

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard,  
Baltimore, Maryland 21244-1850



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A/B MAC JURISDICTION J  
Alabama, Georgia and Tennessee



**PALMETTO GBA**  
A CELERIAN GROUP COMPANY

PHYSICIAN/PRACTITIONER NAME  
PHYSICIAN/PRACTITIONER ADDRESS  
CITY ST ZIP

Mail Date (ex. January 1, 2025)

Physician/Practitioner NPI Number: Physician/practitioner NPI

Dear Physician/Practitioner:

The purpose of this letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) has implemented a **Prior Authorization (PA) Demonstration for Certain Ambulatory Surgical Center (ASC) Services** furnished on or after **12/01/2025, in select states**. The states included in this demonstration are California, Florida, Texas, Arizona, Ohio, Tennessee, Pennsylvania, Maryland, Georgia, and New York.

Prior Authorization is for the following certain ASC services:

- i. Blepharoplasty, Eyelid Surgery, Brow Lift, and Related Services
- ii. Botulinum toxin injections
- iii. Panniculectomy, Excision of Excess Skin and Subcutaneous Tissue (Including Lipectomy), and Related Services
- iv. Rhinoplasty and Related Services
- iv. Vein ablation and Related Services

If a provider does not obtain a prior authorization request and the service is furnished, the claim will be subject to prepayment review. Prepayment review means that Palmetto GBA request medical records from the provider and make a claim determination before the claim is paid. The list of the specific Healthcare Common Procedure Coding System (HCPCS) codes that are included in the ASC Prior Authorization demonstration located in a separate document mailed along with this letter.

### **What You Need to Know**

The Prior Authorization demonstration does not change Medicare benefits or coverage requirements, nor does it create new documentation requirements. The documentation to be included with a prior authorization request is information that providers are regularly required to maintain for Medicare payments. The request must be submitted by the ASC provider or other third party on behalf of the ASC provider, referred to as a “requester.” If a requester chose to submit a prior authorization request, the requester must submit the request with the required documentation before the service is rendered and before the claim is submitted for payment to make sure all Medicare requirements are met.

The ASC facility is responsible for submission of the prior authorization request and all documentation to Medicare on behalf of the Medicare patient. However, the physician, or the other third party may submit **on behalf** of the ASC facility.

After receipt of all required documentation from the requester, Palmetto GBA will review the prior authorization request and issue a provisional affirmation or non-affirmation within seven (7) calendar days of receipt of the prior authorization request. A provider may request an expedited review if the beneficiary’s life, health, or ability to regain maximum function is in jeopardy. Palmetto GBA will complete an expedited review within two (2) business days of the prior authorization request if it is determined that a delay could seriously jeopardize the

beneficiary's life, health, or ability to regain maximum function and issue a provisional affirmation or non-affirmation decision. Palmetto GBA will send the decision letter regarding the prior authorization to the requester and, upon request, to the Medicare patient.

Palmetto GBA will send the decision letter regarding the prior authorization to the requester and, upon request, to the Medicare patient. If the prior authorization request is non-affirmed by Palmetto GBA, the requester may revise and resubmit it an unlimited number of times. Palmetto GBA will review and communicate a decision within seven (7) calendar days on each resubmitted prior authorization request. Palmetto GBA will send the provider detailed reasons for the non-affirmation decisions and offer education to help the provider understand the reason for the non-affirmation decision and how the issue can be fixed.

For detailed information about this program, please refer to the following resources:

<https://tinyurl.com/5mdssw7b>.

#### **Additional Resources**

CMS has a dedicated demonstration website for the ASC prior authorization process with additional resources at CMS Prior Authorization and Pre-Claim Review Initiatives website. Palmetto GBA will post additional information and details of any upcoming educational sessions on its website (link noted above). You may request an individual education session if you have questions about the demonstration.

#### **CMS Welcomes Feedback**

CMS is committed to continuing the ASC Prior Authorization demonstration in an open and transparent manner that serves and protects patients and the health care providers that care for them. Send feedback to CMS at [ASC\\_PA@cms.hhs.gov](mailto:ASC_PA@cms.hhs.gov).

## Attachment A

### List of Ambulatory Surgical Center Services For Prior Authorization

Code	(i) Blepharoplasty, Blepharoptosis Repair, and Brow Ptosis Repair
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
Code	(ii) Botulinum Toxin Injection
64612	Chemodeneration of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)
64615	Chemodeneration of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
J0585	Injection, onabotulinumtoxin a, 1 unit
J0586	Injection, abobotulinumtoxin a, 5 units
J0587	Injection, rimabotulinumtoxin b, 100 units
J0588	Injection, incobotulinumtoxin a, 1 unit
J0589	Injection, daxibotulinumtoxin a-lanm, 1 unit
Code	(iii) Panniculectomy, Excision of Excess Skin and Subcutaneous Tissue (Including Lipectomy), and related services
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication)
15877	Suction assisted lipectomy; trunk
Code	(iv) Rhinoplasty, and related services
20912	Cartilage graft; nasal septum
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip

30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
Code	(v) Vein Ablation, and related services
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites