



TO: Physicians, Advanced Practice Nurses and Physician Assistants

RE: Changes to Prior Authorization Requirement for Selected Codes on Physician Fee Schedule

Effective for dates of service January 1, 2016 and forward, the following codes will require prior authorization when performed in an outpatient setting. If prior authorization is not obtained before rendering the service, the claim will deny.

Code	Description
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereostatic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereostatic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of

	intraoperative microelectrode recording; first array
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar, cortical
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array with connection to 2 or more electrode arrays
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361	Nonprogrammable pump
62362	Implantation or replacement of programmable spinal canal drug infusion pump
63650	Percutaneous implantation of neurostimulator electrode array, epidural
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling

64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
Code	Description
64568	Incision for implantation of cranial nerve neurostimulator electrode array and pulse generator
90399	Unlisted immune globulin

Prior Authorization Forms:

Providers may access the Outpatient Prior Authorization Request Form on the HUSKY Health Web site: <http://www.huskyhealth.com>. To request authorization, providers may use one of the following methods:

- Phone: 1-800-440-5071 – follow the prompts to the medical authorizations, or
- Fax: (203) 265-3994

For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, Monday through Friday between the hours of 8:00 a.m. to 7:00 p.m.