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## Preauthorization updates for 2018

Effective January 1, 2018 preauthorization codes were updated with many of the payers. It is important to check if prior authorization is required on procedures before services are rendered. Many of these services need prior authorization including those performed in your offices.

Click on the links for the updated preauthorization lists.

**Aetna:** [Aetna Preauthorization](#)

**BCBS –** [BCBS Preauthorization 2018](#)

Here are some examples of new codes requiring prior authorization for in office procedures:

**31231** - NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)

**31233** - NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATUS OR CANINE FOSSA PUNCTURE)

**31235** - NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPHENOIDAL FACE OR CANNULATION OF OSTIUM)

**31237** - NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)

**Cigna** [Cigna Preauthorization Pharmacy Benefits 2018](#)

Watch website for updates in January to in-office procedures requiring preauthorization.

**UHC** [UHC Preauthorization 2018](#)

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2018 new codes will fall to the contract default which is a % of billed charges until the schedules are updated (April 2018). BCBS has a conversion factor to calculate [Conversion Factors](#)

Sample: CPT 31241 - Facility RVU 12.83 (located on BCBS website) x Conversion factor 43.78 (referenced on attached letter) = \$561.70

If you have not signed up for monthly updates and newsletters, please visit the payor websites to sign up for your monthly or quarterly communication. Important information on authorizations and policies are referenced in these pieces of communication.

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