

*Yes = PRIOR AUTHORIZATION REQUIRED No = NO PRIOR AUTHORIZATION REQUIRED ** Out of network providers <u>always</u> require service pre-authorization.** PRIOR AUTHORIZATION DOES NOT GUARANTEE COVERAGE OR ELIGIBILITY PRIOR AUTHORIZATION DOES NOT GUARANTEE PAYMENT ON NON-COVERED BENEFIT.

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		CHRISTUS to CHRISTUS Rule Applies to USFHP	
Effective 07/01/2022 00:00:01	*Any and all codes (listed/non-listed	under CPT/Rev/HCPC) pertaining to each Category and Details/Notes section are subject to the corresponding PA Requirements	*PA Requirement
Category	Details/Notes	CPT/Rev/HCPC Codes	USFHP
	Includes cardiac ablation/electrophysiology		
Ablation	study and ablation for bone, liver, kidney and prostate cancer	20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 50250, 50541, 50542, 50592, 50593, 53850, 53852, 53854, 55873, 93650, 93653, 93654, 93656, 0421T, 0582T	Yes
Adjunctive Dental and Dental		D9110, D9120, D9210, D9211, D9212, D9215, D9220, D9221, D9222, D9223, D9230, D9239, D9241, D9242, D9243, D9248, D9310, D9410,	
Anesthesia and Institutional Benefits	Adjunctive dental care to treat a covered medical condition, injury, or disease.	D9420, D9430, D9440, D9450, D9610, D9612, D9630, D9910, D9911, D9940, D9941, D9942, D9950, D9999, D9920, D9930, D9951, D9952, D9970, D9971, D9972, D9973, D9974, D9975	Yes
Behavioral Health Services	Partial Hospitalization	912, 913, 915, H0035	Yes
Behavioral Health Services	Transcranial magnetic stimulation(TMS)	90867, 90868, 90869, K1002	Yes
Behavioral Health Services	Electric shock therapy, Electroconvulsive Therapy (ECT)	90870	Yes
Behavioral Health Services	Psychoanalysis	90845	Yes
	Residential Treatment Center (RTC)		
Behavioral Health Services	care/Applied Behavior Analysis/ treatment	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T	Yes
Bone growth stimulators		20974, 20975, 20979, E0747, E0748, E0749, E0760	No
Chemotherapy agents, supportive drugs and Home Infusion Drugs		A9589,C9047,C9399, J0129, J0178, J0179, J0202, J0222, J0450, J0517, J0567, J0570, J0584, J0585, J0586, J0587, J0588, J0599, J0600, J0604, J0606, J0630, J0642, J0800, J0840, J0841, J0850, J0881, J0897, J1071, J1162, J1300, J1301, J1303, J1380, J1410, J1459, J1460, J1555, J1556, J1559, J1560, J1561, J1562, J1566, J1568, J1569, J1575, J1632, J1756, J1950, J2170, J2182, J2323, J2326, J2350, J2503, J2505, J2507, J2724, J2787, J2941, J3111, J3121, J3145, J3316, J3355, J3385, J3397, J3398, J3490, J3590, J7170, J7175, J7179, J7195, J7199, J7207, J7208, J7504, J7599, J7699, J7799, J7999, J8498, J8499, J8501, J8510, J8515, J8520, J8521, J8530, J8540, J8560, J8562, J8565, J8597, J8600, J8610, J8650, J8655, J8670, J8700, J8705, J8999, J9000, J9015, J9017, J9019, J9020, J9022, J9023, J9025, J9027, J9030, J9032, J9033, J9034, J9034, J9035, J9039, J9040, J9041, J9044, J9043, J9044, J9045, J9047, J9050, J9055, J9057, J9060, J9065, J9070, J9098, J9100, J9118, J9119, J9120, J9130, J9145, J9150, J9151, J9153, J9155, J9160, J9165, J9171, J9173, J9175, J9176, J9177, J9178, J9179, J9181, J9185, J9190, J9198, J9200, J9201, J9202, J9203, J9204, J9205, J9206, J9207, J9208, J9209, J9210, J9211, J9212, J9213, J9214, J9215, J9216, J9217, J9218, J9219, J9225, J9226, J9229, J9230, J9245, J9246, J9250, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9269, J9270, J9271, J9280, J9285, J9299, J9301, J9302, J9303, J9305, J9306, J9307, J9308, J9309, J9311, J9312, J9313, J9315, J9320, J9325, J9328, J9330, J9340, J9351, J9352, J9354, J9355, J9356, J9357, J9358, J9360, J9370, J9371, J9390, J9395, J9400, J9600, J9999, Q2026, Q2028, Q2041, Q2042, Q2043, Q4082, Q5107, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q9991, Q9992, S0189, S0190, S0191 (All other codes related to this category)	Yes
	O) Services and the Autism Care Demonstration		Yes
Hemo Dialysis		All codes related to the category 99510, 99512, 99600, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, S0270, S0271, S0272, S0273, S0274, S5108, S5109, S5110, S5111, S5115, S5116, S5180, S5181, S9001, S9097, S9098, S9122, S9123, S9124, S9125, S9127, S9128, S9129, S9131, S9208, S9209, S9211, S9212, S9213, S9214, T1000, T1004, T1005, T1021, T1022, T1028,	Yes
Home health/home infusion		T1030, T1031, T1502, T1503	Yes
	Acute hospital (includes inpatient hospice), Acute rehab facilities, Long-term acute care, Mental health, Substance use and residential treatment, Skilled nursing facilities.		
Inpatient admissions	Residential Treatment Facility (RTF)	All, except for Maternity Admissions	Yes
Low Protein Modified Foods (LPMF Metabolism (IEM)) for the treatment of Inborn Errors of		Yes

CHRISTUS» Health Plan	*Yes = PRIOR AUTHORIZATION REQUIRED No = NO PRIOR AUTHORIZATION REQUIRED		
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Spravato™ (esketamine)	Spravato™ (esketamine) nasal spray shall be preauthorized under the medical benefit		Yes
Transplant evaluations	All testing, scans and labortory associated with transplant evaluation and placement	All codes related to the evaluation	Yes
Transplant surgeries		32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 38230, 38232, 38240, 38241, 38243, 47133, 47135, 48160, 48550, 48554, 48556, 50360, 50365, 50370, 50380, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81595, 84999, 0494T, 0495T, 0496T, 0584T, 0585T, 0586T, L8698, S9975	Yes