for malignant neoplasm</li> <li>• Z85-Z859- Personal History of malignant neoplasm</li> </ul>
<p><b>Home Health</b></p>
<p><b>Infused drugs, outpatient and office, excluding chemotherapy and adjunctive therapy</b></p>
<p><b>Injectables, therapeutics - outpatient and office.</b> Excluding the following:</p> <ul style="list-style-type: none"> <li>• Steroids (for medical use)</li> <li>• Antibiotics</li> <li>• Analgesics</li> <li>• Local anesthetics</li> <li>• Intravenous fluids</li> <li>• Vaccines and immunizations</li> <li>• Antiemetics</li> <li>• Antihistamines</li> <li>• Epinephrine</li> <li>• Routine electrolyte replacement</li> </ul>
<p><b>Out of Network/Non-Par (For any non-emergency service)</b></p>
<p><b>PET Scans (if CH is financially responsible)</b></p>
<p><b>Radiation Therapy -- Limited to (see codes below):</b></p> <ul style="list-style-type: none"> <li>• Intensity modulated radiation therapy (IMRT)</li> <li>• Neutron beam therapy</li> <li>• Proton beam therapy</li> <li>• Stereotactic radiosurgery and stereotactic body radiotherapy (SBRT)</li> </ul>

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<b><u>The following services do not require prior authorization as long as provided by a Canopy Health participating provider.</u></b>
Fetal non stress test
Blood, blood products, storage, blood factors
Chemotherapy and adjunctive therapy (not including immunotherapy)
Colostomy supplies
Dialysis - including any infused drugs during dialysis
Emergency room visits
Emergency charges that are part of an emergency admission
Hearing aids
Hospice
OBS that is part of ambulatory surgery admission
Palliative care
Tissue plasminogen activator
Stress echocardiogram
Wound care - facility
ER to OBS
<b><u>Health Plan Responsibility (both authorization and payment)</u></b>
Self injectables
Out of Area Emergency (per OOA Grid)
Transplants
Transgender Services
Experimental/Investigational/Clinical Trials

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<b>AMBULATORY SERVICES REQUIRING PRIOR AUTHORIZATION:</b>			
<b>Category</b>	<b>Description</b>	<b>Codes</b>	<b>Code Description</b>
Ear, nose, throat (ENT) services	Balloon sinuplasty	31295 - 31298	Balloon sinuplasty
	polyp excision, choanal atresia rhinoplasty or septoplasty	30110 30115 30540 30545 30520  31237	Excision, nasal polyp(s), simple. Excision, nasal polyp(s), extensive. Repair choanal atresia; intranasal. Repair choanal atresia; transpalatine. Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft. Under Endoscopy Procedures on the Accessory Sinuses
Joint surgeries	all	25350  25355 25360  25365  25370  25375 25390  25391 25392  25393 25394  22010- 22899  27380- 27499 27599- 27599	Hand/Wrist: OSTEOTOMY RADIUS DISTAL THIRD Hand/Wrist: OSTEOTOMY RADIUS MIDDLE/PROXIMAL THIRD Hand/Wrist: OSTEOTOMY ULNA Hand/Wrist: OSTEOTOMY RADIUS & ULNA Hand/Wrist: MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS/ULNA Hand/Wrist: MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS&ULNA Hand/Wrist: OSTEOPLASTY RADIUS/ULNA SHORTENING Hand/Wrist: OSTEOPLASTY RADIUS/ULNA LENGTHENING W/AUTOGRAFT Hand/Wrist: OSTEOPLASTY RADIUS & ULNA SHORTENING Hand/Wrist: OSTEOPLASTY RADIUS&ULNA LENGTHENING W/AUTOGRAF Hand/Wrist: OSTEOPLASTY CARPAL BONE SHORTENING Spinal surgery, including decompression, fusion, and disc replacement Knee: Repair, Revision, and/or Reconstruction Procedures on the Femur (Thigh Region) and Knee Joint Knee: Other Procedures on the Femur or Knee Joint

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		<p>27097-27187 27299-27299</p> <p>24300-24498 24999-24999</p> <p>27650-27745 27892-27899</p> <p>23395-23500 23450-23466 23470-23473 29800-29999</p>	<p>Hip: Repair, Revision, and/or Reconstruction Procedures on the Pelvis and Hip Joint</p> <p>Hip: Other Procedures on the Pelvis or Hip Joint</p> <p>Elbow: Repair, Revision, and/or Reconstruction Procedures on the Humerus (Upper Arm) and Elbow</p> <p>Elbow: Other Procedures on the Humerus or Elbow</p> <p>Ankle/Leg: Repair, Revision, and/or Reconstruction Procedures on the Leg (Tibia and Fibula) and Ankle Joint</p> <p>Ankle/Leg: Other Procedures on the Leg (Tibia and Fibula) and Ankle Joint</p> <p>Shoulder: Repair, Revision, and/or Reconstruction Procedures on the Shoulder</p> <p>Shoulder: Bankart/Rotator Cuff Repair (Open)</p> <p>Shoulder: Joint Replacement</p> <p>Arthroscopy</p>
Neuro and spinal cord stimulators	all	<p>63650 63655 63661 63662 63663 63664 63685 63688 L8680</p> <p>61850-61892 64553-64598</p> <p>61885</p>	<p>Implant neuroelectrodes</p> <p>Implant neuroelectrodes</p> <p>Remove spine eltrd perq aray</p> <p>Remove spine eltrd plate</p> <p>Revise spine eltrd perq aray</p> <p>Revise spine eltrd plate</p> <p>Ins/rplc spi npg/rcvr pocket</p> <p>Rev/rmv imp sp npg/r dtch cn</p> <p>Implt neurostim elctr each</p> <p>Neurostimulators (Intracranial)</p> <p>Procedures on the Skull, Meninges, and Brain</p> <p>Neurostimulator Procedures on the Peripheral Nerves</p> <p>Insertion/replacement of a neurostimulator pulse generator for a cranial device.</p>
Orthognathic procedures	TMJ treatment	<p>20999 41899 97035</p>	<p>Unlisted procedure, musculoskeletal system, head and neck</p> <p>Unlisted procedure, excision of soft tissue of mouth</p> <p>Ultrasound therapy</p>

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		D7980 29804 21010 21060 21240 21050 21243 21196 21141– 21147 21198 21121	TMJ arthroscopy Surgical Arthroscopy Arthrotomy Meniscectomy/Discectomy Disc Plication/Arthroplasty Condylectomy Total Joint Replacement Mandibular Osteotomy (BSSO) Le Fort I Maxillary Osteotomy Maxilla/Mandible Segments Genioplasty
Spinal surgery	laminotomy, fusion, discectomy, vertebroplasty, nucleoplasty, stabilization, and X-Stop	63001- 63053  +63035  22612  22630  22558  22554  22600  22610  22556 +22585, +22614, +22632, +22634 +22842, +22845, +22846 +20930, +20936, +20938 63075  63077	Posterior Extradural Laminotomy or Laminectomy for Exploration/ Decompression of Neural Elements or Excision of Herniated Intervertebral Disks Add on for each additional interspace treated during the same surgery. Fusion: Lumbar Spine: Posterior/Posterolateral Fusion: Lumbar Spine: Posterior Interbody Fusion (PLIF/TLIF) Fusion: Lumbar Spine: Anterior Interbody Fusion (ALIF/XLIF/OLIF) Fusion: Cervical Spine: Anterior Interbody Fusion (ACDF) Fusion: Cervical Spine: Posterior Fusion Fusion: Thoracic Spine: Posterior Fusion Fusion: Thoracic Spine: Anterior Interbody Fusion  Fusion: Used for each extra level fused.  Fusion: Insertion of spinal instrumentation (screws, rods, plates).  Fusion: Harvest or insertion of bone graft material. Discectomy: Cervical Spine: Anterior Discectomy: Thoracic Spine: Anterior/Anterolateral

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		63055	Discectomy: Thoracic Spine: Posterior (Transpedicular)
		62380	Discectomy: Lumbar/Thoracic: Endoscopic
		22510	Vertebroplasty: Cervicothoracic (Neck & Upper/Mid Back)
		22511	Vertebroplasty: Lumbosacral (Lower Back & Sacrum)
		+22512	Vertebroplasty: Add-on code for each additional vertebral body treated during the same session. (Cervicothoracic or Lumbosacral)
		62287	Nucleoplasty: DCMPRN PX PERQ NUCLEUS PULPOSUS 1/MLT LVL LUMBAR
		22840	Stabilization: Posterior non-segmental instrumentation (e.g., Harrington rod technique, without fixation at each segment).
		+22842	Stabilization: Posterior segmental instrumentation, 3 to 6 vertebral segments.
		+22845	Stabilization: Anterior instrumentation; 2 to 3 vertebral segments.
		+22846	Stabilization: Anterior instrumentation; 4 to 7 vertebral segments.
		+22847	Stabilization: Anterior instrumentation; 8 or more vertebral segments.
		+22848	Stabilization: Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum.
		+22849	Stabilization: Posterior segmental instrumentation, 7 to 12 vertebral segments.
		+22850	Stabilization: Posterior segmental instrumentation, 13 or more vertebral segments.
		22853	Stabilization: Insertion of interbody biomechanical devices (like cages) with integral central attachments at a single lumbar interspace.
		22867	Stabilization: Insertion of an interlaminar/interspinous process

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		22868  22867  +22868  22869  +22870	<p>stabilization/distraction device with open decompression but without fusion at a single lumbar level, including imaging when performed.</p> <p>Stabilization: Insertion of an interlaminar/interspinous process stabilization/distraction device without open decompression or fusion at a single lumbar level, including imaging when performed.</p> <p>X-Stop: insertion with open decompression for single and additional lumbar levels, respectively.</p> <p>X-Stop: add-on code for the insertion of an interlaminar/interspinous process stabilization/distraction device without fusion</p> <p>X-Stop: used for insertion without open decompression or fusion for single and additional lumbar</p> <p>X-Stop: add-on code for the insertion of an interlaminar/interspinous process stabilization or distraction device at a second lumbar level</p>
Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP	all surgical in this category	42145  42299  HCPCS=S2080	<p>Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)</p> <p>Unlisted procedure, palate, uvula.</p> <p>Primary code recommended when a specific CPT code does not exist.</p> <p>Laser-assisted uvulopalatoplasty (LAUP). Temporary, non-Medicare national code (S-code) often accepted by commercial/private payers to specifically describe LAUP.</p>
Vestibuloplasty	all surgical in this category	40830-40845  D7030	<p>Repair Procedures on the Vestibule of Mouth</p> <p>Dental Procedure: Sialolithotomy is a surgical procedure for the removal of a sialolith</p>
<b>Cosmetic Codes:</b>			
<b>Breast Augmentation:</b> 19325 - Cosmetic unless DX is CA diagnosis and approved as Medically Necessary			
<b>Breast Lift:</b> 19318 - Cosmetic			



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<b>Breast Reduction:</b> 19318 - Medically Necessary must have prior authorization not always considered cosmetic DX covered per Women's Health and Cancer rights acts of 1998, also include 19300 Mastectomy for gynecomastia- Is not cosmetic and covered for males with certain dx including non CA and non-tumor DX
<b>Facelift:</b> 15828 Cosmetic
<b>Rhinoplasty:</b> 30400 - Cosmetic unless DX is deviated septum
<b>Blepharoplasty (Eyelid Surgery):</b> 15820 - Cosmetic unless medically necessary additional possible codes 15821, 15822 & 15823 Brow Ptosis 67900 and Upper brow 67901, 67902, 67903, 67904, 67906, 67908, 67909, Lid Reduction 67911, Lagophthalmos 67911, 67912, Ectropion & Entropion 67914, 67915, 67916, 67917, 67821, 67922, 67923, 67924, Canthoplasty & Canthopexy 21280, 21282, 67950, 67961, 67966, Floppy Eyelid Syndrome 67961 & 67966
<b>Abdominoplasty (Tummy Tuck) :</b> 15847 - Is not always considered cosmetic, may be medically necessary along with the following codes 15830, 15877, 15878, 15879, 15832, 15833, 15834, 15835 must have prior approval. The cosmetic procedures are 15836, 158837, 15838, 15839, 15876
<b>Liposuction:</b> 15876 - Is not always considered cosmetic, may be medically necessary if dx is lipedema possible other codes include 15877, 15878 & 15879
36438 - Is cosmetic treatment for spider veins - The non cosmetic procedures are 36465, 36466, 36470 & 36471 for sclerotherapy for up to 3 sessions per leg within a year. (includes the 0744T code to insert the port/valve)
<b><i>Non- Surgical Procedures</i></b>
<b>Botox:</b> 64612- Not always Cosmetic used to treat migraines, GI issues and Urological disorders this is multi-purpose
<b>Dermal Filler:</b> 11950-11954 Cosmetic
<b>Chemical Peels:</b> 17360 Cosmetic
<b>Microdermabrasion:</b> 15780 Cosmetic
<b>Laser Skin Resurfacing:</b> 17106-17108 Cosmetic - can be medically necessary if related to a burn victim
<b><i>The following codes are considered Cosmetic; the codes do not improve a Functional, Physical, or Physiological impairment</i></b>
<b>11950</b> Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
<b>11951</b> Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
<b>11952</b> Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
<b>11954</b> Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc
<b>15775</b> Punch graft for hair transplant; 1 to 15 punch grafts
<b>15776</b> Punch graft for hair transplant; more than 15 punch grafts
<b>15780</b> Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
<b>15781</b> Dermabrasion; segmental, face
<b>15782</b> Dermabrasion; regional, other than face
<b>15783</b> Dermabrasion; superficial, any site (e.g., tattoo removal) 15786 Abrasion; single lesion (e.g., keratosis, scar)
<b>15787</b> Abrasion; each additional 4 lesion or less ) List separately in addition to code for primary procedure) 15788 Chemical peel, facial; epidermal
<b>15789</b> Chemical peel, facial; dermal

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<b>15792</b> Chemical Peel, nonfacial; epidermal
<b>15793</b> Chemical peel, nonfacial; dermal
<b>15824</b> Rhytidectomy; forehead
<b>15825</b> Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
<b>15826</b> Rhytidectomy; glabellar frown lines
<b>15828</b> Rhytidectomy; cheek, chin, and neck
<b>15829</b> Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
<b>17380</b> Electrolysis epilation, each 30 minutes
<b>21270</b> Malar augmentation, prosthetic material
<b>69090</b> Ear piercing
<b>69300</b> Otoplasty, protruding ear, with or without size reduction Cosmetic and Reconstructive Procedures
<b><i>The following codes may be Cosmetic; review is required to determine if considered Cosmetic or Reconstructive</i></b>
<b>11920</b> Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
<b>11921</b> Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
<b>11922</b> Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
<b>11960</b> Insertion of tissue expander(s) for other than breast, including subsequent expansion
<b>14000</b> Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
<b>14001</b> Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
<b>14020</b> Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
<b>14021</b> Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
<b>14040</b> Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
<b>14041</b> Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet 10.1 sq cm to 30.0 sq cm
<b>14060</b> Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
<b>14061</b> Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
<b>14301</b> Adjacent tissue transfer or rearrangement, any area, defect 30/1 sq cm to 60.0 sq cm
<b>14302</b> Adjacent tissue transfer or rearrangement, any area,; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
<b>15570</b> Formation of direct or tubed pedicle, with or without transfer; trunk
<b>15572</b> Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
<b>15574</b> Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
<b>15730</b> Midface flap (i.e., zygomaticofacial flap) with preservation of vascular pedicles(s)

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<b>15731</b> Forehead flap with preservation of vascular pedicle (e.g., axial pattern flap, paramedian forehead flap)
<b>15733</b> Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (i.e., buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)
<b>15734</b> Muscle, myocutaneous, or fasciocutaneous flap; trunk
<b>15736</b> Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
<b>15738</b> Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
<b>15740</b> Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel
<b>15756</b> Free muscle or myocutaneous flap with microvascular anastomosis
<b>15769</b> Grafting of autologous soft tissue, other, harvested by direct excision (e.g., fat, dermis, fascia)
<b>15771</b> Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate. Note: Refer to the Health Plan Medical Policy titled Breast Reconstruction.
<b>15772</b> Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure) Note: Refer to the Health Plan Medical Policy titled Breast Reconstruction.
<b>15773</b> Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
<b>15774</b> Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)
<b>17999</b> Unlisted procedure, skin, mucous membrane and subcutaneous tissue
<b>19316</b> Mastopexy
<b>19325</b> Breast augmentation with implant
<b>21137</b> Reduction forehead; contouring only
<b>21138</b> Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
<b>21139</b> Reduction forehead; contouring and setback of anterior frontal sinus wall
<b>21172</b> Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts ( includes obtaining autografts)
<b>21175</b> Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
<b>21179</b> Reconstruction, entire or majority of forehead and/ or supraorbital rims; with grafts (allograft or prosthetic material)
<b>21180</b> Reconstruction, entire or majority of forehead and/ or supraorbital rims; with autograft (includes obtaining grafts)
<b>21181</b> Reconstruction by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial
<b>21182</b> Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra-and extracranial excision of benign tumor of cranial bond (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
<b>21183</b> Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra-and extracranial excision of benign tumor of cranial bond (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm

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<b>21184</b> Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra-and extracranial excision of benign tumor of cranial bond (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm
<b>21208</b> Osteoplasty, facial bones, augmentation (autograft, allograft, or prosthetic implant)
<b>21209</b> Osteoplasty, facial bones; reduction
<b>21230</b> Graft; rib cartilage, autogenous, to face, chin , nose or ear (includes obtaining graft)
<b>21235</b> Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
<b>21248</b> Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
<b>21249</b> Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete
<b>21255</b> Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
<b>21256</b> Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., micro-ophthalmia)
<b>21260</b> Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
<b>21261</b> Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
<b>21263</b> Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
<b>21267</b> Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
<b>21268</b> Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
<b>21275</b> Secondary revision of orbitocraniofacial reconstruction
<b>21295</b> Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach
<b>21296</b> Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); intraoral approach
<b>21299</b> Unlisted craniofacial and maxillofacial procedure
<b>28344</b> Reconstruction, toe(s); polydactyly
<b>30540</b> Repair choanal atresia; intranasal
<b>30545</b> Repair choanal atresia; transpalatine
<b>30620</b> Septal or other intranasal dermatoplasty (does not include obtaining graft)
<b>L8600</b> Implantable breast prosthesis, silicone or equal
L8607 Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping necessary supplies
<b>Q2026</b> Injection, Radiesse, 0.1 ml
<b>Q2028</b> Injection, sculptra, 0.5 mg
<b>CODES FOR ADDITIONAL CATEGORIES LISTED ABOVE:</b>
<b>Intensity Modulated Radiation Therapy (IMRT)</b>
<b>Treatment Planning &amp; Delivery:</b>
77301 – IMRT planning (includes dose-volume histograms)
77338 – Multi-leaf collimator device(s) for IMRT (used with 77301)
<b>Treatment Delivery:</b>

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77418 – IMRT delivery (non-proton, non-neutron)
G6015 – IMRT delivery (Medicare-specific HCPCS code, used interchangeably with 77418)
G6016 – Compensator-based IMRT delivery (if applicable, rarely used)
<b>Neutron Beam Therapy</b>
77422 – Neutron beam treatment delivery; single treatment session
77423 – Neutron beam treatment delivery; multiple treatment sessions
<b>Proton Beam Therapy</b>
Treatment Delivery:
77520 – Proton beam treatment; simple
77522 – Proton beam treatment; intermediate
77523 – Proton beam treatment; complex
77525 – Proton beam treatment; very complex
(The complexity depends on factors like number of fields, modulation, and beam shaping.)
<b>Stereotactic Radiosurgery (SRS) &amp; Stereotactic Body Radiotherapy (SBRT)</b>
<b>Intracranial Stereotactic Radiosurgery (SRS):</b>
61796 – SRS, 1 lesion, using linear accelerator
61797 – Each additional lesion (add-on code)
61798 – SRS, 1 lesion, using mult-source Cobalt-60
61799 – Each additional lesion (add-on code)
61800 – Application of stereotactic headframe
Stereotactic Body Radiotherapy (SBRT) (typically extracranial):
77373 – SBRT treatment delivery, per fraction
77435 – SBRT management, per treatment course
SRS/SBRT Planning & Guidance (may be shared across modalities):
77295 – 3D radiotherapy plan (used in SBRT/SRS planning)
77371 – Radiation treatment delivery, stereotactic, complete course of treatment, 1 or more sessions
77372 – SRS delivery, linear accelerator-based, 1 session
77373 – SRS/SBRT delivery, per fraction (as above)

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<b>Health Net Contacts</b>
Self-injectables – Centene Pharmacy Services phone number (800) 548-5524, option 3 <a href="https://pharmacy.envolvehealth.com">https://pharmacy.envolvehealth.com</a> Carrier ID: NVCHN
Out of Area Emergency (per OOA Grid) – <ul style="list-style-type: none"><li>• Call the phone number on the back of the members ID card</li></ul>
Transplants: <ul style="list-style-type: none"><li>• Phone number (866) 447-8773 option 2</li><li>• Fax number (833) 769-1142</li><li>• California_Transplant_Services_CTU@CENTENE.COM</li></ul>
Transgender Services: <ul style="list-style-type: none"><li>• Phone number (800) 641-7761</li><li>• Fax number (844) 694-9165</li><li>• PCU_Admin@HealthNet.com</li></ul>
Experimental/Investigational/Clinical Trials: <ul style="list-style-type: none"><li>• Call the phone number on the back of the members ID card</li></ul>

Reminder: This list pertains to those services that are typically Canopy Health’s responsibility although that may differ depending on our DOFR with each IPA. Each IPA can apply additional prior auth requirements for services that are the IPA’s responsibility.