

Any exceptions included in this Prior Authorization Code Matrix document apply to PAR Providers only.

All Non-Par Providers require authorization regardless of services or codes (for any exceptions, refer to NON PAR section below).

These codes are for Out-Patient services only.

No PA Required for Emergency Services for PAR or NON PAR Providers.

All Elective In-Patient admits/svcs. require PA, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits or office-based procedures at Participating Network Providers.

Office Visits to Network Specialists Require a Referral From a Participating Primary Care Provider.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is covered or not by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service, benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

For Medicare Hearing Supplemental benefit: Contact AVESIS at 1 (800) 327-4662

This document should NOT be utilized to make benefit coverage determinations.

Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

Inpatient, Partial Hospitalization, Electroconvulsive Therapy (ECT).

0901	2106	90867	90868	90869	90870									
Cosmetic, Plastic & Reconstructive Procedures [In Any Setting]														
11900	15780	15783	15821	15832	15835	15838	19300	19324	19330	19355	30410	30435	30462	67908
11901	15781	15793	15822	15833	15836	15839	19316	19325	19342	19396	30420	30450	67904	
11920	15782	15820	15823	15834	15837	15847	19318	19328	19350	30400	30430	30460	67906	

Durable Medical Equipment (DME)

A7025	E0295	E0465	E0766	E1004	E1225	E1700	E2312	E2351	E2500	E2613	E2629	K0802	K0826	K0843	K0861	K0886	Q4190
A9901	E0296	E0466	E0782	E1005	E1226	E2201	E2313	E2361	E2502	E2614	E2630	K0806	K0827	K0848	K0862	K0890	Q4191
C2624	E0297	E0467	E0783	E1006	E1227	E2202	E2321	E2366	E2504	E2615	E2631	K0807	K0828	K0849	K0863	K0891	Q4193
E0194	E0300	E0483	E0784	E1007	E1230	E2203	E2322	E2367	E2506	E2616	K0008	K0808	K0829	K0850	K0864	K0900	Q4194
E0255	E0301	E0691	E0785	E1008	E1232	E2204	E2325	E2368	E2508	E2617	K0009	K0813	K0830	K0851	K0868	L3761	Q4198
E0256	E0302	E0692	E0786	E1010	E1233	E2227	E2326	E2369	E2510	E2620	K0010	K0814	K0831	K0852	K0869	L7700	Q4200
E0260	E0303	E0693	E0849	E1012	E1234	E2228	E2327	E2370	E2511	E2621	K0011	K0815	K0835	K0853	K0870	L8625	Q4201
E0261	E0304	E0694	E0855	E1014	E1235	E2291	E2328	E2373	E2605	E2622	K0012	K0816	K0836	K0854	K0871	L8694	Q4202
E0265	E0328	E0747	E0983	E1020	E1236	E2292	E2329	E2374	E2606	E2623	K0013	K0820	K0837	K0855	K0877	Q4183	Q4203
E0266	E0329	E0748	E0984	E1029	E1237	E2293	E2330	E2375	E2607	E2624	K0014	K0821	K0838	K0856	K0878	Q4184	Q4204
E0277	E0371	E0749	E0986	E1030	E1238	E2294	E2340	E2376	E2608	E2625	K0108	K0822	K0839	K0857	K0879	Q4185	V2530
E0292	E0372	E0760	E0988	E1035	E1296	E2295	E2341	E2377	E2609	E2626	K0606	K0823	K0840	K0858	K0880	Q4186	V2531
E0293	E0373	E0762	E1002	E1036	E1298	E2310	E2342	E2378	E2611	E2627	K0800	K0824	K0841	K0859	K0884	Q4187	
E0294	E0462	E0764	E1003	E1161	E1310	E2311	E2343	E2397	E2612	E2628	K0801	K0825	K0842	K0860	K0885	Q4188	

Any exceptions included in this Prior Authorization Code Matrix document apply to PAR Providers only.

All Non-Par Providers require authorization regardless of services or codes (for any exceptions, refer to NON PAR section below).

These codes are for Out-Patient services only.

No PA Required for Emergency Services for PAR or NON PAR Providers.

All Elective In-Patient admits/svcs. require PA, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits or office-based procedures at Participating Network Providers.

Office Visits to Network Specialists Require a Referral From a Participating Primary Care Provider.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is covered or not by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service, benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

For Medicare Hearing Supplemental benefit: Contact AVESIS at 1 (800) 327-4662

This document should NOT be utilized to make benefit coverage determinations.

Experimental/Investigational

Medicare does not cover Category III codes unless a Local Coverage Determination (LCD) is published allowing the service for a specific state

31237	95977	0107T	0201T	0218T	0253T	0278T	0342T	0394T	0411T	0426T	0442T	0477T	0492T	0507T	0522T	0537T	Q4161
31299	95983	0108T	0202T	0219T	0254T	0290T	0347T	0395T	0412T	0427T	0443T	0478T	0493T	0508T	0523T	0538T	Q4162
33440	0054T	0109T	0205T	0220T	0263T	0295T	0348T	0396T	0413T	0428T	0444T	0479T	0494T	0509T	0524T	0539T	Q4163
33866	0055T	0110T	0206T	0221T	0264T	0296T	0349T	0397T	0414T	0429T	0445T	0480T	0495T	0510T	0525T	0540T	Q4164
81503	0058T	0111T	0207T	0222T	0265T	0297T	0350T	0398T	0415T	0430T	0446T	0481T	0496T	0511T	0526T	0541T	Q4165
82016	0071T	0126T	0208T	0228T	0266T	0298T	0351T	0399T	0416T	0431T	0447T	0482T	0497T	0512T	0527T	0542T	Q4189
82017	0072T	0163T	0209T	0229T	0267T	0312T	0352T	0400T	0417T	0432T	0448T	0483T	0498T	0513T	0528T	A4563	Q4192
83987	0075T	0164T	0210T	0230T	0268T	0313T	0353T	0401T	0418T	0433T	0469T	0484T	0499T	0514T	0529T	C1823	Q4195
84145	0076T	0165T	0211T	0231T	0269T	0314T	0354T	0402T	0419T	0434T	0470T	0485T	0500T	0515T	0530T	C8937	Q4196
86316	0085T	0174T	0212T	0234T	0270T	0315T	0355T	0403T	0420T	0435T	0471T	0486T	0501T	0516T	0531T	C9751	Q4197
86343	0095T	0175T	0213T	0235T	0271T	0316T	0356T	0404T	0421T	0436T	0472T	0487T	0502T	0517T	0532T	C9752	
93264	0098T	0184T	0214T	0236T	0272T	0317T	0357T	0405T	0422T	0437T	0473T	0488T	0503T	0518T	0533T	C9753	
93998	0101T	0191T	0215T	0237T	0273T	0335T	0358T	0408T	0423T	0439T	0474T	0489T	0504T	0519T	0534T	C9754	
95836	0102T	0198T	0216T	0238T	0274T	0338T	0362T	0409T	0424T	0440T	0475T	0490T	0505T	0520T	0535T	C9755	
95976	0106T	0200T	0217T	0249T	0275T	0339T	0373T	0410T	0425T	0441T	0476T	0491T	0506T	0521T	0536T	L8608	

Genetic Counseling & Testing

Except for Prenatal diagnoses of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by State regulations.

81105	81163	81178	81190	81223	81236	81265	81289	81313	81334	81364	81412	81431	81445	81519	81596	0005U	0017U	0047U
81106	81164	81179	81201	81225	81237	81266	81291	81314	81335	81400	81413	81432	81448	81520	83006	0006M	0026U	0048U
81107	81165	81180	81203	81226	81238	81269	81292	81317	81336	81401	81414	81433	81450	81521	84999*	0007M	0027U	0049U
81108	81166	81181	81204	81227	81239	81271	81294	81319	81337	81402	81415	81434	81455	81525	86152	0008U	0029U	0050U
81109	81167	81182	81210	81228	81243	81272	81295	81320	81343	81403	81416	81435	81460	81535	86153	0009M	0030U	0053U
81110	81171	81183	81212	81229	81244	81273	81297	81321	81344	81404	81417	81436	81465	81536	88261	0009U	0031U	0055U
81111	81172	81184	81215	81230	81246	81274	81298	81323	81345	81405	81420	81437	81470	81538	88271	0010U	0032U	0056U
81112	81173	81185	81216	81231	81247	81283	81300	81324	81346	81406	81422	81438	81471	81540	88369	0011U	0033U	0057U
81120	81174	81186	81217	81232	81248	81284	81305	81325	81355	81407	81425	81439	81493	81541	88373	0012U	0034U	0058U
81121	81175	81187	81218	81233	81249	81285	81306	81328	81361	81408	81426	81440	81504	81545	88374	0013U	0037U	0059U

Medicare Prior Auth (PA) Code Matrix

Effective Q3, 2019

Any exceptions included in this Prior Authorization Code Matrix document apply to PAR Providers only.

All Non-Par Providers require authorization regardless of services or codes (for any exceptions, refer to NON PAR section below).

These codes are for Out-Patient services only.

No PA Required for Emergency Services for PAR or NON PAR Providers.

All Elective In-Patient admits/svcs. require PA, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits or office-based procedures at Participating Network Providers.

Office Visits to Network Specialists Require a Referral From a Participating Primary Care Provider.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is covered or not by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service, benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

For Medicare Hearing Supplemental benefit: Contact AVESIS at 1 (800) 327-4662

This document should NOT be utilized to make benefit coverage determinations.

81161	81176	81188	81219	81234	81258	81286	81311	81329	81362	81410	81427	81442	81507	81551	88377	0014U	0045U	0060U
81162	81177	81189	81222	81235	81259	81287	81312	81333	81363	81411	81430	81443	81518	81595	0004M	0016U	0046U	G9143

*Including Oncotype Dx

Healthcare Administered Drugs

90281	C9293	J0485	J0641	J1301	J1562	J1726	J2248	J2778	J3316	J7183	J7205	J7326	J9017	J9050	J9179	J9219	J9299	J9360	Q5112
90283	C9399	J0490	J0695	J1322	J1566	J1729	J2315	J2783	J3355	J7185	J7207	J7327	J9019	J9055	J9181	J9225	J9301	J9370	Q5113
90284	C9488	J0565	J0714	J1324	J1568	J1740	J2323	J2786	J3357	J7186	J7208	J7328	J9022	J9057	J9185	J9226	J9302	J9371	Q5114
90378	J0129	J0567	J0717	J1325	J1569	J1743	J2326	J2793	J3358	J7187	J7209	J7330	J9023	J9060	J9190	J9228	J9303	J9390	Q5115
A9542	J0135	J0570	J0725	J1428	J1570	J1744	J2350	J2796	J3380	J7188	J7210	J7340	J9025	J9065	J9200	J9229	J9305	J9395	Q5510
B4105	J0178	J0585	J0775	J1438	J1571	J1745	J2353	J2820	J3385	J7189	J7211	J7504	J9027	J9070	J9201	J9230	J9306	J9400	Q9991
C9040	J0180	J0586	J0800	J1439	J1572	J1750	J2354	J2840	J3396	J7190	J7308	J7511	J9030	J9098	J9202	J9245	J9307	J9600	Q9992
C9043	J0185	J0587	J0850	J1442	J1573	J1756	J2357	J2860	J3398	J7191	J7309	J7527	J9032	J9100	J9203	J9261	J9308	J9999	
C9044	J0202	J0588	J0875	J1447	J1575	J1786	J2425	J2916	J3489	J7192	J7310	J7639	J9033	J9120	J9205	J9262	J9312	Q0138	
C9045	J0205	J0594	J0878	J1453	J1595	J1826	J2430	J2941	J3490	J7193	J7311	J7677	J9034	J9130	J9206	J9263	J9315	Q0139	
C9047	J0207	J0596	J0881	J1458	J1599	J1830	J2469	J3060	J3590	J7194	J7312	J7682	J9035*	J9145	J9207	J9264	J9325	Q2043	
C9048	J0220	J0597	J0885	J1459	J1602	J1833	J2502	J3090	J3591	J7195	J7313	J7686	J9036	J9150	J9208	J9266	J9328	Q2050	
C9049	J0221	J0598	J0888	J1460	J1627	J1930	J2503	J3095	J7170	J7196	J7316	J8520	J9039	J9153	J9209	J9267	J9330	Q3027	
C9050	J0256	J0599	J0894	J1555	J1628	J1931	J2504	J3110	J7175	J7197	J7320	J8521	J9040	J9155	J9211	J9268	J9340	Q3028	
C9051	J0257	J0604	J0895	J1556	J1640	J1950	J2505	J3145	J7178	J7198	J7321	J8655	J9041	J9160	J9214	J9271	J9351	Q4074	
C9052	J0287	J0606	J0897	J1557	J1645	J1955	J2507	J3240	J7179	J7199	J7322	J8670	J9042	J9171	J9215	J9280	J9352	Q5101	
C9141	J0289	J0637	J1230	J1559	J1650	J2020	J2562	J3262	J7180	J7200	J7323	J8700	J9043	J9173	J9216	J9285	J9354	Q5103	
C9132	J0364	J0638	J1290	J1560	J1652	J2170	J2597	J3285	J7181	J7201	J7324	J9000	J9045	J9176	J9217	J9293	J9355	Q5104	
C9257*	J0480	J0640	J1300	J1561	J1675	J2182	J2724	J3315	J7182	J7202	J7325	J9015	J9047	J9178	J9218	J9295	J9356	Q5108	

*No PA required when used with ocular Dx's. (See Dx Codes tab for related ICD9 & ICD10 Codes)

Home Health Care Services

All home health services require PA after initial visit/evaluation, including home-based OT/PT & ST.

042X	044X	056X	G0151	G0153	G0156	G0158	G0160	G0162	G0300	G0494	G0496
043X	055X	057X	G0152	G0155	G0157	G0159	G0161	G0299	G0493	G0495	

Any exceptions included in this Prior Authorization Code Matrix document apply to PAR Providers only.

All Non-Par Providers require authorization regardless of services or codes (for any exceptions, refer to NON PAR section below).

These codes are for Out-Patient services only.

No PA Required for Emergency Services for PAR or NON PAR Providers.

All Elective In-Patient admits/svcs. require PA, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits or office-based procedures at Participating Network Providers.

Office Visits to Network Specialists Require a Referral From a Participating Primary Care Provider.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is covered or not by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service, benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

For Medicare Hearing Supplemental benefit: Contact AVESIS at 1 (800) 327-4662

This document should NOT be utilized to make benefit coverage determinations.

Hyperbaric Therapy

G0277	99183	Q4176	Q4177	Q4178	Q4179	Q4180	Q4181	Q4182
-------	-------	-------	-------	-------	-------	-------	-------	-------

Imaging and Special Tests

C8900	C8912	C8935	70481	70540	70552	71552	72133	72159	73201	73700	73725	74182	75561	76391	78206	78472	78608	93998
C8901	C8913	C8936	70482	70542	70553	71555	72141	72191	73202	73701	74150	74183	75563	76497	78320	78473	78609	0174T
C8902	C8914	G0235	70486	70543	70554	72125	72142	72192	73206	73702	74160	74185	75565	76498	78451	78481	78647	0175T
C8903	C8918	G0288	70487	70544	70555	72126	72146	72193	73218	73706	74170	74261	75571	76999	78452	78483	78710	0399T
C8905	C8919	G0297	70488	70545	71250	72127	72147	72194	73219	73718	74174	74262	75572	77046	78453	78491	78811	0439T
C8906	C8920	70336	70490	70546	71260	72128	72148	72195	73220	73719	74175	74263	75573	77047	78454	78492	78812	
C8908	C8931	70450	70491	70547	71270	72129	72149	72196	73221	73720	74176	74712	75574	77048	78459	78494	78813	
C8909	C8932	70460	70492	70548	71275	72130	72156	72197	73222	73721	74177	74713	75635	77049	78466	78496	78814	
C8910	C8933	70470	70496	70549	71550	72131	72157	72198	73223	73722	74178	75557	76376	77084	78468	78499	78815	
C8911	C8934	70480	70498	70551	71551	72132	72158	73200	73225	73723	74181	75559	76377	78205	78469	78607	78816	

Neuropsychological & Psychological Tests (in any setting)

95950	95953	95957	96113	96116	96130	96132	96136	96138	96146	97152	97154	97156	97158
95951	95956	96112	96121	96125	96131	96133	96137	96139	97151	97153	97155	97157	

Non-PAR Offices/Providers/Facilities

PA is waived for all radiology, anesthesiology, and pathology services when billed in POS 19, 21, 22, 23 or 24

PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting

PA required for Non-Par Office Visits, Surgical Procedures, Labs, Diagnostic Studies, In-patient stays, except for:

- Emergency Department Services
- Professional fees associated with an Emergency Department visit and approved Ambulatory Surgery Center (ASC) or in-patient stay
- Local Health Department (LHD) services
- Other services based on State requirements

Occupational Therapy

PA required after Medicare therapy benefit cap has been reached. (CA effective 2/1/2019)

97110	97112	97763
-------	-------	-------

Medicare Prior Auth (PA) Code Matrix

Effective Q3, 2019

Any exceptions included in this Prior Authorization Code Matrix document apply to PAR Providers only.

All Non-Par Providers require authorization regardless of services or codes (for any exceptions, refer to NON PAR section below).

These codes are for Out-Patient services only.

No PA Required for Emergency Services for PAR or NON PAR Providers.

All Elective In-Patient admits/svcs. require PA, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits or office-based procedures at Participating Network Providers.

Office Visits to Network Specialists Require a Referral From a Participating Primary Care Provider.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is covered or not by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service, benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

For Medicare Hearing Supplemental benefit: Contact AVESIS at 1 (800) 327-4662

This document should NOT be utilized to make benefit coverage determinations.

Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures

10040	21155	22224	22810	25447	28100	28210	28302	29807	29894	33224	36466	38213	47605	58270	58573	61863	63047	64912	96920
15730	21159	22226	22812	26499	28102	28220	28304	29819	29895	33225	36468	38214	47610	58275	58660	61864	63048	64913	96921
15733	21160	22505	22818	27120	28103	28222	28305	29820	29897	33227	36470	38215	47612	58280	58661	61867	63050	65771	96922
15786	21172	22526	22819	27122	28104	28225	28306	29821	29898	33228	36471	38232	47620	58285	58662	61868	63051	65772	96931
15787	21175	22527	22830	27125	28106	28226	28307	29822	29899	33229	36475	38573	49255	58290	58672	61885	63055	65775	96932
15819	21240	22532	22840	27130	28107	28230	28308	29823	29914	33230	36476	43644	49904	58291	58673	61886	63056	67900	96933
15830	21242	22533	22841	27132	28108	28232	28309	29824	29915	33231	36478	43645	49905	58292	58700	62324	63057	67901	96934
17004	21243	22534	22842	27134	28110	28234	28310	29825	29916	33240	36479	43647	49906	58293	58720	62325	63064	67902	96935
17360	21270	22548	22843	27137	28111	28238	28312	29826	30465	33249	36482	43648	50590	58294	58740	62326	63066	67903	96936
19294	21280	22551	22844	27138	28112	28240	28313	29827	30520	33251	36483	43653	52441	58321	58750	62327	63075	67909	C2616
20939	21282	22552	22845	27438	28113	28250	28315	29828	30540	33254	36514	43770	52442	58322	58752	62369	63076	67950	C9734
21073	21295	22554	22846	27440	28114	28260	28320	29873	30545	33261	37191	43771	52649	58323	58760	62370	63077	69714	C9738
21120	21296	22556	22847	27441	28116	28261	28322	29874	31253	33262	37243	43772	53850	58345	58770	62380	63078	69715	C9739
21121	22100	22558	22848	27442	28118	28262	28340	29875	31257	33263	37700	43773	53852	58350	58940	63001	63081	69717	C9740
21122	22101	22585	22849	27443	28119	28264	28341	29876	31259	33264	37718	43774	53854	58356	58943	63003	63082	69718	C9746
21123	22102	22586	22850	27445	28120	28270	28344	29877	31295	33265	37722	43775	54401	58540	58950	63005	63085	69930	C9747
21125	22103	22590	22852	27446	28122	28272	28345	29879	31296	33266	37735	43842	54405	58541	58951	63011	63086	95249	C9748
21127	22110	22595	22855	27447	28124	28280	28360	29880	31297	33270	37760	43843	55874	58542	58952	63012	63087	93229	
21137	22112	22600	22856	27486	28126	28285	28705	29881	31298	33274	37761	43845	57288	58543	58953	63015	63088	95909	
21138	22114	22610	22857	27487	28130	28286	28715	29882	31660	33275	37765	43846	57289	58544	58954	63016	63090	96567	
21139	22116	22612	22861	28005	28140	28288	28725	29883	31661	33285	37766	43847	58150	58545	58956	63017	63091	96570	
21141	22206	22614	22862	28008	28150	28289	28730	29884	32491	33286	37780	43848	58180	58546	58957	63020	63101	96571	
21142	22207	22630	22864	28010	28153	28291	28735	29885	32994	33289	37785	43881	58152	58548	58958	63030	63102	96573	
21143	22208	22632	22865	28011	28160	28292	28737	29886	33206	33979	38204	43882	58200	58550	58970	63035	63103	96574	
21145	22210	22633	22867	28035	28171	28295	28740	29887	33207	34713	38207	43886	58210	58552	58974	63040	64553	96900	
21146	22212	22634	22868	28060	28173	28296	28750	29888	33208	34714	38208	43887	58240	58553	58976	63042	64568	96902	
21147	22214	22800	22869	28062	28175	28297	28755	29889	33212	34715	38209	43888	58260	58554	59070	63043	64569	96904	
21150	22216	22802	22870	28080	28200	28298	28760	29891	33213	34716	38210	47380	58262	58570	59072	63044	64595	96910	
21151	22220	22804	23412	28090	28202	28299	28890	29892	33214	36460	38211	47381	58263	58571	59074	63045	64570	96912	

Any exceptions included in this Prior Authorization Code Matrix document apply to PAR Providers only.

All Non-Par Providers require authorization regardless of services or codes (for any exceptions, refer to NON PAR section below).

These codes are for Out-Patient services only.

No PA Required for Emergency Services for PAR or NON PAR Providers.

All Elective In-Patient admits/svcs. require PA, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits or office-based procedures at Participating Network Providers.

Office Visits to Network Specialists Require a Referral From a Participating Primary Care Provider.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is covered or not by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service, benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

For Medicare Hearing Supplemental benefit: Contact AVESIS at 1 (800) 327-4662

This document should NOT be utilized to make benefit coverage determinations.

21154	22222	22808	23470	28092	28208	28300	29806	29893	33221	36465	38212	47382	58267	58572	59076	63046	64590	96913
-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

Pain Management Procedures

27096	62264	62322	62351	62362	63650	63662	63685	64462	64480	64486	64489	64492	64495	64634	64640
27279	62320	62323	62360	62367	63655	63663	63688	64463	64483	64487	64490	64493	64600	64635	77003
62263	62321	62350	62361	62368	63661	63664	64461	64479	64484	64488	64491	64494	64633	64636	G0260

Physical Therapy

PA required after Medicare therapy benefit cap has been reached. (CA effective 2/1/2019)

97110	97112	97763
-------	-------	-------

Prosthetics & Orthotics

L0480	L0452	L0650	L1005	L1685	L1730	L1844	L1904	L1945	L1980	L2010	L2036	L2060	L2108	L2800	L7259
L0482	L0622	L0700	L1110	L1700	L1755	L1846	L1907	L1950	L1990	L2020	L2037	L2080	L2126	L4631	L8614
L0484	L0637	L0710	L1640	L1710	L1834	L1860	L1920	L1960	L2000	L2030	L2038	L2090	L2128	L5856	
L0486	L0640	L1000	L1680	L1720	L1840	L1900	L1940	L1970	L2005	L2034	L2050	L2106	L2232	L6026	

Radiation Therapy & Radio Surgery

77520	77522	77523	77525	81599	81479	A9513	A9543	G0339	G0340	G6015	G6016	G6017	Q9950
-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

Sleep Studies

Home Sleep Studies [POS12] Do Not Require PA

95800	95801	95803	95805	95806	95807	95808	95810	95811
-------	-------	-------	-------	-------	-------	-------	-------	-------

Speech Therapy

PA required after initial evaluation plus six (6) visits for office & outpatient settings.

92507	92508
-------	-------

Transplant Services (Including Solid Organ and Bone Marrow)

Corneal transplants do not require PA

38205	38230	38241	38243	44720	47133	47140	47142	47144	47146	50300	50323	50327	50329	50360	50370	48550	48552	48556	Q2042
38206	38240	38242	44715	44721	47135	47141	47143	47145	47147	50320	50325	50328	50340	50365	50380	48551	48554	Q2041	

Any exceptions included in this Prior Authorization Code Matrix document apply to PAR Providers only.

All Non-Par Providers require authorization regardless of services or codes (for any exceptions, refer to NON PAR section below).

These codes are for Out-Patient services only.

No PA Required for Emergency Services for PAR or NON PAR Providers.

All Elective In-Patient admits/svcs. require PA, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits or office-based procedures at Participating Network Providers.

Office Visits to Network Specialists Require a Referral From a Participating Primary Care Provider.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is covered or not by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service, benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

For Medicare Hearing Supplemental benefit: Contact AVESIS at 1 (800) 327-4662

This document should NOT be utilized to make benefit coverage determinations.

Transportation Services

PA required for Non-Emergent Air Ambulance transportation services. Emergency transport does not require Prior Authorization

A0430 A0431

Unlisted/Miscellaneous Codes

Molina requires PA, as well as medical necessity documentation and rationale be submitted with the PA request for all Unlisted/Miscellaneous codes*

*29799, 90999, 93998 Do not require PA

01999	23929	31599	39599	44238	47999	55899	66999	76496	78699	87798	90399	96549	A4641	C2698	J7799	L2999	P9603	Q4082
15999	24999	31899	40799	44799	48999	58578	67299	76499	78799	87799	90749	96999	A4649	C2699	J7999	L3649	P9604	Q4100
17999	25999	32999	40899	44899	49329	58579	67399	77299	78999	87899	90899	97039	A4913	E0769	J8498	L3999	T1999	V2199
19499	26989	33999	41599	44979	49659	58679	67599	77399	79999	87999	91299	97139	A6261	E0770	J8499	L5999	T2025	V2797
20999	27299	36299	42299	45399	49999	58999	67999	77499	80299	88099	92499	97799	A6262	E1399	J8597	L7499	T5999	V2799
21089	27599	37501	42699	45499	50549	59897	68399	77799	81099	88199	92700	99199	A9698	E1699	J8999	L8039	Q0507	V5298
21299	27899	37799	42999	45999	50949	59898	68899	78099	85999	88299	93799	99429	A9699	G0501	K0812	L8499	Q0508	V5299
21499	28899	38129	43289	46999	51999	59899	69399	78199	86486	88399	94799	99499	A9900	G9012	K0898	L8698	Q0509	
21899	29999	38589	43499	47379	53899	60659	69799	78299	86849	88749	95199	99600	A9999	H0046	K0899	L8699	Q2039	
22899	30999	38999	43659	47399	54699	60699	69949	78399	86999	89240	95999	A0999	B9998	J7599	L0999	L8701	Q4050	
22999	31299	39499	43999	47579	55559	64999	69979	78599	87797	89398	96379	A4421	B9999	J7699	L1499	L8702	Q4051	

ID CODE/BENEFIT EXCEPTIONS

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED

Code	Medicaid	Notes
11900	N	
11901	N	