

Prior authorization list (PA)

August 2025

The member's health plan requirements always supersede Versant Health's prior authorization requirements.

Medical policy	Procedure(s)	CPT or HCPCS
Clinical Policy 1300 – Cataract Surgery (also see Misc. category)	Removal of lens material	66840
		66850
		66852
		66920
		66930
		66940
	Cataract surgery MIGS – also see Glaucoma Surgery 1327	66982
		66983
		66984
		66987
		66988
		66989
		66991

Clinical Policy 1301 - Eyelid and Brow Surgery	Eyelid surgery	15820
		15821
		15822
		15823
	Repair of brow ptosis	67900
	Ptosis repair	67901
		67902
		67903
		67904
		67906
		67908
	Repair ectropion	67914 – 67917
	Repair entropion	67921 – 67924

Clinical Policy 1305 – Posterior Capsulotomy (formerly YAG) (also see Misc. category)	Discission of secondary membranous cataract	66820
		66821

Clinical Policy 1308 - Laser Trabeculoplasty	Trabeculoplasty by laser	65855
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Clinical Policy 1315 – Keratoplasty and Keratectomy – Corneal Transplantation	Excision of lesion, cornea	65400
	Removal of corneal epithelium	65435
		65436
	Keratoplasty	65710
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		65750
		65755
		65756
	65757	
	Keratoprosthesis	65770
Corneal incision donor cornea	65767	
Descemet stripping – unlisted anterior procedure	66999	
Phototherapeutic keratectomy	S0812	

Clinical Policy 1317 - Intravitreal A-VEGF Injections	Cimerli ranibizumab-eqrn biosimilar - unclassified drugs or biologicals	C9399
	Eylea HD aflibercept, 1 mg	J0177
	Eylea aflibercept	J0178
	Beovu brolocizumab	J0179
	Macugen pegaptanib	J2503
	Vabysmo faricimab-svoa	J2777
	Lucentis ranibizumab	J2778
	Unclassified drugs	J3490
	Unclassified biologics including Yesafili (aflibercept -jbvf)	J3590
	Byooviz ranibizumab-nuna	Q5124
	Cimerli ranibizumab-eqrn biosimilar (both codes C9399 and Q5128 are allowed)	Q5128
	Injection, aflibercept-ayyh (PAVBLU), biosimilar, 1 mg	Q5147
	Injection, aflibercept-abzv (ENZEEVU), biosimilar, 1 mg	Q5149
	Injection, aflibercept-mrbb (AHZANTIVE), biosimilar, 1 mg	Q5150
	Injection, aflibercept-yszy (Opuviz), biosimilar, 1 mg	Q5153 new permanent code

Clinical Policy 1322 - Laser Peripheral Iridotomy	Iridotomy/iridectomy by laser	66761
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Clinical Policy 1325 - Botulinum Toxin	Chemodeneration of muscles - facial nerve	64612
	Chemodeneration of extraocular muscle	67345
	Injection onabotulinumtoxin A	J0585
		J0586
		J0588
Injection onabotulinumtoxin B	J0587	

Clinical Policy - 1326 Laser Photocoagulation (see also Misc. category)	Under destruction procedures on the retina or choroid	67208
		67210
		67218
		67220
		67227
		67228
		67299

Clinical Policy 1327 - Glaucoma Surgery	Insertion of anterior segment drainage device	0253T
		0449T
		0450T
		0474T
		0671T
	Goniotomy	65820
	Fistulization of sclera for glaucoma	66150
		66155
		66160
		66170
		66172
	Transluminal dilation of aqueous outflow canal	66174
		66175
	Aqueous shunt	66179
		66180
	Insertion of anterior segment aqueous drainage device	66183
	Revision of aqueous shunt wo/w graft	66184
		66185
	MIGS – also see 1300 Cataract Surgery	66989
		66991

Clinical Policy 1328 - Keratoconus and Related Corneal Ectasias	Collagen cross-linking of cornea	0402T
	Keratoplasties	65710
		65730
		65750
		65755
		65756
	Backbench prep of corneal allograft	65757
	Implantation of corneal ring	65785
Riboflavin 5' phosphate, ophthalmic solution	J2787	

Clinical Policy 1329 - Pterygium Surgery	Excision or transposition of pterygium without or with graft	65420
		65426

Clinical Policy 1333 – Refractive Surgery	Epikeratoplasty	65767
	Radial keratotomy	65771
	Corneal relaxing incision for correction of surgically induced astigmatism	65772
	Corneal wedge resection for correction of surgically induced astigmatism	65775
	Implantation of intrastromal corneal ring segments	65785
	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	66985
	Small incision Lenticule Extraction; use unlisted procedure, anterior segment of eye – see Misc.	66999
	Laser in situ keratomileusis (LASIK)	S0800
	Photorefractive keratectomy (PRK)	S0810

Clinical Policy 1341 - Meibomian Gland Diagnostics and Therapies	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	0207T
	Tear film imaging, unilateral or bilateral, with interpretation and report	0330T
	Near-infrared dual imaging (i.e., simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	0507T
	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	0563T
	Lumenis - intense pulsed light; uses unlisted procedure code.	17999
	Unlisted procedure, eyelids (when pertaining to meibomian gland diagnostic testing and treatment)	67999 effective 12/1/2025
	BlephEx mechanical debridement of the eyelids; uses unlisted skin procedure code.	91299

Clinical Policy 1343 – Durysta bimatoprost implant	Injection, bimatoprost, intracameral implant	J7351
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Clinical Policy 1345 - Verteporfin Photodynamic Therapy	Destruction of localized choroid lesions	67221
		67225

Clinical Policy 1346 - Corticosteroid Implants and Injections	Retisert fluocinolone acetonide, intravitreal implant	J7311
	Ozurdex dexamethasone, intravitreal implant	J7312
	Iluvien fluocinolone acetonide, intravitreal implant	J7313
	Yutiq fluocinolone acetonide, intravitreal implant	J7314

Clinical Policy 1349 - Complement Inhibitors for Geographic Atrophy	Syfovre Injection, pegcetacoplan, 1 mg	J2781
	Izervay Injection, avacincaptad pegol, 0.1 mg	J2782

Clinical Policy 1350 – iDose® TR		J7355
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	Injection, travoprost, intracameral implant, 1 mcg	
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Miscellaneous codes All uses require prior authorization	Unclassified drugs or biologicals	C9399
	Unclassified drugs	J3490
	Unclassified biologics	J3590
	Compound drug, not otherwise classified*	J7999
	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	17999
	Unlisted procedure, anterior segment of eye	66999
	Unlisted procedure, posterior segment of eye	67299
	Unlisted procedure, eyelids	67999
	Unlisted skin procedure code	91299

*Exception effective 2/13/2020: Prior authorization is required for all uses of J7999 except Avastin. J7999 is the designated code for Avastin bevacizumab in Novitas MAC jurisdictions H and L.

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