

**Manatee Advocacy Program (MAP) - Precertification Requirements****1. Inpatient confinements:**

- All Inpatient confinements and Observations > 23 hrs. **Note: Observations for 23hrs or less do not require precert.**
- All ICU confinements
- Skilled nursing facility
- Rehabilitation facility

**2. Behavioral Health:**

- Inpatient confinements
- Partial Hospitalization
- Intensive Outpatient
- Detox
- All claims billed by any BH provider type (Psychiatrist, Psychiatric Nurse, LPC, SW etc.) not provided in the office.
- All claims billed with a diagnosis of Autism, all places of service

**3. Reconstructive procedures and procedures that may be considered cosmetic:**

- Blepharoplasty - **15820, 15821, 15822, 15823, 21280, 21282, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67916, 67917, 67923, 67924, 67950**
- Botox injections - **J0585, J0586, J0587, J0588**
- Breast Surgery - **00402, 19316, 19318, 19324, 19325, 19300 - 19307, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, S2066, S2067, S2068**
- Excision of excess skin due to weight loss – **15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847**
- Rhinoplasty - **30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462**
- Septoplasty - **30520, 30620, 31295, 31296 and 31297**
- Sclerotherapy or surgery for varicosities - **36468, 36469, 36470, 36471, 36475, 36476, 36478, 36479**
- Other Cosmetic Surgery as covered by the plan document - **15819, 15788, 15789, 15792, 15793, 11950, 11951, 11952, 11954, 15876, 15877, 15878, 15879**

**4. Surgical Procedures:**

- Bariatric Surgery (Roux-en-Y, Gastric Sleeve and Lap Band) - **43631, 43632, 43633, 43634, 43644, 43645, 43770-43775, 43842-43848, 43886-43888**
- All spinal surgeries - **61575, 61576, 61796, 63001-63621**
- All implantable stimulators and pumps - **E0747-E0770, E0782-E0791, 62350, 62351, 62360-62365, 63650-63710, 64581, 95990, 95991, 96401-96417, 96420-96522, 96524-96549, C1772, C1891, C2626, C8957, E0782-E0786, L8680-L8683, L8685-L8689, L8695**
- Uvulopalatopharyngoplasty, including laser-assisted procedures - **42145, 42140, 42299; Laser: S2080**
- Any TMJ surgery/appliances – **21073, 21240, 21242, 21243, 21244, 21247, 29800, 29804, 21010, 21050, 21060, 21070, 21255, 21480, 21485, 21490, 21497**

## 5. Selected durable medical equipment:

- Any single equipment or Prosthetic greater than \$1500.00 (rent or purchase)
- Any single orthotic greater than \$1500.00 (rent or purchase)

## 6. Specialty Pharmacy Medications and Infusion Services:

- All claims related to Infusion services > \$300.00
- Pain Management pumps - **S9328, S9355**
- Injection, Denosumab – **J0897**
- Unclassified Drugs > \$100.00 – **J3490**
- Unclassified Biologics > \$100.00 – **J3590**
- Entyvio – **J3380**
- Testopel – **S0189**
- Lemtrada – **J0202**
- Injection, Insulin – **J1815**
- Botox Injections – **J0585, J0586, J0587, J0588**
- Iron infusions:
  - **Injectafer – J1439**
  - **Triferic – J1443**
  - **Ferlecit – J2916**
  - **Fereheme – Q0138 & Q0139**
- Infed – **J1750**
- Venofer – **J1756**
- **All J codes > \$500.**

## 7. Nuclear Medicine:

78007, 78012, 78013, 78014, 78015, 78016, 78018, 78020, 78070, 78071, 78072, 78075, 78099, 78140, 78215, 78226, 78227, 78264, 78290, 78300, 78306, 78315, 78320, 78452, 78472, 78582, 78596, 78607, 78630, 78707, 78708, 78761, 78805, 78806, 78890, A9500, A9503, A9512, A9521, A9537, A9540, A9541, A9548, A9551, A9560, A9562, A9567, J1940, J3490

## 8. Outpatient Services:

- **MRI –**  
0159T,23350,61751,70336,70540,70542,70543,70551,70552,70553,70554,70555,70557,70558,70559,71550,71551,71552,71555,72141,72142,72146,72147,72148,72149,72156,72157,72158,72195,72196,72197,72285-72295,73218-73223,73718-73723,74181-74183,74185,75557,75559,75561,75563,75565,76376,76377,76390,77058,77059, C1770, C8903-C8908
- **CT Scan –** 70450,70460,70470,70480-70482,70486-70488,70490-70492,70496,70498,71250,71260,71270,71275,72125-72133,72191-72194,73200-73202,73206,73700-73702,73706,74150,74160,74170,74174-74178, 75574, 75635,76376,76377,76380
- Berkley Heartlab Inc. charges need precert. Note: **VAP (Vertical Auto-Profile) - not covered**
- CT Calcium Scoring – 0144T
- Chemotherapy and Radiation therapy
- Home Health Services: limited to 120 visits per calendar year

- Invasive Pain Management Procedures; neck and back injections, **any Provider - 62310, 62311, 62318, 62319, 27096, 76005, 64479-64495, 75574.**
- Dialysis Treatment - **90935-90999**
- Sleep Studies - **95800-95811, 95782, 95783, G0398, G0399, G0400**
- PET scans - **78459,78491,78492,78608,78609,78811-78816, G0235, G0252**
- SmartPill Capsule Motility – **91299**
- BRAC Analysis (Genetic Testing) – **81211-81217, S3818-S3820, S3822, S3823**
- PKU Formula – **S9435**

## 9. Diabetic Supplies:

- Insulin Infusion Pump – **E0784**
- Injection, Insulin – **J1815**

**10. All unlisted procedures ending in 99 – regardless of cost. Custom Provider Hinge Health is excluded and can be paid without a precert.**

**NOTE - When a procedure requiring precertification is billed on claim with POS 23 (emergency room) or 20 (urgent care) Charge(s) can be allowed without authorization.**

