



77 W. Wacker Dr.  
Suite 1500  
Chicago, IL 60601

Dear Provider,

Thank you for your participation and feedback on our Ambulatory Surgery Center (ASC) Policy over the past year. We have listened to and heard your feedback regarding this policy, which has led us to our decision to remove the prior authorization requirements for the list of attached codes.

On **November 15, 2019**, the [ASC Steerage Policy](#) that went into effect on August 1, 2018 will **no longer** require prior authorization for the outpatient procedures listed within the policy.

As a reminder, you can also access our online [Prior Authorization Tool](#) that will help in determining which services require prior authorization.

We appreciate your help in achieving our shared goal of delivering quality, accessible, and affordable healthcare to our members. If you have any questions regarding this change, please don't hesitate to reach out to your Provider Relations Representative.

Sincerely,

A handwritten signature in black ink that reads "Mary C. Cooley". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Mary C. Cooley  
Senior Vice President, Medical Management



<b>Procedure Code</b>	<b>Procedure Code Description</b>
43239	UPPER GASTROINTESTINAL ENDOSCOPY, FOR BIOP & OR COLL OF SPEC
66984	EXTRACAPSULAR CATARACT RMVL
45378	COLONOSCOPY, FIBEROPTIC, BEY SPL FLEX, DIAGN W W/O COLON DECOMP
45380	COLONOSCOPY, W BIOPSY & OR COLLECT OF SPEC BY BRUSH OR WASH
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE-WITH REMOVAL OF TUMOR
58558	YSTEROSCOPY SURGICAL
58661	LAPRSCP W/REMOV ADNEXAL STRUCTURES
47563	LAPRSCP, CHOLECYSTMY W/CHOLANGIOG
49650	LAPRSCP, REP INGUINAL HRNIA INITL
49505	REPR INIT ING HERNIA 5 YR/MORE; REDUCIBLE
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTH
69436	TYMPANOSTOMY, GENERAL ANESTHESIA; UNILATERAL
43235	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHE
42820	TONSILLECTOMY AND ADNOIDECTOMY; UNDER AGE 12
52332	CYSTOURETHROSCOPY, W INSERT OF INDWELL URETERAL STENT
49585	REPR UMBILICAL HERNIA 5 YR/OVER; REDUCIBLE
00810	INTESTINAL ENDOPIIC PROC.
67108	RPR RETINA DETACH W VITRECTOMY
00740	ENDOSCOPIC PROC UPPER GI
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITE
52310	CYSTOURETHROSCOPY, W REM OF FOR BODY, CALC, OR URETER STE; SIMP
45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUC
67228	EXTENSIVE RETINOPATHY 1+ SESS PHOTOCOAGULATION
45330	SIGMOIDOSCOPY, FLEXIBLE, FIBEROPTIC; DIAGNOSTIC
00142	LENS SURGERY
00400	NOC INTEGUMENT/SUBCU. TISSUE CHEST
00910	NOC TRANSURETHRAL PROC
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK
00300	NOC INTEGUMENT NECK IN SUBCUTANEOUS
00902	ANORECTAL PROC. (INC BIOPSY)
76942	ULTRASONIC GUIDANCE NEEDLE BX-RAD S & I
00750	NOC HERNIA REPAIRS UPPER ABDOMEN
01820	CLSD PRO RADIUS/ULNA/WRIST/HND BNS
00126	TYMPANOTOMY
01480	NOC OPN PRO LWR LG/ANKLE/FT