

InterQual® SmartSheets™ criteria have been developed to provide clinical support to health care providers at point of care. Clinicians should [log in](#) to our website to access InterQual® Smart Sheets™ when a member requires a procedure from the following lists of procedures that is subject to prior authorization.

The following services require an InterQual® SmartSheet™ to be filled out:

Procedures to treat Benign Prostatic Hypertrophy (BPH)

The following is a list of procedure codes requiring prior authorization for BPH procedures.

Procedure Code	Description
52450	Transurethral incision of prostate *Please Note: Use TURP criteria when reviewing for this code.*
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) *Please Note: Use TURP criteria when reviewing for this code.*
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy *Please Note: Use TUNA criteria when reviewing for this code.*
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy

Cholecystectomy (Open or Laparoscopic)

The following is a list of procedure codes requiring prior authorization for cholecystectomy.

Procedure Code	Description
47562	Laparoscopy, surgical; cholecystectomy
47563	Laparoscopic cholecystectomy with cholangiography
47600	Cholecystectomy
47605	Cholecystectomy; with cholangiography

Hysterectomy

The following is a list of procedure codes requiring prior authorization for hysterectomy:

Procedure Code	Description
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocytopexy (e.g., Marshall-Marchetti-Krantz, Burch) *Please use Hysterectomy, Abdominal With or Without BSO MNG when reviewing this procedure code
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58260	Vaginal hysterectomy, for uterus 250 grams or less;
58262	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)
58263	Vaginal hysterectomy, for uterus 250 grams or less, with removal of tube(s), and/or ovary(s), with repair of enterocele *Please use Hysterectomy, Abdominal With or Without BSO MNG when reviewing this procedure code
58267	Vaginal hysterectomy, for uterus 250 grams or less, with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control * Please use Hysterectomy, Vaginal With or Without BSO when reviewing this procedure code
58270	Vaginal hysterectomy, for uterus 250 grams or less, with repair of enterocele *Please use Hysterectomy, Abdominal With or Without BSO MNG when reviewing this procedure code
58275	Vaginal hysterectomy, with total or partial vaginectomy *Please use Hysterectomy, Abdominal With or Without BSO MNG when reviewing this procedure code
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele *Please use Hysterectomy, Abdominal With or Without BSO MNG when reviewing this procedure code
58290	Vaginal hysterectomy, for uterus greater than 250 grams;
58291	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)
58292	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enterocele *Please use Hysterectomy, Abdominal With or Without BSO MNG when reviewing this procedure code
58293	Vaginal hysterectomy, for uterus greater than 250 grams; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control * Please use Hysterectomy, Vaginal With or Without BSO when reviewing this procedure code.
58294	Vaginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele *Please use Hysterectomy, Abdominal With or Without BSO MNG when reviewing this procedure code

58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;
58552	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

[Knee Arthroscopy: Diagnostic](#)

The following is a list of procedure codes requiring prior authorization for knee arthroscopy, diagnostic

Procedure Code	Description
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29999	Unlisted procedure, arthroscopy

[Knee Arthroscopy: Surgical](#)

The following is a list of procedure codes requiring prior authorization for knee arthroscopy, surgical.

Procedure Code	Description
29873	Arthroscopy, knee, surgical; with lateral release

29875	Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)
29876	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (e.g., medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29999	Unlisted procedure, arthroscopy

[Myringotomy with Tubes:](#)

The following is a list of procedure codes requiring prior authorization for myringotomy.

Procedure Code	Description
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia

[Shoulder Arthroscopy: Diagnostic/Therapeutic](#)

Effective January 1, 2010, the following is a list of procedure codes requiring prior authorization for shoulder arthroscopy, diagnostic or therapeutic.

Procedure Code	Description
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)

[Shoulder Arthroscopy: Arthroscopically Assisted Surgery](#)

Effective January 1, 2010, the following is a list of procedure codes requiring prior authorization for shoulder arthroscopy, surgical.

Procedure Code	Description
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23412	Repair of ruptured musculotendinous cuff (e.g., rotator cuff) open; chronic
23415	Coracoacromial ligament release, with or without acromioplasty

23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation; with labral repair (e.g., Bankart procedure)
23460	Capsulorrhaphy, anterior, any type; with bone block
23462	Capsulorrhaphy, anterior, any type; with bone block; with coracoid process transfer
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29822	Arthroscopy, shoulder, surgical; debridement, limited
29823	Arthroscopy, shoulder, surgical; debridement, extensive
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation *Please use Arthroscopy, Surgical, Shoulder MNG when reviewing this procedure code
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	Arthroscopy, shoulder, surgical; biceps tenodesis

Sinusotomy

The CPT codes below require prior authorization when being they are being done with any of the listed ICD-9 Codes.

Procedure Code	Description
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus

31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus
ICD9 Code	Description
473.0	Chronic sinusitis; maxillary; antritis (chronic)
473.1	Chronic sinusitis; frontal
473.8	Chronic sinusitis; other chronic sinusitis; Pansinusitis
473.9	Chronic sinusitis; unspecified sinusitis (chronic); Sinusitis (chronic) NOS

Spine Procedures

The following is a list of procedure codes requiring prior authorization for certain elective spine procedures.

Procedure Code	Description
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22548	Arthrodesis, anterior transoral or extra oral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar Note: If requested, the use of recombinant bone morphogenic protein will be covered for this procedure code, for single level fusions between L2 and S1 only, when the criteria for the arthrodesis itself is met.
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)

Procedure Code	Description
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22899	Unlisted procedure, spine
62287	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar (e.g., manual or automated percutaneous discectomy, percutaneous laser discectomy)
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), one or two vertebral segments; cervical
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), one or two vertebral segments; thoracic
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), one or two vertebral segments; lumbar, except for spondylolisthesis
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), more than 2 vertebral segments; cervical
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), more than 2 vertebral segments; thoracic
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), more than 2 vertebral segments; lumbar
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, cervical
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar (including open or endoscopically-assisted approach)
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, re-exploration, single interspace; cervical
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, re-exploration, single interspace; lumbar

Procedure Code	Description
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis)), single vertebral segment; cervical
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis)), single vertebral segment; thoracic
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis)), single vertebral segment; lumbar
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disk), single segment; thoracic
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disk), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (e.g., far lateral herniated intervertebral disc)
63064	Costovertebral approach with decompression of spinal cord or nerve root(s), (e.g., herniated intervertebral disk), thoracic; single segment
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace

Total Joint Replacement

Effective January 1, 2010, the following is a list of procedure codes requiring prior authorization for total joint replacement.

Procedure Code	Description
23332	Removal of foreign body, shoulder; complicated (e.g., total shoulder)
23472	Arthroplasty, total shoulder (glenoid and proximal humeral replacement (e.g., total shoulder))
27130	Total Hip Replacement
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft;
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft

27138	Revision of total hip arthroplasty; femoral component only, with or without allograft
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
27486	Revision of total knee arthroplasty, with or without allograft; one component
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee

Hospital Beds

The following is a list of procedure codes requiring prior authorization for hospital beds.

Procedure Code	Description
E0250	Hospital bed, fixed height, with any type side rails, with mattress
E0251	Hospital bed, fixed height, with any type side rails, without mattress
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress
E0290	Hospital bed, fixed height, without side rails, with mattress
E0291	Hospital bed, fixed height, without side rails, without mattress
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress

E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress

Manual Wheelchairs and Accessories

The following is a list of procedure codes requiring prior authorization for manual wheelchairs.

Procedure Code	Description
A9900	Planar solid back
K0001	Standard wheelchair
K0002	Standard hemi (low seat) wheelchair
K0003	Lightweight wheelchair
K0004	High strength, lightweight wheelchair
K0005	Ultra lightweight wheelchair
K0006	Heavy duty wheelchair
K0007	Extra heavy duty wheelchair
K0052	Swing away, detachable footrests, each
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each
K0105	IV hanger, each
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each

E0990	Wheelchair accessory, elevating leg rest, complete assembly, each
E0992	Manual wheelchair accessory, solid seat insert
E1029	Wheelchair accessory, ventilator tray, fixed
E1030	Wheelchair accessory, ventilator tray, gimbaled
E1161	Manual adult size wheelchair, includes tilt in space
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
E2208	Wheelchair accessory, cylinder tank carrier, each
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth

[Patient Lifts and Transfer Systems](#)

The following is a list of procedure codes requiring prior authorization for patient lifts and transfer systems.

Procedure Code	Description
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)
E0635	Patient lift, electric with seat or sling
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs

[Supports Surfaces and Specialty Beds](#)

The following is a list of procedure codes requiring prior authorization for support surfaces and specialty beds.

Procedure Code	Description
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty
E0182	Pump for alternating pressure pad, for replacement only
E0184	Dry pressure mattress
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width

E0186	Air pressure mattress
E0187	Water pressure mattress
E0193	Powered air flotation bed (low air loss therapy)
E0194	Air fluidized bed
E0196	Gel pressure mattress
E0197	Air pressure pad for mattress, standard mattress length and width
E0198	Water pressure pad for mattress, standard mattress length and width
E0199	Dry pressure pad for mattress, standard mattress length and width
E0277	Powered pressure-reducing air mattress
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
E0372	Powered air overlay for mattress, standard mattress length and width
E0373	Nonpowered advanced pressure reducing mattress

NOTE: Due to the volume and evolving nature of new and emerging technology, and due to the evolving information regarding existing procedures, this list may not be all-inclusive. Be sure to check our Web site, tuftshealthplan.com/providers, for the most up to date information. Other procedures require prior authorization, but may not require the use of an InterQual® Smart Sheet™.