



VIRGINIA CODE/BENEFIT EXCEPTIONS

Effective Q4, 2024

Virginia Medicare follows the standard Medicare PA Grid.

Sleep Studies: Done in the home do not require authorization.

Medicaid: For dually enrolled members, service authorization is not required for Medicaid billing unless the Medicare benefit is exhausted, or the service was denied or not covered under Medicare. Please submit Medicaid authorization requests to the Medicaid authorization team via fax: Inpatient Physical Health: (866)210-1523, Outpatient Physical Health (855)769-2116, LTSS (800)614-8207, Behavioral Health (855)339-8179

Prior Authorization is required for DME and supply requests above the state limit.

Code	PA Required	Description	Service Category	Code Notes
80307	Y	DRUG TEST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	PRESUMPTIVE - PA after 24 units used. Prior auth not required for OBAT providers.
90867	NC	THRPTC RPTTV TMS TX INTL W MAP MOTR THRESHLD DLVRY AND MNGMNT	Behavioral/Mental Health, Alcohol-Chemical Dependency	
90868	NC	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	
90869	NC	REPET TMS TX SUBSEQ MOTR THRESHLD W DLVRY AND MNGMNT	Behavioral/Mental Health, Alcohol-Chemical Dependency	
97153	Y	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
97154	Y	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
97155	Y	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
97156	Y	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
97157	Y	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
97158	Y	GRP ADAPT BHV PRTCL MODIFCAN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
0373T	Y	ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME	Behavioral/Mental Health, Alcohol-Chemical Dependency	
G0480	Y	DRUG TEST DEF 1-7 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659. Prior auth not required for OBAT providers.
G0481	Y	DRUG TEST DEF 8-14 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659. Prior auth not required for OBAT providers.
G0482	Y	DRUG TEST DEF 15-21 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659. Prior auth not required for OBAT providers.
G0483	Y	DRUG TEST DEF 22 OR MORE DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659. Prior auth not required for OBAT providers.
G0659	Y	DRUG TEST DEF SIMPLE ALL CL	Behavioral/Mental Health, Alcohol-Chemical Dependency	DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659. Prior auth not required for OBAT providers.
H0006	Y	ALCOHOL AND OR DRUG SERVICES; CASE MANAGEMENT	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0015	Y	ALCOHOL AND/OR DRUG SRVCS	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0023	Y	BEHAVIORAL HEALTH OUTREACH SERVICE	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0024	Y	BEHAVIORAL HEALTH PREV INFORM DISSEMIN SERVICE	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0025	Y	BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE	Behavioral/Mental Health, Alcohol-Chemical Dependency	

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H0036	Y	CMTY PSYC SUPPORTIVE TX FCE-TO-FCE PER 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2000	Y	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	Behavioral/Mental Health, Alcohol-Chemical Dependency	No PA required for initial evaluation (1 per lifetime). PA required after limit is reached.
H2011	Y	CRISIS INTERVENTION SERVICE PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2017	Y	PSYSOC REHAB SVC, PER 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2033	Y	MULTISYSTEMIC THERAPY JUVENILES	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2034	Y	ALCOHOL AND OR DRUG ABS HALFWAY HOUSE SRVC PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
S9445	Y	PT ED NOC NON-PHYSICIAN PPT ED NOC NON-PHYSICIAN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
S9480	Y	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
S9482	Y	FAMILY STABILIZATION SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	
S9485	Y	CRISIS INTERVENT MENTAL HEALTH SERV	Behavioral/Mental Health, Alcohol-Chemical Dependency	
T1012	Y	ALCOHOL AND SUBSTANCE ABS SERVICES SKILLS DVLP	Behavioral/Mental Health, Alcohol-Chemical Dependency	
A9276	Y	SENSOR;INVSV DISPSBLE INTRSTL CGM 1U EQLS 1D SPPLY	Durable Medical Equipment (DME)	Reviewed by Pharmacy
A9277	Y	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	Reviewed by Pharmacy
A9278	Y	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	Reviewed by Pharmacy
B4105	Y	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Durable Medical Equipment (DME)	
E1700	NC	JAW MOTION REHABILITATION SYSTEM	Durable Medical Equipment (DME)	
V2530	NC	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS	Durable Medical Equipment (DME)	
V2531	NC	CONTACT LENS SCLERAL GAS PERMEABLE PER LENS	Durable Medical Equipment (DME)	
83987	NC	PH EXHALED BREATH CONDENSATE	Experimental/Investigational	
93702	NC	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	Experimental/Investigational	
95803	NC	ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	Experimental/Investigational	
0071T	NC	US ABLATN UTERINE LEIOMYOMATA UNDER 200 CC TISSUE	Experimental/Investigational	
0072T	NC	US ABLATJ UTERINE LEIOMYOMAT MORE OR EQUAL 200 CC TISS	Experimental/Investigational	
0075T	NC	TCAT PLMT XTRC VRT CRTD STENT RS AND I PRQ 1ST VSL	Experimental/Investigational	
0100T	NC	PLCMNT SBCJNCTVL RTNL PROSTHS RCVR & PLSE, IMPLTN INTRA-OC RTA W VTRCTMY	Experimental/Investigational	
0101T	NC	EXTRCORPL SHOCK WAVE MUSCSKLTN NOS HIGH ENERGY	Experimental/Investigational	
0102T	NC	EXTRCRPL SHOCK WAVE W ANES LAT HUMERL EPICONDYLE	Experimental/Investigational	
0106T	NC	QUANT SENSORY TEST AND INTERPN XTR W TOUCH STIMULI	Experimental/Investigational	

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0107T	NC	QUANT SENSORY TEST AND INTERPN XTR W VIBRJ STIMULI	Experimental/Investigational	
0108T	NC	QUANT SENSORY TEST AND INTERPN XTR W COOL STIMULI	Experimental/Investigational	
0109T	NC	QUANT SENSORY TEST AND INTERPN XTR W HT-PN STIMULI	Experimental/Investigational	
0110T	NC	QUANT SENSORY TEST AND INTERPN XTR OTHER STIMULI	Experimental/Investigational	
0184T	NC	RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC	Experimental/Investigational	
0221U	NC	ABO GNOTYP NEXT GNRJ SEQ ABO	Experimental/Investigational	
0222U	NC	RHD&RHCE GNTYP NEXT GNRJ SEQ	Experimental/Investigational	
0234T	NC	TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	Experimental/Investigational	
0235T	NC	TRLMNL PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA	Experimental/Investigational	
0236T	NC	TRLMNL PERIPH ATHRC W RS AND I ABDOM AORTA	Experimental/Investigational	
0237T	NC	TRLMNL PERIPH ATHRC W RS AND I BRCHIOCPHL EA VSL	Experimental/Investigational	
0238T	NC	TRLMNL PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	Experimental/Investigational	
0253T	NC	INSERT ANTR SGMNT AQS DRAINAGE DVCE W O RESERVR INT APPR	Experimental/Investigational	
0594T	NC	OSTEOT HUM XTRNL LNGTH DEV	Experimental/Investigational	
0596T	NC	TEMP FML IU VLV-PMP 1ST INSJ	Experimental/Investigational	
0597T	NC	TEMP FML IU VALVE-PMP RPLCMT	Experimental/Investigational	
0598T	NC	NCNTC R-T FLUOR WND IMG 1ST	Experimental/Investigational	
0599T	NC	NCNTC R-T FLUOR WND IMG EA	Experimental/Investigational	
0600T	NC	IRE ABLTJ 1+TUM ORGAN PERQ	Experimental/Investigational	
0601T	NC	IRE ABLTJ 1+TUMORS OPEN	Experimental/Investigational	
0602T	NC	TRANSDERMAL GFR MEASUREMENTS	Experimental/Investigational	
0603T	NC	TRANSDERMAL GFR MONITORING	Experimental/Investigational	
0604T	NC	REM OCT RTA DEV SETUP&EDUCAJ	Experimental/Investigational	
0605T	NC	REM OCT RTA TECHL SPRT MIN 8	Experimental/Investigational	
0606T	NC	REM OCT RTA PHYS/QHP EA 30D	Experimental/Investigational	
0607T	NC	REM MNTR PULM FLU MNTR SETUP	Experimental/Investigational	
0608T	NC	REM MNTR PULM FLU MNTR ALYS	Experimental/Investigational	
0613T	NC	PERQ TCAT INTRATRL SEPTL SHT	Experimental/Investigational	
0614T	NC	RMVL & RPLCMT SS IMP DFB PG	Experimental/Investigational	
0615T	NC	EYE MVMT ANALYSIS W/O SPATIAL CALIBRATION I AND R	Experimental/Investigational	
0616T	NC	INSERTION OF IRIS PROSTHESIS	Experimental/Investigational	
0617T	NC	NSJ IRIS PROSTH W/RMVL&INSJ	Experimental/Investigational	
0618T	NC	INSJ IRIS PROSTH SEC IO LENS	Experimental/Investigational	
0619T	NC	CYSTO W/TRURL ANT PROSTATE COMMISSUROTOMY AND RX DLVR	Experimental/Investigational	
K1007	NC	BLTRL HKAFO DEVC PWR INCL PELVC COMPNTS UP KNEE JOINTS	Experimental/Investigational	
L8608	NC	MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS	Experimental/Investigational	
81204	NC	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	
J0248	N	INJ, REMDESIVIR, 1 MG	Healthcare Administered Drugs	QL and Dx limits apply

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G0151	Y	SRVCS PRFRMD BY PHYSCN THRPY HH OR HSPCE EA 15 MIN	Home Health Care Services	Require PA after first 5 units/No PA for hospice
G0152	Y	SRVCS PRFRMD BY OCCPNL THRPST HH OR HOSPICE EA 15 MIN	Home Health Care Services	Require PA after first 5 visits
G0153	Y	SRVCS SPCH&LNGGE PTHLGST HH OR HSPCE EA 15 MIN	Home Health Care Services	Require PA after first 5 visits
G0156	Y	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN	Home Health Care Services	Require PA after first 5 visits
G0157	Y	SERVICES BY PT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Require PA after first 5 visits
G0158	Y	SERVICE OT ASSISTNT HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Require PA after first 5 visits
G0159	Y	SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Home Health Care Services	Require PA after first 5 visits
G0160	Y	SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Home Health Care Services	Require PA after first 5 visits
G0161	Y	SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M	Home Health Care Services	Require PA after first 5 visits
G0162	Y	SKILLED SVCE BY RN E&M PLAN OF CARE; EA 15 MINS	Home Health Care Services	Require PA after first 5 visits
G0299	Y	DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN	Home Health Care Services	Require PA after first 5 visits
G0300	Y	DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN	Home Health Care Services	Require PA after first 5 visits
G0490	Y	FACE-TO-FACE HH NSG VST RHC FQHC AREA SHTG HHA	Home Health Care Services	Require PA after first 5 visits
G0493	Y	SKILLED SERVICES RN OBV AND ASMNT PT CONDTN EA 15 MIN	Home Health Care Services	Require PA after first 5 visits
G0494	Y	SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Home Health Care Services	Require PA after first 5 visits
G0495	Y	SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN	Home Health Care Services	Require PA after first 5 visits
G0496	Y	SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN	Home Health Care Services	Require PA after first 5 visits
S5111	Y	HOME CARE TRAINING FAMILY; PER SESSION	Home Health Care Services	Require PA after first 5 visits
S5116	Y	HOME CARE TRAINING NON-FAMILY; PER SESSION	Home Health Care Services	No PA required for up to 4 visits per rolling year
S5130	Y	HOMEMAKER SERVICE NOS; PER 15 MINUTES	Home Health Care Services	Require PA after first 5 visits
S5135	Y	COMPANION CARE ADULT ; PER 15 MINUTES	Home Health Care Services	Require PA after first 5 visits
S5160	Y	EMERGENCY RESPONSE SYSTEM; INSTLLTION AND TSTNG	Home Health Care Services	
S5161	Y	EMERGENCY RESPONSE SYSTEM, SERVICE PER MONTH	Home Health Care Services	
S5185	Y	MED REMINDER SERVICE NON-FACE-TO-FACE; MONTH	Home Health Care Services	
S9122	Y	HOM HLTH AIDE/CERT NURSE ASST PROV CARE HOM;-HR	Home Health Care Services	Require PA after first 5 visits
S9125	Y	RESPIRE CARE IN THE HOME PER DIEM	Home Health Care Services	
S9128	Y	SPEECH THERAPY IN THE HOME PER DIEM	Home Health Care Services	Require PA after first 5 visits
S9129	Y	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Home Health Care Services	Require PA after first 5 visits
S9131	Y	PHYSICAL THERAPY; IN THE HOME PER DIEM	Home Health Care Services	Require PA after first 5 visits
S9470	N	NUTRITIONAL COUNSELING DIETITIAN VISIT	Home Health Care Services	
S9977	N	MEALS PER DIEM NOT OTHERWISE SPECIFIED	Home Health Care Services	

Code	PA Required	Description	Service Category	Code Notes
T1001	Y	NURSING ASSESSMENT/EVALUATION	Home Health Care Services	
T1028	Y	ASSESSMENT HOME PHYSICAL AND FAMILY ENVIRONMENT	Home Health Care Services	No PA required for up to 2 units per rolling year. Additional units require PA.
49255	Y	OMNTC EIPLOECTOMY RESCJ OMENTUM SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
64489	Y	TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	Pain Management Procedures	
64600	Y	DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	Pain Management Procedures	
99509	Y	HOME VISIT ASSISTANCE DAILY LIV AND PRSONAL CARE	Personal Care Services	No PA required for up to 5 units per rolling year. Additional units require PA.
92065	Y	ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	Physical, Occupational, and Speech Therapy	PA is required after 6 visits of 92065 and 92066 combined.
92066	Y	ORTHOPTIC TRAINING UNDER SUPERVISION OF PHYS/QHP	Physical, Occupational, and Speech Therapy	PA is required after 6 visits of 92065 and 92066 combined.
L8625	NC	EXT RECHARGING SYS BATT CI AO DEVC REPL ONLY EA	Prosthetics & Orthotics	
A0120	Y	NONEMERG TRNSPRT: MINI-BUS MTN AREA/OTH SYS	Transportation Services	
B4100	Y	FOOD THICKENER ADMINISTERED ORALLY PER OUNCE	Unlisted/Miscellaneous	
B4102	Y	ENTRAL FORMULA ADLT REPL FLS AND LYLES 500 ML EQUAL TO 1	Unlisted/Miscellaneous	
B4103	Y	ENTRAL FORMULA PED REPL FLS AND LYLES 500 ML EQUAL TO 1	Unlisted/Miscellaneous	
B4104	Y	ADDITIVE FOR ENTERAL FORMULA	Unlisted/Miscellaneous	
B4149	Y	ENTRAL F MANF BLNDRIZD NAT FOODS W/NUTRIENTS	Unlisted/Miscellaneous	
B4150	Y	ENTRAL F NUTRITIONALLY CMPL W/INTACT NUTRIENTS	Unlisted/Miscellaneous	
B4152	Y	ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS	Unlisted/Miscellaneous	
B4153	Y	ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS	Unlisted/Miscellaneous	
B4154	Y	ENTRAL F NUTRITION CMPL NO INHERITED DZ METAB	Unlisted/Miscellaneous	
B4155	Y	ENTRAL F NUTRITIONALLY INCMPL/MODULAR NUTRIENTS	Unlisted/Miscellaneous	
B4157	Y	ENTRAL F NUTRITION CMPL INHERITED DZ METAB	Unlisted/Miscellaneous	
B4158	Y	ENTRAL F PED NUTRITION CMPL W/INTACT NUTRNTS	Unlisted/Miscellaneous	
B4159	Y	ENTRAL F PED NUTRITN CMPL SOY BASD INTCT NUTRNTS	Unlisted/Miscellaneous	
B4160	Y	ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS	Unlisted/Miscellaneous	
B4161	Y	ENTRAL F PED HYDROLYZED/AA AND PEPTIDE CHAIN PROTS	Unlisted/Miscellaneous	
B4162	Y	ENTRAL F PED SPCL METAB NEEDS INHERITED DZ METAB	Unlisted/Miscellaneous	
E0791	Y	PARNTRAL INFUS PUMP STATIONRY SINGLE/MULTICHANEL	Unlisted/Miscellaneous	
H2021	Y	COMMUNITY-BASED WRAP-AROUND SERVICES PER 15 MIN	Unlisted/Miscellaneous	

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J7599	Y	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Reviewed by Pharmacy
J7699	Y	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Unlisted/Miscellaneous	Reviewed by Pharmacy
J8597	Y	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Reviewed by Pharmacy
S0280	Y	MEDICAL HOME PROG COMP CARE COORD INITIAL PLAN	Unlisted/Miscellaneous	Requires PA after 2 visits within rolling year.
S0281	Y	MEDICAL HOME PROGRAM COMP CARE COORD MAINT PLAN	Unlisted/Miscellaneous	
S5102	Y	DAY CARE SERVICES ADULT; PER DIEM	Unlisted/Miscellaneous	
T2028	Y	SPECIALIZED SUPPLY NOT OTH SPECIFIED WAIVER	Unlisted/Miscellaneous	
T2038	Y	COMMUNITY TRANSITION WAIVER; PER SERVICE	Unlisted/Miscellaneous	