



DATE: March 16<sup>th</sup>, 2023  
 TO: All Sendero Health Plans Network Providers  
 RE: New Preauthorization List effective 05/15/2023

Dear Sendero Physicians and Providers,

Sendero is sensitive to balancing the administrative burdens of preauthorization with the managed care responsibility to promote clinically appropriate, cost-effective services for our members. To this end, we perform an ongoing review of the list of services requiring preauthorization. Our aim is to limit this list to services that have a significant benefit to pre-review from a member risk, clinical appropriateness, and/or cost perspective.

Below is a summary of the changes to the Sendero preauthorization list, **effective 5/15/2023**. The full list of health care service codes can be found at <https://senderohealth.com/providers/>, Preauthorization tab.

**Health Care Services That Have Been Added to the Preauthorization Requirement**

| CAR-T Cell Therapy – added codes |       |       |       |       |
|----------------------------------|-------|-------|-------|-------|
| Q2041                            | Q2042 | Q2053 | Q2054 | Q2055 |
| Q2056                            | C9770 | C9399 | J3399 |       |

**New 1/1/2023 HCPCS and CPT® codes that fall within the existing categories on the Sendero Preauthorization Quick Reference Guide – added codes**

| Bone Anchored Hearing Aids | DME > \$500 | Genetic Testing | High-Tech Imaging | Investigational / Experimental    |       |       | Spine Procedures |
|----------------------------|-------------|-----------------|-------------------|-----------------------------------|-------|-------|------------------|
| 69728                      | A4239       | 0172U 81237     | C7501             | 30469                             | 0334U | 0350U | 22860            |
| 69729                      | C1826       | 0319U 81413     | C7502             | 0304U                             | 0342U | 0351U | C7504            |
| 69730                      | C1827       | 0335U 81414     |                   | 0316U                             | 0343U | Q4151 | C7505            |
|                            | E2103       | 0336U 81418     |                   | 0321U                             | 0344U | Q4154 | C7507            |
| <b>Dental Services</b>     | K1003       | 0341U 81439     |                   | 0323U                             | 0347U | Q4262 | C7508            |
| G0330                      |             | 0345U 81441     |                   | 0328U                             | 0348U | Q4263 |                  |
|                            |             | 81233 81449     |                   | 0332U                             | 0349U | Q4264 |                  |
|                            |             | 81234 81451     |                   | 0333U                             |       |       |                  |
|                            |             | 81235 81456     |                   | <b>Neuropsychological Testing</b> |       |       |                  |
|                            |             | 81236 84443     | 96130             | 96131                             | 96136 | 96137 | 96138            |
|                            |             |                 | 96139             | 96149                             |       |       |                  |

**Injectable Drugs over \$500 Administered in a Home, Office or Outpatient Setting – added codes**

|       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| J0225 | J0225 | J0225 | J0877 | J0891 | J0892 | J0893 | J0898 | J0899 |
| J1456 | J1574 | J1954 | J1954 | J2021 | J2021 | J2327 | J2327 | J9046 |
| J9048 | J9049 | J9314 | J9393 | J9394 | Q5126 |       |       |       |

**Oral Drugs Removed from the Medical Preauthorization List.  
 Submit requests for these oral drugs through Navitus Pharmacy Benefit Manager.**

|       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| J8999 | J8501 | J8540 | J8499 | J8560 | J8600 | J8610 | Q0162 | J8520 |
| J8521 | J8530 | J8515 | J8562 | J8565 | J8597 | J8650 | J8705 |       |



**Health Care Services That No Longer Require Preauthorization**

| DME and Supply items below have been removed from the list of health care HCPC codes. |       |       |       |       |       |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| A4206   | A4207 | A4208 | A4209 | A4212 | A4213 | A4215 | A4216 | A4217 | A4218 | A4220 |
| A4233   | A4234 | A4235 | A4236 | A4244 | A4245 | A4246 | A4247 | A4248 | A4250 | A4252 |
| A4253   | A4255 | A4256 | A4257 | A4258 | A4259 | A4265 | A4270 | A4280 | A4286 | A4290 |
| A4310   | A4311 | A4312 | A4313 | A4314 | A4315 | A4316 | A4320 | A4321 | A4322 | A4326 |
| A4327   | A4328 | A4330 | A4331 | A4332 | A4333 | A4334 | A4335 | A4336 | A4338 | A4340 |
| A4344   | A4346 | A4349 | A4351 | A4352 | A4353 | A4354 | A4355 | A4356 | A4357 | A4358 |
| A4360   | A4361 | A4362 | A4363 | A4364 | A4366 | A4367 | A4368 | A4369 | A4371 | A4372 |
| A4373   | A4375 | A4376 | A4377 | A4378 | A4379 | A4380 | A4381 | A4382 | A4383 | A4384 |
| A4385   | A4387 | A4388 | A4389 | A4390 | A4391 | A4392 | A4393 | A4394 | A4395 | A4396 |
| A4397   | A4398 | A4399 | A4400 | A4402 | A4404 | A4405 | A4406 | A4407 | A4408 | A4409 |
| A4410   | A4411 | A4412 | A4413 | A4414 | A4415 | A4416 | A4417 | A4418 | A4419 | A4420 |
| A4421   | A4422 | A4423 | A4424 | A4425 | A4426 | A4427 | A4428 | A4429 | A4430 | A4431 |
| A4432   | A4433 | A4434 | A4426 | A4427 | A4428 | A4429 | A4430 | A4431 | A4432 | A4433 |
| A4434   | A4435 | A4450 | A4452 | A4455 | A4456 | A4458 | A4461 | A4463 | A4465 | A4466 |
| A4467   | A4481 | A4520 | A4553 | A4554 | A4558 | A4559 | A4561 | A4562 | A4565 | A4566 |
| A4570   | A4580 | A4590 | A4601 | A4602 | A4605 | A4624 | A4625 | A4626 | A4627 | A4628 |
| A4629   | A4633 | A4634 | A4635 | A4636 | A4637 | A4638 | A4641 | A4648 | A4650 | A4652 |
| A5051   | A5052 | A5053 | A5054 | A5055 | A5061 | A5062 | A5063 | A5071 | A5072 | A5073 |
| A5081   | A5082 | A5083 | A5093 | A5102 | A5105 | A5112 | A5113 | A5114 | A5120 | A5121 |
| A5122   | A5126 | A5131 | A5200 | A5510 | A6266 | A6402 | A6403 | A6404 | A6407 | A6410 |
| A6411   | A6412 | A6413 | A6441 | A6442 | A6443 | A6444 | A6445 | A6446 | A6447 | A6448 |
| A6449   | A6450 | A6451 | A6452 | A6453 | A6454 | A6455 | A6456 | A6457 | A7501 | A7502 |
| A7503   | A7504 | A7505 | A7506 | A7507 | A7508 | A7509 | A7520 | A7521 | A7522 | A7523 |
| A7524   | A7525 | A7526 | A7527 | A9180 | A9527 | A9528 | A9529 | A9530 | A9531 | A9532 |
| A9536   | A9537 | A9538 | A9539 | A9540 | A9541 | A9542 | A9543 | A9544 | A9545 | A9546 |
| A9547   | A9548 | A9550 | A9551 | A9552 | A9553 | A9554 | A9555 | A9556 | A9557 | A9558 |
| A9559   | A9560 | A9561 | A9562 | A9563 | A9564 | A9566 | A9567 | A9568 | A9569 | A9570 |
| A9571   | A9572 | A9581 | A9582 | A9583 | A9584 | A9585 | A9600 | A9604 | A9606 | A9698 |
| A9699   | E0110 | E0111 | E0112 | E0113 | E0114 | E0116 | E0191 | E0325 | E0326 | E1510 |
| E1520   | E1530 | E1540 | E1560 | E1592 | E1600 | E1620 | E1625 | E1634 | E1637 | Q4001 |
| Q4002   | Q4003 | Q4004 | Q4005 | Q4006 | Q4007 | Q4008 | Q4009 | Q4010 | Q4011 | Q4012 |
| Q4013   | Q4014 | Q4015 | Q4016 | Q4017 | Q4018 | Q4019 | Q4020 | Q4021 | Q4022 | Q4023 |
| Q4024   | Q4025 | Q4026 | Q4027 | Q4028 | Q4029 | Q4030 | Q4031 | Q4032 | Q4033 | Q4034 |
| Q4035   | Q4036 | Q4037 | Q4038 | Q4039 | Q4040 | Q4041 | Q4042 | Q4043 | Q4044 | Q4045 |
| Q4046   | Q4047 | Q4048 | Q4049 | Q4050 | Q4051 | S8185 | S8186 | S8189 | S8210 | S8420 |
| S8421   | S8422 | S8423 | S8424 | S8425 | S8426 | S8427 | S8428 | S8429 | S8430 | S8431 |
| S8450   | S8451 | S8452 | S8490 | S8999 |       |       |       |       |       |       |

**Additional Notes:**

- The *Quick Reference Guide* contains two sections, one for health care services requiring notification to Sendero and one for health care services requiring preauthorization.
- All covered services must be medically necessary, whether they require preauthorization. As such, they may be subject to periodic retrospective reviews for medical necessity.
- Sendero publishes a searchable file of the specific health care services codes requiring preauthorization that is available on the Sendero Health Plans website [www.senderohealthplans.com/providers](http://www.senderohealthplans.com/providers) on the "Prior Authorizations" tab.