

## CPT Codes Now Requiring Prior Approval

Effective immediately, the following procedure codes now require prior approval. For information on obtaining prior approval, please see:

[https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician\\_PA\\_Guidelines.pdf](https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician_PA_Guidelines.pdf)

11950: Subcutaneous injection of filling material (eg, collagen); 1 cc or less

11951: 1.1 to 5 cc

11952: 5.1 to 10 cc

11954: over 10 cc

19316: Mastopexy (unilateral)

21120: Genioplasty; augmentation (autograft, allograft, prosthetic material)

21123: sliding, augmentation with interpositional bone grafts (includes obtaining autografts)

21193: Reconstruction of mandibular rami, horizontal, vertical, "C", or "L" osteotomy; without bone graft

21208: Osteoplasty, facial bones; augmentation (autograft, allograft or prosthetic implant)

21209: reduction

21270: Malar augmentation, prosthetic material

30400: Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip

30410: complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip

30420: including major septal repair

30430: Rhinoplasty, secondary; minor revision (small amount of nasal tip work)

30435: intermediate revision (bony work with osteotomies)

30450: major revision (nasal tip work and osteotomies)

30462: tip, septum, osteotomies

30465: Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)

31588: Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)

40500: Vermilionectomy (lip shave), with mucosal advancement

67900: Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)

Questions regarding Medicaid fee-for-service policy should be directed to the Division of Program Development and Management at (518) 473-2160.