



**Ambetter Prior Authorization Change Notification
(Medical Implanted Devices and Stereotactic Radiosurgery)
Changes Effective 11/1/21**

As part of a standard review process, and to ensure that our members are receiving medically necessary and appropriate care, the following list of medical implanted devices and stereotactic radiosurgery codes are being added to the list of codes requiring prior authorization.

Procedure Code	Procedure Description
54401	Insertion of penile prosthesis; inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based