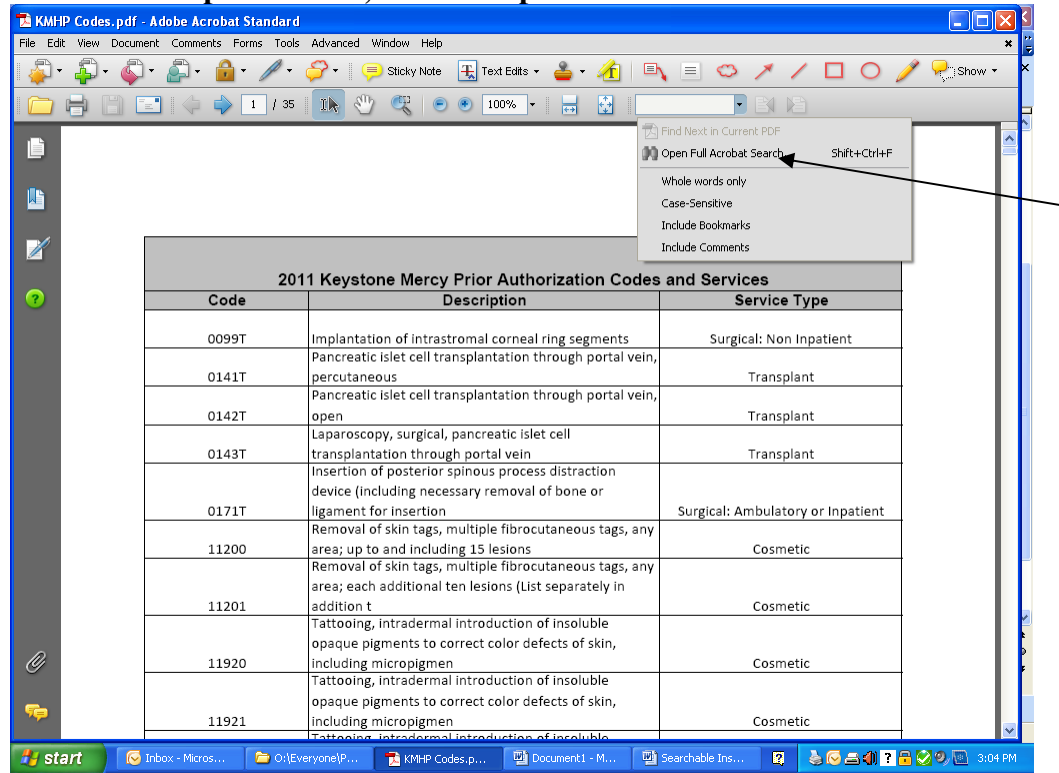
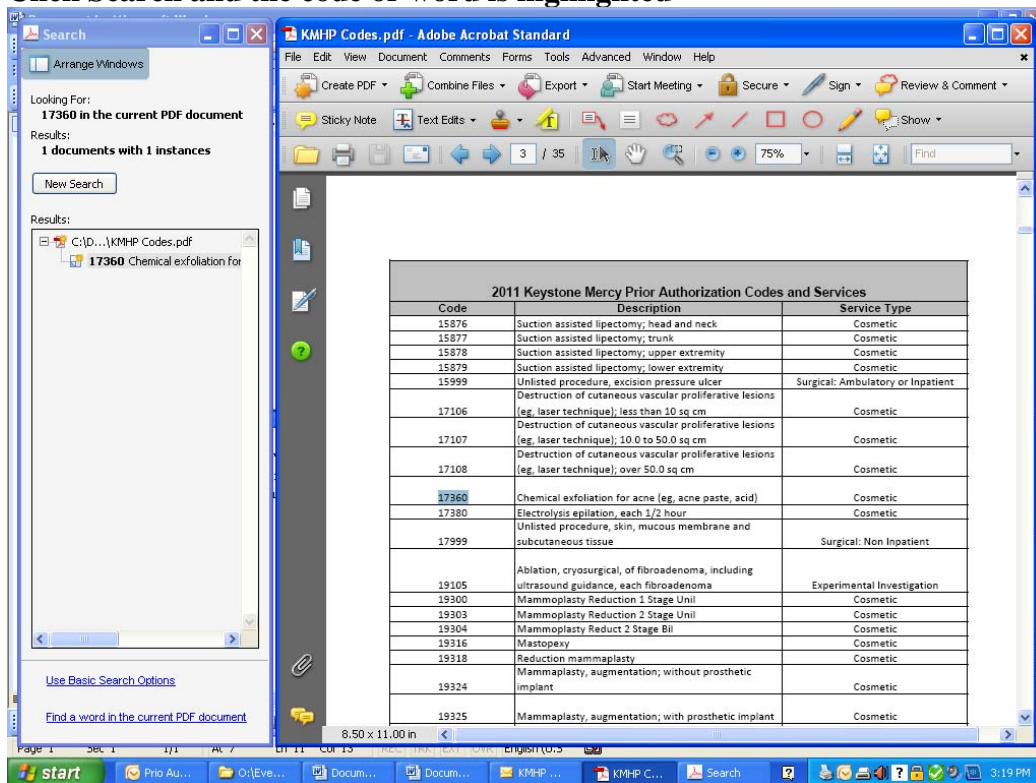


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### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
0099T	Implantation of intrastromal corneal ring segments	Surgical: Non Inpatient
0141T	Pancreatic islet cell transplantation through portal vein, percutaneous	Transplant
0142T	Pancreatic islet cell transplantation through portal vein, open	Transplant
0143T	Laparoscopy, surgical, pancreatic islet cell transplantation through portal vein	Transplant
0171T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion)	Surgical: Ambulatory or Inpatient
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	Cosmetic
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional ten lesions (List separately in addition t	Cosmetic
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmen	Cosmetic
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmen	Cosmetic
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmen	Cosmetic
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	Cosmetic
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	Cosmetic
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	Cosmetic
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	Cosmetic
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	Cosmetic
11970	Replacement of tissue expander with permanent prosthesis	Cosmetic
11971	Removal of tissue expander(s) without insertion of prosthesis	Cosmetic
11983	Removal with reinsertion, non-biodegradable drug delivery implant	Surgical: Non Inpatient
15775	Punch graft for hair transplant; 1 to 15 punch grafts	Cosmetic
15776	Punch graft for hair transplant; more than 15 punch grafts	Cosmetic
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	Cosmetic
15781	Dermabrasion; segmental, face	Cosmetic

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
15782	Dermabrasion; regional, other than face	Cosmetic
15783	Dermabrasion; superficial, any site, (eg, tattoo removal)	Cosmetic
15786	Abrasion; single lesion (eg, keratosis, scar)	Cosmetic
15787	Abrasion; each additional four lesions or less (List separately in addition to code for primary procedure)	Cosmetic
15788	Chemical peel, facial; epidermal	Cosmetic
15789	Chemical peel, facial; dermal	Cosmetic
15792	Chemical peel, nonfacial; epidermal	Cosmetic
15793	Chemical peel, nonfacial; dermal	Cosmetic
15819	Cervicoplasty	Cosmetic
15820	Blepharoplasty, lower eyelid;	Cosmetic
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	Cosmetic
15822	Blepharoplasty, upper eyelid;	Cosmetic
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Cosmetic
15824	Rhytidectomy; forehead	Cosmetic
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	Cosmetic
15826	Rhytidectomy; glabellar frown lines	Cosmetic
15828	Rhytidectomy; cheek, chin, and neck	Cosmetic
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	Cosmetic
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Cosmetic
15832	Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh	Cosmetic
15833	Excision, excessive skin and subcutaneous tissue (including lipectomy); leg	Cosmetic
15834	Excision, excessive skin and subcutaneous tissue (including lipectomy); hip	Cosmetic
15835	Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock	Cosmetic
15836	Excision, excessive skin and subcutaneous tissue (including lipectomy); arm	Cosmetic
15837	Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand	Cosmetic
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad	Cosmetic
15839	Excision, excessive skin and subcutaneous tissue (including lipectomy); other area	Cosmetic
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical	Cosmetic
15876	Suction assisted lipectomy; head and neck	Cosmetic

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
15877	Suction assisted lipectomy; trunk	Cosmetic
15878	Suction assisted lipectomy; upper extremity	Cosmetic
15879	Suction assisted lipectomy; lower extremity	Cosmetic
15999	Unlisted procedure, excision pressure ulcer	Surgical: Ambulatory or Inpatient
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Cosmetic
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Cosmetic
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Cosmetic
17360	Chemical exfoliation for acne (eg, acne paste, acid)	Cosmetic
17380	Electrolysis epilation, each 1/2 hour	Cosmetic
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	Surgical: Non Inpatient
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Experimental Investigation
19300	Mammoplasty Reduction 1 Stage Unil	Cosmetic
19303	Mammoplasty Reduction 2 Stage Unil	Cosmetic
19304	Mammoplasty Reduct 2 Stage Bil	Cosmetic
19316	Mastopexy	Cosmetic
19318	Reduction mammoplasty	Cosmetic
19324	Mammoplasty, augmentation; without prosthetic implant	Cosmetic
19325	Mammoplasty, augmentation; with prosthetic implant	Cosmetic
19328	Removal of intact mammary implant	Cosmetic
19330	Removal of mammary implant material	Cosmetic
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	Cosmetic
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	Cosmetic
19350	Nipple/areola reconstruction	Cosmetic
19355	Correction of inverted nipples	Cosmetic
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	Cosmetic
19370	Open periprosthetic capsulotomy, breast	Cosmetic
19371	Periprosthetic capsulectomy, breast	Cosmetic
19380	Revision of reconstructed breast	Cosmetic
19396	Preparation of moulage for custom breast implant	Cosmetic
19499	Unlisted procedure, breast	Surgical: Ambulatory or Inpatient
20999	Unlisted procedure, musculoskeletal system, general	Surgical: Ambulatory or Inpatient
21076	Impression and custom preparation; surgical obturator prosthesis	DME - Complex

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
21082	Impression and custom preparation; palatal augmentation prosthesis	DME - Complex
21084	Impression and custom preparation; speech aid prosthesis	DME - Complex
21086	Impression and custom preparation; auricular prosthesis	DME - Complex
21089	Unlisted maxillofacial prosthetic procedure	Surgical: Non Inpatient
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	Surgical: Non Inpatient
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Cosmetic
21121	Genioplasty; sliding osteotomy, single piece	Cosmetic
21122	Genioplasty; sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical ch	Cosmetic
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	Cosmetic
21125	Augmentation, mandibular body or angle; prosthetic material	Cosmetic
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Cosmetic
21137	Reduction forehead; contouring only	Cosmetic
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Cosmetic
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Cosmetic
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction, (eg, for Long Face Syndrome), without	Cosmetic
21142	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft	Cosmetic
21143	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft	Cosmetic
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtai	Cosmetic
21146	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaini	Cosmetic
21147	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includ	Cosmetic

**2011 Keystone Mercy Prior Authorization Codes and Services**

<b>Code</b>	<b>Description</b>	<b>Service Type</b>
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	Cosmetic
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Cosmetic
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with	Cosmetic
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with	Cosmetic
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone gr	Cosmetic
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone gr	Cosmetic
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (inclu	Cosmetic
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephal	Cosmetic
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	Cosmetic
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	Cosmetic
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	Cosmetic
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of beni	Cosmetic
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of beni	Cosmetic
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of beni	Cosmetic
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	Cosmetic
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	Cosmetic

**2011 Keystone Mercy Prior Authorization Codes and Services**

<b>Code</b>	<b>Description</b>	<b>Service Type</b>
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	Cosmetic
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	Cosmetic
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Cosmetic
21198	Osteotomy, mandible, segmental;	Surgical: Ambulatory or Inpatient
21199	Osteotomy, mandible, segmental; with genioglossus advancement	Surgical: Ambulatory or Inpatient
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	Surgical: Ambulatory or Inpatient
21207	Reduction Genioplasty	Cosmetic
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Cosmetic
21209	Osteoplasty, facial bones; reduction	Cosmetic
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	Cosmetic
21215	Graft, bone; mandible (includes obtaining graft)	Cosmetic
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	Cosmetic
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	Surgical: Non Inpatient
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	Surgical: Ambulatory or Inpatient
21242	Arthroplasty, temporomandibular joint, with allograft	Surgical: Ambulatory or Inpatient
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	Surgical: Ambulatory or Inpatient
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	Cosmetic
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	Cosmetic
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	Cosmetic
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial)	Cosmetic
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	Cosmetic
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	Cosmetic
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	Cosmetic

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-	Cosmetic
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	Cosmetic
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	Cosmetic
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	Cosmetic
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	Cosmetic
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	Cosmetic
21270	Malar augmentation, prosthetic material	Cosmetic
21275	Secondary revision of orbitocraniofacial reconstruction	Cosmetic
21280	Medial canthopexy (separate procedure)	Cosmetic
21282	Lateral canthopexy	Cosmetic
21299	Unlisted craniofacial and maxillofacial procedure	Surgical: Non Inpatient
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture	Cosmetic
21422	Open treatment of palatal or maxillary fracture (LeFort I type);	Cosmetic
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve fora	Cosmetic
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	Cosmetic
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	Cosmetic
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve fora	Cosmetic
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation te	Cosmetic
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixatio	Cosmetic
21499	Unlisted musculoskeletal procedure, head	Surgical: Ambulatory or Inpatient
21899	Unlisted procedure, neck or thorax	Surgical: Ambulatory or Inpatient
22899	Unlisted procedure, spine	Surgical: Ambulatory or Inpatient

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
22999	Unlisted procedure, abdomen, musculoskeletal system	Surgical: Ambulatory or Inpatient
23929	Unlisted procedure, shoulder	Surgical: Non Inpatient
24999	Unlisted procedure, humerus or elbow	Surgical: Non Inpatient
25999	Unlisted procedure, forearm or wrist	Surgical: Non Inpatient
26989	Unlisted procedure, hands or fingers	Surgical: Non Inpatient
28899	Unlisted procedure, foot or toes	Surgical: Non Inpatient
27299	Unlisted procedure, pelvis or hip joint	Surgical: Ambulatory or Inpatient
27599	Unlisted procedure, femur or knee	Surgical: Ambulatory or Inpatient
27899	Unlisted procedure, leg or ankle	Surgical: Non Inpatient
29799	Unlisted procedure, casting or strapping	Surgical: Non Inpatient
29999	Unlisted procedure, arthroscopy	Surgical: Non Inpatient
30120	Excision or surgical planing of skin of nose for rhinophyma	Cosmetic
30130	Excision inferior turbinate, partial or complete, any method	Surgical: Non Inpatient
30140	Submucous resection inferior turbinate, partial or complete, any method	Surgical: Non Inpatient
30220	Insertion, nasal septal prosthesis (button)	Surgical: Non Inpatient
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Cosmetic
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of	Cosmetic
30420	Rhinoplasty, primary; including major septal repair	Cosmetic
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Cosmetic
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Cosmetic
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Cosmetic
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip o	Cosmetic
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip,	Cosmetic
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	Surgical: Non Inpatient
30630	Repair nasal septal perforations	Surgical: Non Inpatient
30999	Unlisted procedure, nose	Surgical: Non Inpatient
31299	Unlisted procedure, accessory sinuses	Surgical: Non Inpatient
31582	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy	Surgical: Non Inpatient
31588	Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)	Surgical: Non Inpatient

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
31599	Unlisted procedure, larynx	Surgical: Ambulatory or Inpatient
31830	Revision of tracheostomy scar	Cosmetic
31899	Unlisted procedure, trachea, bronchi	Surgical: Ambulatory or Inpatient
32850	Donor pneumonectomy(ies) (including cold preservation), from cadaver donor	Transplant
32851	Lung transplant, single; without cardiopulmonary bypass	Transplant
32852	Lung transplant, single; with cardiopulmonary bypass	Transplant
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	Transplant
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	Transplant
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft	Transplant
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft	Transplant
32999	Unlisted procedure, lungs and pleura	Surgical: Ambulatory or Inpatient
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	Transplant
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	Transplant
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	Transplant
38220	Bone marrow; aspiration only	Transplant
38221	Bone marrow; biopsy, needle or trocar	Transplant
38230	Bone marrow harvesting for transplantation	Transplant
38240	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic	Transplant
38241	Bone marrow or blood-derived peripheral stem cell transplantation; autologous	Transplant
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions	Transplant
40650	Repair lip, full thickness; vermilion only	Cosmetic
40652	Repair lip, full thickness; up to half vertical height	Cosmetic
40654	Repair lip, full thickness; over one-half vertical height, or complex	Cosmetic
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	Cosmetic
40799	Unlisted procedure, lips	Cosmetic
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of a	Transplant

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	Transplant
33940	Donor Cardiectomy, W/Preparation & Maintenance, Allograft	Transplant
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allogr	Transplant
33945	Heart transplant, with or without recipient cardiectomy	Transplant
33960	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours	Transplant
33961	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each additional 24 hours (List separately in add	Transplant
36299	Unlisted procedure, vascular injection	Infusion and Injectables
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	Cosmetic
36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	Cosmetic
36470	Injection of sclerosing solution; single vein	Cosmetic
36471	Injection of sclerosing solution; multiple veins, same leg	Cosmetic
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneo	Surgical: Non Inpatient
36476	Endovenous Ablation Therapy Incompetent Vein, Extremity, Percut, Radiofreq; 2nd & Subsequent Veins, Same Extrem, Sep Sites	Surgical: Non Inpatient
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneo	Surgical: Non Inpatient
36479	Endovenous Ablation Therapy Incompetent Vein, Extremity, Percutaneous, Laser; 2nd & Subseq Veins, Same Extrem, Sep Sites	Surgical: Non Inpatient
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	Surgical: Non Inpatient
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	Surgical: Non Inpatient
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	Surgical: Non Inpatient
37785	Ligation, division, and/or excision of varicose vein cluster(s), one leg	Surgical: Non Inpatient
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	Transplant
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	Transplant

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	Transplant
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	Transplant
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing	Transplant
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing	Transplant
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	Transplant
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	Transplant
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	Transplant
40899	Unlisted procedure, vestibule of mouth	Surgical: Non Inpatient
41599	Unlisted procedure, tongue, floor of mouth	Surgical: Non Inpatient
42299	Unlisted procedure, palate, uvula	Surgical: Non Inpatient
42699	Unlisted procedure, salivary glands or ducts	Surgical: Non Inpatient
42999	Unlisted procedure, pharynx, adenoids, or tonsils	Surgical: Non Inpatient
43289	Unlisted laparoscopy procedure, esophagus	Surgical: Ambulatory or Inpatient
43499	Unlisted procedure, esophagus	Surgical: Ambulatory or Inpatient
43659	Unlisted laparoscopy procedure, stomach	Surgical: Ambulatory or Inpatient
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous)	Surgical: Ambulatory or Inpatient
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	Surgical: Ambulatory or Inpatient
43775	"Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)"	Surgical: Ambulatory or Inpatient
43999	Unlisted procedure, stomach	Surgical: Ambulatory or Inpatient
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	Transplant
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	Transplant
44135	Intestinal allotransplantation; from cadaver donor	Transplant
44136	Intestinal allotransplantation; from living donor	Transplant
44238	Unlisted laparoscopy procedure, intestine (except rectum)	Surgical: Non Inpatient
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobili	Transplant

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, ea	Transplant
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis,	Transplant
44979	Unlisted laparoscopy procedure, appendix	Surgical: Ambulatory or Inpatient
45499	Unlisted laparoscopy procedure, rectum	Surgical: Non Inpatient
45999	Unlisted procedure, rectum	Surgical: Ambulatory or Inpatient
46999	Unlisted procedure, anus	Surgical: Ambulatory or Inpatient
47133	Donor Hepatectomy, W/Preparation & Maintenance, Allograft; Cadaver Donor	Transplant
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	Transplant
47136	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age	Transplant
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	Transplant
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	Transplant
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	Transplant
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy	Transplant
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy	Transplant
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy	Transplant
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	Transplant
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	Transplant
47379	Unlisted laparoscopic procedure, liver	Surgical: Ambulatory or Inpatient
47399	Unlisted procedure, liver	Surgical: Ambulatory or Inpatient
47579	Unlisted laparoscopy procedure, biliary tract	Surgical: Non Inpatient
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islets cells	Transplant

**2011 Keystone Mercy Prior Authorization Codes and Services**

<b>Code</b>	<b>Description</b>	<b>Service Type</b>
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	Transplant
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of all	Transplant
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	Transplant
48554	Transplantation of pancreatic allograft	Transplant
48556	Removal of transplanted pancreatic allograft	Transplant
48999	Unlisted procedure, pancreas	Surgical: Ambulatory or Inpatient
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	Surgical: Ambulatory or Inpatient
53899	Unlisted procedure, urinary system	Surgical: Ambulatory or Inpatient
58679	Unlisted laparoscopy procedure, oviduct, ovary	Surgical: Non Inpatient
60659	Unlisted Proc, Laparoscopy, Surgical, Endocrine System	Surgical: Non Inpatient
60699	Unlisted procedure, endocrine system	Surgical: Non Inpatient
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	Surgical: Non Inpatient
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	Transplant
50320	Donor Nephrectomy, Open, Living Donor W/O Allograft Preparation & Maintenance	Transplant
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and remov	Transplant
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, includin	Transplant
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	Transplant
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	Transplant
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	Transplant
50340	Recipient nephrectomy (separate procedure)	Transplant
50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy	Transplant
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Transplant
50370	Removal of transplanted renal allograft	Transplant
50380	Renal autotransplantation, reimplantation of kidney	Transplant

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	Transplant
50949	Unlisted laparoscopy procedure, ureter	Surgical: Non Inpatient
51999	Unlisted laparoscopy procedure, bladder	Surgical: Non Inpatient
53230	Excision of urethral diverticulum (separate procedure); female	Surgical: Non Inpatient
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra	Surgical: Non Inpatient
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantati	Surgical: Non Inpatient
54360	Plastic operation on penis to correct angulation	Surgical: Non Inpatient
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	Surgical: Non Inpatient
54401	Insertion of penile prosthesis; inflatable (self-contained)	Surgical: Non Inpatient
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	Surgical: Non Inpatient
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	Surgical: Non Inpatient
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative ses	Surgical: Ambulatory or Inpatient
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at	Surgical: Ambulatory or Inpatient
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthes	Surgical: Ambulatory or Inpatient
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same oper	Surgical: Ambulatory or Inpatient
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infec	Surgical: Ambulatory or Inpatient
54699	Unlisted laparoscopy procedure, testis	Surgical: Non Inpatient
55559	Unlisted laparoscopy procedure, spermatic cord	Surgical: Non Inpatient
55899	Unlisted procedure, male genital system	Surgical: Ambulatory or Inpatient
56805	Clitoroplasty for intersex state	Cosmetic
57291	Construction of artificial vagina; without graft	Cosmetic
57292	Construction of artificial vagina; with graft	Cosmetic
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach	Cosmetic
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	Cosmetic
57335	Vaginoplasty for intersex state	Cosmetic

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
58260	Vaginal hysterectomy, for uterus 250 grams or less;	Surgical: Ambulatory or Inpatient
58578	Unlisted laparoscopy procedure, uterus	Surgical: Non Inpatient
58579	Unlisted hysteroscopy procedure, uterus	Surgical: Non Inpatient
58999	Unlisted procedure, female genital system (nonobstetrical)	Surgical: Ambulatory or Inpatient
59897	Unlisted fetal invasive procedure, including ultrasound guidance	Surgical: Ambulatory or Inpatient
59898	Unlisted laparoscopy procedure, maternity care and delivery	Surgical: Non Inpatient
64612*	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)	Surgical: Ambulatory or Inpatient
64613**	Chemodenervation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)	Surgical: Ambulatory or Inpatient
64614***	Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)	Surgical: Ambulatory or Inpatient
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	Cosmetic
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	Cosmetic
67923	Repair, Entropion; Blepharoplasty, Excision Tarsal Wedge	Cosmetic
67950	Canthoplasty (reconstruction of canthus)	Cosmetic
67999	Unlisted procedure, eyelids	Surgical: Ambulatory or Inpatient
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administr	Surgical: Ambulatory or Inpatient
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administr	Surgical: Ambulatory or Inpatient
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	Surgical: Ambulatory or Inpatient
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; non-programmable pump	Surgical: Ambulatory or Inpatient
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparatio	Surgical: Ambulatory or Inpatient
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/o	Surgical: Ambulatory or Inpatient

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
63650	Percutaneous implantation of neurostimulator electrode array, epidural	Surgical: Ambulatory or Inpatient
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Surgical: Ambulatory or Inpatient
63663	"Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fl	Surgical: Ambulatory or Inpatient
63664	"Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminoto	Surgical: Ambulatory or Inpatient
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	Surgical: Ambulatory or Inpatient
64550	Application of surface (transcutaneous) neurostimulator	Surgical: Ambulatory or Inpatient
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve	Surgical: Ambulatory or Inpatient
64555	Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)	Surgical: Ambulatory or Inpatient
64560	Percutaneous implantation of neurostimulator electrodes; autonomic nerve	Surgical: Ambulatory or Inpatient
64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	Surgical: Ambulatory or Inpatient
64565	Percutaneous implantation of neurostimulator electrodes; neuromuscular	Surgical: Ambulatory or Inpatient
64573	Incision for implantation of neurostimulator electrodes; cranial nerve	Surgical: Ambulatory or Inpatient
64575	Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)	Surgical: Ambulatory or Inpatient
64577	Incision for implantation of neurostimulator electrodes; autonomic nerve	Surgical: Ambulatory or Inpatient
64580	Incision for implantation of neurostimulator electrodes; neuromuscular	Surgical: Ambulatory or Inpatient
64581	Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	Surgical: Ambulatory or Inpatient
64590	Insertion or replacement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling	Surgical: Ambulatory or Inpatient
64999	Unlisted procedure, nervous system	Surgical: Ambulatory or Inpatient
65710	Keratoplasty (corneal transplant); lamellar	Transplant
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia)	Transplant
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	Transplant

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	Transplant
65756	Keratoplasty (corneal transplant); endothelial	Transplant
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for	Transplant
65765	Keratophakia	Surgical: Ambulatory or Inpatient
65767	Epikeratoplasty	Surgical: Ambulatory or Inpatient
65770	Keratoprosthesis	Surgical: Non Inpatient
67299	Unlisted procedure, posterior segment	Surgical: Ambulatory or Inpatient
67399	Unlisted procedure, ocular muscle	Surgical: Non Inpatient
67599	Unlisted procedure, orbit	Surgical: Ambulatory or Inpatient
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Cosmetic
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	Cosmetic
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	Cosmetic
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	Cosmetic
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	Cosmetic
77799	Unlisted procedure, clinical brachytherapy	Radiation
68371	Harvesting conjunctival allograft, living donor	Transplant
68399	Unlisted procedure, conjunctiva	Surgical: Non Inpatient
68899	Unlisted procedure, lacrimal system	Surgical: Non Inpatient
69300	Otoplasty, protruding ear, with or without size reduction	Cosmetic
69399	Unlisted procedure, external ear	Surgical: Non Inpatient
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	Surgical: Non Inpatient
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	Surgical: Non Inpatient
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear	Surgical: Ambulatory or Inpatient
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear	Surgical: Ambulatory or Inpatient
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment	Surgical: Ambulatory or Inpatient
69799	Unlisted procedure, middle ear	Surgical: Non Inpatient
69930	Cochlear device implantation, with or without mastoidectomy	Surgical: Ambulatory or Inpatient
69949	Unlisted procedure, inner ear	Surgical: Non Inpatient

<b>2011 Keystone Mercy Prior Authorization Codes and Services</b>		
<b>Code</b>	<b>Description</b>	<b>Service Type</b>
69979	Unlisted procedure, temporal bone, middle fossa approach	Surgical: Non Inpatient
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	Radiology
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	Radiation
77499	Unlisted procedure, therapeutic radiology treatment management	Radiation
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	Radiology
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	Radiology
94799	Unlisted pulmonary service or procedure	Rehab
96549	Unlisted chemotherapy procedure	Chemotherapy
90281	Immune globulin (Ig), human, for intramuscular use	Infusion and Injectables
90283	Immune globulin (IgIV), human, for intravenous use	Infusion and Injectables
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	Infusion and Injectables
90287	Botulinum antitoxin, equine, any route	Infusion and Injectables
90288	Botulism immune globulin, human, for intravenous use	Infusion and Injectables
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use	Infusion and Injectables
90378	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each	Infusion and Injectables
90399	Unlisted immune globulin	Infusion and Injectables
90999	Unlisted dialysis procedure, inpatient or outpatient	Surgical: Non Inpatient
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpreta	Gastroenterology
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report	Gastroenterology
91299	Unlisted diagnostic gastroenterology procedure	Gastroenterology
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Rehab
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation)	Rehab
92700	Unlisted otorhinolaryngological service or procedure	Audiology

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	Cardiology
93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	Cardiology
93799	Unlisted cardiovascular service or procedure	Cardiology
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral co	Misc
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, l	Misc
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory,	Misc
95999	Unlisted neurological or neuromuscular diagnostic procedure	Misc
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention,	Misc
96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card So	Misc - NeuroPsych Testing
96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card So	Misc - NeuroPsych Testing
96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care pro	Misc - NeuroPsych Testing
96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health c	Misc
96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological moni	Misc
96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological moni	Misc
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	Misc
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	Misc
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	Misc

**2011 Keystone Mercy Prior Authorization Codes and Services**

<b>Code</b>	<b>Description</b>	<b>Service Type</b>
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)	Misc
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	Infusion and Injectables
96999	Unlisted special dermatological service or procedure	Misc
97010	Application of a modality to one or more areas; hot or cold packs	Rehab
97012	Application of a modality to one or more areas; traction, mechanical	Rehab
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	Rehab
97016	Application of a modality to one or more areas; vasopneumatic devices	Rehab
97018	Application of a modality to one or more areas; paraffin bath	Rehab
97022	Application of a modality to one or more areas; whirlpool	Rehab
97024	Application of a modality to one or more areas; diathermy (eg, microwave)	Rehab
97026	Application of a modality to one or more areas; infrared	Rehab
97028	Application of a modality to one or more areas; ultraviolet	Rehab
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	Rehab
97033	Application of a modality to one or more areas; iontophoresis, each 15 minutes	Rehab
97034	Application of a modality to one or more areas; contrast baths, each 15 minutes	Rehab
97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Rehab
97036	Application of a modality to one or more areas; Hubbard tank, each 15 minutes	Rehab
97039	Unlisted modality (specify type and time if constant attendance)	Rehab
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, rang	Rehab
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination,	Rehab
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	Rehab
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)	Rehab

**2011 Keystone Mercy Prior Authorization Codes and Services**

<b>Code</b>	<b>Description</b>	<b>Service Type</b>
97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (	Rehab
97139	Unlisted therapeutic procedure (specify)	Rehab
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regi	Rehab
97150	Therapeutic procedure(s), group (2 or more individuals)	Rehab
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functi	Rehab
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct	Rehab
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, di	Rehab
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, sa	Rehab
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or wor	Rehab
97799	Unlisted physical medicine/rehabilitation service or procedure	Misc
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions	Misc
98941	Chiropractic manipulative treatment (CMT); spinal, three to four regions	Misc
98942	Chiropractic manipulative treatment (CMT); spinal, five regions	Misc
98943	Chiropractic manipulative treatment (CMT); extraspinal, one or more regions	Misc
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session	Misc
99199	Unlisted special service, procedure or report	Misc
99201U8	CHIR ONLY Office or Other Outpatient visit for evaluation and management of new patient.	Misc
99202U8	CHIRO ONLY Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key comp	Misc
99203U8	CHIRO Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key comp	Misc
99204U8	CHIRO ONLY Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key comp	Misc

**2011 Keystone Mercy Prior Authorization Codes and Services**

<b>Code</b>	<b>Description</b>	<b>Service Type</b>
99205U8	CHIRO ONLY'Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key comp	Misc
99211U8	CHIRO ONLY'Office or other outpatient visit for the evaluation and management of an established patient, that may not require the p	Misc
99212U8	CHIRO ONLY'Office or other outpatient visit for the evaluation and management of an established patient, which requires at least tw	Misc
99213U8	CHIRO ONLY Office or other outpatient visit for the evaluation and management of an established patient, which requires at least tw	Misc
99214U8	CHIRO ONLY 'Office or other outpatient visit for the evaluation and management of an established patient, which requires at least tw	Misc
99215U8	CHIRO ONLY Office or other outpatient visit for the evaluation and management of an established patient, which requires at least tw	Misc
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and	Laboratory
99501	Home visit for postnatal assessment and follow-up care	Laboratory
99502	Home visit for newborn care and assessment	Laboratory
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	Laboratory
99504	Home visit for mechanical ventilation care	Laboratory
99505	Home Visit for stoma care and maintenance including colostomy and cystostomy	Laboratory
99506	Home visit for intramuscular injections	Laboratory
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	Laboratory
99509	Home visit for assistance with activities of daily living and personal care	Laboratory
99510	Home visit for individual, family, or marriage counseling	Laboratory
99511	Home visit for fecal impaction management and enema administration	Laboratory
99512	Home visit for hemodialysis	Laboratory
99600	Unlisted home visit service or procedure	Home Care
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);	Infusion and Injectables
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in additio	Infusion and Injectables
A0140	Non-emergency transportation and air travel (private or commercial), intra or inter state	Ambulance/Transportation

**2011 Keystone Mercy Prior Authorization Codes and Services**

<b>Code</b>	<b>Description</b>	<b>Service Type</b>
A0150	Non-Emergency Transportation, Ambulance, Base Rate One Way	x
A0160	Non-emergency transportation: per mile - caseworker or social worker	Ambulance/Transportation
A0170	Transportation ancillary: parking fees, tolls, other	Ambulance/Transportation
A0180	Non-emergency transportation: ancillary: lodging - recipient	Ambulance/Transportation
A0424	Extra ambulance attendant, ground (als or bls) or air (fixed or rotary winged); (requires medical review)	Ambulance/Transportation
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	Ambulance/Transportation
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	Ambulance/Transportation
A0999	Unlisted ambulance service	Ambulance/Transportation
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of p	Rehab
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or witho	Surgical: Non Inpatient
G0341	Percutaneous Islet cell transplant, includes portal vein catheterization and infusion	Transplant
G0342	Laparoscopy for islet cell transplant, includes portal vein catherization and infusion	Transplant
G0343	Laparotomy for islet cell transplant, includes portal vein catherization and infusion	Transplant
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart r	Sleep Study
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow,	Sleep Study
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	Sleep Study
G0422	"Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session"	Rehab
G0423	"Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session"	Rehab
G0424	"Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to 2 sessions per day"	Rehab
G0151	Services of physical therapist in home health setting, each 15 minutes	Rehab

**2011 Keystone Mercy Prior Authorization Codes and Services**

<b>Code</b>	<b>Description</b>	<b>Service Type</b>
G0152	Services of occupational therapist in home health setting, each 15 minutes	Rehab
G0153	Services of speech and language pathologist in home health setting, each 15 minutes	Rehab
G0154	Services of skilled nurse in home health setting, each 15 minutes	Home Care
G0154U8	Services of skilled nurse in home health setting, each 15 minutes	Home Care
G0155	Services of clinical social worker in home health setting, each 15 minutes	Home Care
G0156	Services of home health aide in home health setting, each 15 minutes	Home Care
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination	Infusion and Injectables
S9330	Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, profession	Infusion and Injectables
S9331	Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, profes	Infusion and Injectables
S9335	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessar	Infusion and Injectables
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., heparin), administrative services, professional	Infusion and Injectables
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and al	Infusion and Injectables
S9340	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all nec	Infusion and Injectables
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination,	Infusion and Injectables
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, an	Infusion and Injectables
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, a	Infusion and Injectables
S9345	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor VIII); administrative services, professional	Infusion and Injectables
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., prolastin); administrative services, professional pharmacy se	Infusion and Injectables

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g. epop	Infusion and Injectables
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, pro	Infusion and Injectables
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordin	Infusion and Injectables
S9351	Home infusion therapy, continuous anti-emetic infusion therapy; administrative services, professional pharmacy services,	Infusion and Injectables
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, car	Infusion and Injectables
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, an	Infusion and Injectables
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, profession	Infusion and Injectables
S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, prof	Infusion and Injectables
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coord	Infusion and Injectables
S9363	Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordinatio	Infusion and Injectables
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care c	Infusion and Injectables
S9365	Home infusion therapy, total parenteral nutrition (tpn); one liter per day, administrative services, professional pharma	Infusion and Injectables
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, admini	Infusion and Injectables
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, adm	Infusion and Injectables
S9368	Home infusion therapy, total parenteral nutrition (tpn); more than three liters per day, administrative services, profes	Infusion and Injectables

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
S9370	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care	Infusion and Injectables
S9372	Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharma	Infusion and Injectables
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, an	Infusion and Injectables
S9374	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, ca	Infusion and Injectables
S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative servic	Infusion and Injectables
S9376	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative ser	Infusion and Injectables
S9377	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy	Infusion and Injectables
Q4100	Skin substitute, not otherwise specified	Cosmetic
S2053	Transplantation of small intestine, and liver allografts	Transplant
S2054	Transplantation of multivisceral organs	Transplant
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor	Transplant
S2060	Lobar lung transplantation	Transplant
S2061	Donor lobectomy (lung) for transplantation, living donor	Transplant
S2065	Simultaneous pancreas kidney transplantation	Transplant
S2078	Laparoscopic supracervical hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without rem	Surgical: Ambulatory or Inpatient
S2102	Islet cell tissue transplant from pancreas; allogeneic	Transplant
S2103	Adrenal tissue transplant to brain	Transplant
S2107	Adoptive immunotherapy, i.e. development of specific anti-tumor reactivity (e.g., tumor-infiltrating lymphocyte therapy)	Experimental Investigation
S2117	Arthroereisis, subtalar	Experimental Investigation
S2140	Cord blood harvesting for transplantation, allogeneic	Transplant
S2142	Cord blood-derived stem-cell transplantation, allogeneic	Transplant

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation	Transplant
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s) , procurement,	Transplant
S2344	Nasal/sinus endoscopy, surgical; with enlargement of sinus ostium opening using inflatable device (i.e., balloon sinupla	Experimental Investigation
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single o	Experimental Investigation
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero	Experimental Investigation
S2404	Repair, myelomeningocele in the fetus, procedure performed in utero	Experimental Investigation
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	Surgical: Ambulatory or Inpatient
S3818	Complete gene sequence analysis; BRCA 1 gene	Laboratory
S3819	Complete gene sequence analysis; BRCA 2 gene	Laboratory
S3820	Complete BRCA1 and BRCA2 gene sequence analysis for susceptibility to breast and ovarian cancer	Laboratory
S3822	Single mutation analysis (in individual with a known BRCA1 or BRCA2 mutation in the family) for susceptibility to breast	Laboratory
S3823	Three-mutation BRCA1 and BRCA2 analysis for susceptibility to breast and ovarian cancer in Ashkenazi individuals	Laboratory
S3828	Complete gene sequence analysis; MLH1 gene	Laboratory
S3829	Complete gene sequence analysis; MLH2 gene	Laboratory
S3830	Complete MLH1 and MLH2 gene sequence analysis for hereditary nonpolyposis colorectal cancer (HNPCC) genetic testing</	Laboratory
S3831	Single-mutation analysis (in individual with a known mlh1 and mlh2 mutation in the family) for hereditary nonpolyposis c	Laboratory
S3833	Complete APC gene sequence analysis for susceptibility to familial adenomatous polyposis (FAP) and attenuated FAP	Laboratory
S3834	Single-mutation analysis (in individual with a known APC mutation in the family) for susceptibility to familial adenomat	Laboratory
S3835	Complete gene sequence analysis for cystic fibrosis genetic testing	Laboratory

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
S3837	Complete gene sequence analysis for hemochromatosis genetic testing	Laboratory
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Laboratory
S3841	Genetic testing for retinoblastoma	Laboratory
S3842	Genetic testing for von Hippel-Lindau disease	Laboratory
S3843	DNA analysis of the F5 gene for susceptibility to Factor V Leiden thrombophilia	Laboratory
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	Laboratory
S3845	Genetic testing for alpha-thalassemia	Laboratory
S3846	Genetic testing for hemoglobin E beta-thalassemia	Laboratory
S3847	Genetic testing for Tay-Sachs disease	Laboratory
S3848	Genetic testing for Gaucher disease	Laboratory
S3849	Genetic testing for Niemann-Pick disease	Laboratory
S3850	Genetic testing for sickle cell anemia	Laboratory
S3851	Genetic testing for Canavan disease	Laboratory
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	Laboratory
S3853	Genetic testing for myotonic muscular dystrophy	Laboratory
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Laboratory
S3855	Genetic testing for detection of mutations in the presenilin - 1 gene	Laboratory
S3860	Genetic testing, comprehensive cardiac ion channel analysis, for variants in 5 major cardiac ion channel genes for indiv	Laboratory
S3861	Genetic testing, sodium channel, voltage-gated, Type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrom	Laboratory
S3862	Genetic testing, family-specific ion channel analysis, for blood-relatives of individuals (index case) who have previous	Laboratory
S3865	COMPREHENSIVE GENE SEQUENCE ANALYSIS FOR HYPERTROPHIC CARDIOMYOPATHY	Laboratory
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mu	Laboratory
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or mental	Laboratory
S3890	DNA analysis, fecal, for colorectal cancer screening	Laboratory
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	Infusion and Injectables
S5101	Day care services, adult; per half day	Misc

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
S5102	Day care services, adult; per diem	Misc
S5108	Home care training to home care client, per 15 minutes	Home Care
S5109	Home care training to home care client, per session	Home Care
S5110	Home care training, family; per 15 minutes	Home Care
S5111	Home care training, family; per session	Home Care
S5115	Home care training, non-family; per 15 minutes	Home Care
S5116	Home care training, non-family; per session	Home Care
S5120	Chore services; per 15 minutes	Misc
S5125	Attendant care services; per 15 minutes	Misc
S5130	Homemaker service, NOS; per 15 minutes	Misc
S5145	Foster care, therapeutic, child; per diem	Misc
S5150	Unskilled respite care, not hospice; per 15 minutes	Misc
S5151	Unskilled respite care, not hospice; per diem	Misc
S5185	Medication reminder service, non-face-to-face; per month	Misc
S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, profession	Infusion and Injectables
S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional	Infusion and Injectables
S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, profe	Infusion and Injectables
S5502	Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professiona	Infusion and Injectables
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	Infusion and Injectables
S5518	Home infusion therapy, all supplies necessary for catheter repair	Infusion and Injectables
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (	Infusion and Injectables
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Infusion and Injectables
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supp	Infusion and Injectables
S5523	Home infusion therapy, insertion of midline central venous catheter, nursing services only (no supplies or catheter incl	Infusion and Injectables
S8940	Equestrian/hippotherapy, per session	Rehab
S9097	Home visit for wound care	Home Care

**2011 Keystone Mercy Prior Authorization Codes and Services**

<b>Code</b>	<b>Description</b>	<b>Service Type</b>
S9098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies,	Home Care
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	Home Care
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT cod	Home Care
S9124	Nursing care, in the home; by licensed practical nurse, per hour	Home Care
S9127	Social work visit, in the home, per diem	Home Care
S9128	Speech therapy, in the home, per diem	Rehab
S9129	Occupational therapy, in the home, per diem	Rehab
S9131	Physical Therapy; in the home, per diem	Rehab
S9152	Speech therapy, re-evaluation	x
S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination,	Misc
S9209	Home management of preterm premature rupture of membranes (pprom), including administrative services, professional pharm	Misc
S9211	Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coor	Notification - Maternity
S9212	Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coord	Misc
S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, an	Notification - Maternity
S9214	Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordina	Notification - Maternity
S9216	Nursing services and all necessary equipment and supplies for gestational hypertension program, per diem	x
S9217	Nursing services and all necessary equipment and supplies for postpartum hypertension program (includes maternal assessm	x
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordinat	Infusion and Injectables
S9326	Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, profess	Infusion and Injectables
S9327	Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, pro	Infusion and Injectables

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services,	Infusion and Injectables
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy servic	Infusion and Injectables
V5274	Assistive listening device, not otherwise specified	Audiology
V5298	Hearing aid, not otherwise classified	Audiology
V5299	Hearing service, miscellaneous	Audiology
S9451	Exercise classes, non-physician provider, per session	Misc
S9472	Cardiac rehabilitation program, non-physician provider, per diem	Rehab
S9473	Pulmonary rehabilitation program, non-physician provider, per diem	Rehab
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordinati	Infusion and Injectables
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy (do not use with home infusion codes for hourly dosi	Infusion and Injectables
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every three hours; administrative services, pr	Infusion and Injectables
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, profe	Infusion and Injectables
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, profe	Infusion and Injectables
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every eight hours, administrative services, pr	Infusion and Injectables
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every six hours; administrative services, professional	Infusion and Injectables
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every four hours; administrative services, professiona	Infusion and Injectables
S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, pr	Infusion and Injectables
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all	Misc
S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, ca	Infusion and Injectables



**2011 Keystone Mercy Prior Authorization Codes and Services**

<b>Code</b>	<b>Description</b>	<b>Service Type</b>
T2028	Specialized supply, not otherwise specified, waiver	Misc
T2029	Specialized medical equipment, not otherwise specified, waiver	Misc
T2032	Residential care, not otherwise specified (NOS), waiver; per month	Misc
T2033	Residential care, not otherwise specified (NOS), waiver; per diem	Misc
T2046	Hospice long term care, room and board only; per diem	Inpatient
W6063	RENTAL - BATTERIES AND CHARGERS FOR WHEELCHAIRS FOR PE/LTC	x
W6065	RENTAL - SPECIFIC SEAT WIDTH, DEPTH AND HEIGHT OF WHEELCHAIR FOR PE/LTC	x
W6069	RENTAL - SEAT FOR WHEELCHAIR FOR PE/LTC	x
W6071	RENTAL - BACK FOR WHEELCHAIR FOR PE/LTC	x
W6089	RENTAL - MANUAL LIGHTWEIGHT WHEELCHAIR FOR PE/LTC	x
W6090	PURCHASE - MANUAL STANDARD LOW WHEELCHAIR FOR PE/LTC	x
W6091	RENTAL - MANUAL STANDARD LOW WHEELCHAIR FOR PE/LTC	x
W6092	PURCHASE - MANUAL STANDARD WHEELCHAIR FOR PE/LTC	x
W6093	RENTAL - MANUAL STANDARD WHEELCHAIR FOR PE/LTC	x
Z1350	REPAIR OF DME -PARTS- (SUGGESTED PRICE + HOURS OF LABOR NOT TO EXCEED 50% OF PURCHASE PRICE)	x
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and post	Notification - Maternity
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	Notification - Maternity
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	Notification - Maternity
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	Notification - Maternity
59514	Cesarean delivery only;	Notification - Maternity
59515	Cesarean delivery only; including postpartum care	Notification - Maternity
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and post	Notification - Maternity
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	Notification - Maternity

### 2011 Keystone Mercy Prior Authorization Codes and Services

Code	Description	Service Type
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartu	Notification - Maternity
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care following attempted vaginal del	Notification - Maternity
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	Notification - Maternity
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	Notification - Maternity
67909	Reduction of overcorrection of ptosis	Cosmetic
67911	Correction of lid retraction	Surgical: Non Inpatient
69090	Ear piercing	Cosmetic
*6412	Authorization will be required if billed in place of service other than 11 or without the following qualifying diagnosis as primary dx: 333.81 Blepharospasm	
**64613	Authorization will be required if billed in place of service other than 11 or without the following qualifying diagnosis as primary dx: 723.5 Torticollis, unspecified; 333.8 Fragments of torsion dystonia; 333.6 Genetic torsion dystonia	
***64614	Authorization will be required if billed in place of service other than 11 or without the following qualifying diagnosis as primary dx: 342.10 Spastic hemiplegia affecting unspecified side; 342.11 Spastic hemiplegia affecting dominate side, 342.12 Spastic hemiplegia affecting nondominat side; 343.9 Unspecified infantile cerebral palsy; 343.0 Diplegic infantile cerebral palsy; 343.1 Hemiplegic infantile cerebral palsy; 343.2 Quadriplegic infantile cerebral palsy; 343.3 Momoplegic infantile cerebral palsy; 443.8 Other specified infantile cerebral palsy; 343.4 Infantile hemiplegia; 333.7 Dystonia; 340 Multiple Sclerosis	