Health Plans

Commercial Member Services Requiring Prior Authorization (PA)

Fax completed prior authorization forms to Population Health Medical Management at 317.962.6219. For questions call 317.962.2378 or 866.492.5878. Find and download the PA form under the "Forms and Other Documents" section at iuhealthplans.org/provider/provider-authorizations.

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Ambulance	For non-emergent transport (including air & water transport), CPT codes A0422-A0434, including: A0426 ALS level 1-non emergent, A0428 BLS non-emergent, A0425 ground mileage, A0433 ALS level 2, A0888 non-covered ambulance mileage, i.e. miles traveled beyond closest appropriate facility	A0380 A0384 A0392 A0420	A0424 A0425 A0426 A0428	A0430 A0431 A0432 A0433	A0434 A0435 A0436	A0888 A0998 S0215	S9960 S9961 T2002	T2003 T2004 T2007
Applied Behavior Analysis	Yes, for all codes except: Developmental Screening 96110	90867 90868 90869 90880	96105 96112 96113 96156	96158 96159 96164 96165	96167 96168 96170 96171	97129 97130 97151 97152	97153 97154 97155 97156	97157 97158 0362T 0373T
Arthroplasty	Yes, for inpatient, outpatient and observation	0098T 0165T 22856 22857 22858 22861 22862 22864	23470 23472 23473 23474 24360 24361 24362 24363	24365 24370 24371 25444 25445 25446 25447	25449 26530 26531 26535 26536 27120 27122	27125 27130 27132 27134 27137 27138 27437	27438 27440 27441 27442 27443 27445 27446	27447 27486 27487 27700 27702 27703 24366
Bariatric Surgery	Yes, after completing all pre-surgery requirements including: • weight loss program • psychological evaluation • dietary counseling	43620 43621 43622 43631 43632	43633 43644 43645 43647 43648	43770 43771 43772 43773 43774	43775 43842 43843 43845 43846	43847 43848 43850 43855 43860	43865 43881 43882 43886 43887	43888 64590 64595 64755 S2083
Behavioral Health	Yes for: • Behavioral Health Partial Hospitalization • Mental Health Partial Hospitalization • Mental Health/Substance Abuse Residential • Mental Health Intensive Outpatient • Mental Health/Substance Abuse Inpatient							
Bone Growth Stimulator	Yes	0594T 20974	20975	20979	E0747	E0748	E0749	E0760
Carpel Tunnel Surgery	Yes	29848	64708	64721				
Cartilage Implants	Yes	27412	29866	29867	29868	S2112		
Cataract	Yes	66830 66840	66850 66852	66920 66930	66940	66982	66983	66984

IU Health Plans
950 N Meridian St., Suite 600
Indianapolis, IN 46206-1367

T 317.962.2378 F 317.962.6219

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Cell/Gene Therapy	Yes	0537T 0538T	0539T 0540T	Rev 0870 Rev 0871	Rev 0873 Rev 0874	Rev 0875 38206	C9076 C9081	Q2054
Clinical Trials	Yes	0602T	0603T	S9988	S9990	S9991		
Cochlear and Other Auditory Implants	Yes	69710 69714	69930 L8614	L8619 L8627	L8628 L8690	L8691	L8692	V5273
Colonoscopy	Yes, if less than 45 years of age and not preventive with evidence of medical necessity and/or risk factors	44388 44389 44390 44391	44392 44394 44401 44402	44403 44404 44405 44406	44407 44408 45378 45379	45380 45381 45384 45386	45388 45389 45390 45391	45392 45393 45398
Cosmetic and Reconstruction	Services that are potentially cosmetic or reconstructive in nature require authorization	10040 11920 11921 11922 11950 11951 11952 11954 11960 11970 11971 15757 15758 15760 15769 15770 15771 15772 15773 15774 15775 15776 15777 15780 15781 15782 15783 15786 15787 15788 15789 15792	15793 15819 15820 15821 15822 15823 15824 15825 15826 15828 15829 15830 15832 15833 15834 15835 15836 15837 15838 15839 15847 15876 15877 15878 15879 17106 17107 17108 17340 17360 17380 19300	19307 19340 19342 21076 21077 21080 21081 21082 21083 21084 21086 21087 21088 21100 21110 21120 21121 21122 21123 21125 21127 21137 21138 21139 21141 21142 21143 21145 21146 21147 21150 21151	21154 21155 21159 21160 21172 21175 21179 21180 21181 21182 21183 21184 21188 21193 21194 21195 21196 21198 21199 21206 21208 21209 21210 21215 21230 21235 21240 21242 21243 21244 21245	21246 21247 21248 21249 21255 21256 21260 21261 21263 21267 21268 21270 21275 21280 21282 21295 21296 30120 30400 30410 30420 30435 30450 30460 30462 30465 30520 30540 30545 30560 30620	36468 36470 36471 36473 36474 36475 36476 36478 36479 37700 37718 37722 37735 37760 37761 37765 37766 37780 37785 56800 64866 64868 66985 67900 67901 67902 67903 67904 67906 67908 67909	67911 67912 67914 67915 67916 67917 67921 67922 67923 67924 67961 67966 67971 67973 67974 67975 68360 68362 68371 69090 69300 69310 69320 69955 G0429 Q2026 Q2028 S2066 S2067 S2068 S9986
Cosmetic and Reconstruction / Breast Reconstruction	Yes, except when following a mastectomy	11970 11971 15771 15772	19316 19318 19325 19328	19330 19340 19342 19350	19355 19357 19361 19364	19367 19368 19369 19370	19371 19380 19396 30520	L8600 S2066 S2068
Dental Services	Yes	G0330						

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DME Capped Rentals	Yes, for any DME items with charges in excess of $500 billed rates per line item, or any item or rental that is a capped rental by CMS policy	A4639	E0304	E0639	E1008	E1224	E2321	K0816
		A7025	E0305	E0640	E1010	E1225	E2322	K0820
		E0117	E0316	E0656	E1012	E1228	E2325	K0821
		E0140	E0371	E0657	E1014	E1232	E2326	K0822
		E0144	E0372	E0675	E1020	E1233	E2327	K0823
		E0149	E0373	E0740	E1028	E1234	E2328	K0824
		E0181	E0424	E0744	E1029	E1235	E2329	K0825
		E0182	E0431	E0745	E1030	E1236	E2330	K0826
		E0186	E0433	E0762	E1031	E1237	E2368	K0827
		E0187	E0434	E0779	E1035	E1238	E2369	K0828
		E0193	E0439	E0781	E1036	E1240	E2370	K0829
		E0194	E0441	E0784	E1037	E1270	E2373	K0835
		E0196	E0442	E0791	E1038	E1280	E2374	K0836
		E0197	E0443	E0849	E1039	E1295	E2375	K0837
		E0198	E0444	E0855	E1050	E1700	E2376	K0838
		E0235	E0462	E0856	E1060	E1800	E2377	K0839
		E0236	E0470	E0910	E1070	E1801	E2378	K0840
		E0250	E0471	E0911	E1083	E1802	E2402	K0841
		E0251	E0472	E0912	E1084	E1805	K0001	K0842
		E0255	E0480	E0920	E1087	E1806	K0002	K0843
		E0256	E0482	E0930	E1088	E1810	K0003	K0848
		E0260	E0483	E0940	E1092	E1811	K0004	K0849
		E0261	E0550	E0941	E1093	E1812	K0006	K0850
		E0265	E0565	E0946	E1100	E1815	K0007	K0851
		E0266	E0572	E0955	E1110	E1816	K0009	K0852
		E0277	E0574	E0958	E1150	E1818	K0010	K0853
		E0290	E0575	E0968	E1160	E1825	K0011	K0854
		E0291	E0585	E0983	E1161	E1830	K0012	K0855
		E0292	E0600	E0984	E1170	E1831	K0015	K0856
		E0293	E0601	E0985	E1171	E1840	K0070	K0857
		E0294	E0606	E0986	E1172	E2000	K0195	K0858
		E0295	E0617	E0988	E1180	E2120	K0606	K0859
		E0296	E0618	E1002	E1190	E2227	K0607	K0860
		E0297	E0619	E1003	E1195	E2228	K0730	K0861
		E0300	E0620	E1004	E1200	E2310	K0813	K0862
		E0301	E0630	E1005	E1221	E2311	K0814	K0863
		E0302	E0635	E1006	E1222	E2312	K0815	K0864
		E0303	E0636	E1007	E1223	E2313		
DME Non-Specific HCPCS Codes	Yes	A4226	A7036	C1813	E0677	E2100	K0879	K1022
		A4341	A7037	C1839	E0711	E2103	K0880	K1023
		A4342	A7038	C2622	E0787	E2398	K0884	K1024
		A4596	A7044	E0183	E1229	E2500	K0885	K1025
		A4604	A7045	E0202	E1239	E2599	K0886	K1026
		A6590	A7046	E0445	E1356	K0108	K0890	K1027
		A6591	A7049	E0446	E1357	K0812	K0891	K1035
		A7027	0740T	E0561	E1358	K0830	K0898	L2006
		A7028	0741T	E0562	E1372	K0831	K0899	L7900
		A7029	A4239	E0667	E1390	K0868	K1003	L7902
		A7030	A9279	E0668	E1391	K0869	K1004	Q0507
		A7031	A9280	E0671	E1392	K0870	K1007	Q0509
		A7032	A9900	E0672	E1399	K0871	K1009	Q4259
		A7033	A9999	E0673	E1699	K0877	K1014	Q4260
		A7034	C1734	E0676	E1905	K0878	K1015	Q4261
		A7035	C1747					

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SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
DME (CPAP)/(BIPAP) and Supplies	Yes; three-month rental then purchase of device if compliant (will need compliance documentation). On-going supplies require prior authorization with compliance documentation.	E0601						
Durable Medical Equipment	All DME with a provider bill rate of $500 per item or any item or rental that is a capped rental by CMS policy. It is provider's responsibility to know the bill rate and request a prior authorization. Yes, for Non-Specific HCPCS codes Yes, for Continuous Positive Airway Pressure (CPAP)/Bi-level Positive Airway Pressure (BIPAP) – 3-month rental then purchase of device if compliant (compliance documentation required) CPAP Supplies - compliance documentation required for additional supplies - supplies authorized for 6 months Nebulizers are "purchase-only" items	A2001 A2002 A2004 A2005 A2006 A2007 A2008 A2009 A2010 A4238	A4436 A4437 C1832 E0147 E0217 E0225 E0239 E0465 E0466 E0467	E0610 E0615 E0650 E0651 E0652 E0670 E0691 E0692 E0693 E0694	E0766 E0782 E0783 E0785 E0786 E0948 E1226 E1230 E1296 E1629	E2102 E2202 E2203 E2204 E2341 E2342 E2343 E2351 E2502	E2504 E2506 E2508 E2510 E2614 E2616 E2627 E2628 E2629	E2630 K0609 K0800 K0801 K0802 K0806 K0807 K0808 L0488
Experimental and Investigative Services	Yes	0071T 0072T 0198T 0200T 0201T 0202T 0207T 0208T 0209T 0210T 0211T 0212T 0213T 0214T 0215T 0216T 0217T 0218T 0219T 0220T 0221T 0222T 0232T 0234T 0235T 0236T 0237T 0238T 0253T 0263T 0264T 0265T	0349T 0350T 0351T 0352T 0353T 0354T 0355T 0356T 0358T 0378T 0379T 0563T 0564T 0565T 0567T 0568T 0569T 0570T 0571T 0572T 0573T 0574T 0575T 0576T 0577T 0578T 0579T 0580T 0581T 0582T 0583T 0587T	0660T 0661T 0662T 0663T 0671T 0672T 0673T 0674T 0675T 0676T 0677T 0678T 0679T 0680T 0681T 0682T 0683T 0684T 0685T 0686T 0687T 0688T 0689T 0690T 0691T 0692T 0693T 0694T 0695T 0696T 0697T 0698T	0772T 0773T 0774T 0776T 0780T 0783T 0791T 0792T 0807T 0808T 0809T 19105 22527 22870 31626 31660 31661 32994 33274 33275 33289 33368 33369 33548 41512 41530 43257 44705 53860 58674 62287 68841	A4100 A4555 A4575 A9155 A9272 A9574 C1821 C9250 C9360 C9361 C9362 C9363 C9364 E0221 E0765 E0769 G0276 G0428 G0455 G0460 G4028 L8604 K1028 K1029 K1030 K1031 M0075 M0076 M0100 M0300 P9020 Q0035	Q4138 Q4139 Q4140 Q4141 Q4142 Q4143 Q4145 Q4146 Q4147 Q4148 Q4149 Q4150 Q4151 Q4152 Q4153 Q4154 Q4155 Q4156 Q4157 Q4158 Q4159 Q4160 Q4161 Q4162 Q4163 Q4164 Q4165 Q4166 Q4167 Q4168 Q4169 Q4170	Q4193 Q4194 Q4195 Q4196 Q4197 Q4198 Q4199 Q4200 Q4201 Q4202 Q4203 Q4204 Q4224 Q4225 Q4251 Q4252 Q4253 Q4256 Q4257 Q4258 Q4265 Q4266 Q4267 Q4268 Q4269 Q4270 Q4271 Q4272 Q4273 Q4274 Q4275 Q4276

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SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Experimental and Investigative Services (continued)		0267T	0588T	0699T	76936	Q4103	Q4171	Q4277
		0268T	0589T	0700T	78350	Q4107	Q4173	Q4278
		0269T	0590T	0701T	78351	Q4111	Q4174	Q4280
		0270T	0621T	0704T	91111	Q4112	Q4175	Q4281
		0271T	0622T	0705T	92517	Q4113	Q4176	Q4282
		0272T	0640T	0706T	92518	Q4115	Q4177	Q4283
		0273T	0641T	0707T	92519	Q4117	Q4178	Q4284
		0274T	0642T	0708T	92650	Q4118	Q4179	Q5124
		0275T	0643T	0709T	92651	Q4122	Q4180	S1034
		0278T	0644T	0710T	92653	Q4123	Q4181	S1035
		0329T	0645T	0711T	92978	Q4124	Q4182	S1036
		0330T	0646T	0712T	92979	Q4125	Q4183	S1037
		0331T	0647T	0713T	93050	Q4126	Q4184	S2118
		0332T	0648T	0731T	93740	Q4127	Q4185	S3650
		0333T	0649T	0732T	95999	Q4128	Q4186	S3652
		0335T	0650T	0733T	97610	Q4130	Q4187	S3722
		0338T	0651T	0734T	A2011	Q4132	Q4188	S3800
		0339T	0655T	0735T	A2012	Q4133	Q4189	S8080
		0342T	0656T	0736T	A2013	Q4134	Q4190	S8940
		0345T	0657T	0737T	A2019	Q4135	Q4191	S9034
		0347T	0658T	0770T	A2020	Q4136	Q4192	S9090
		0348T	0659T	0771T	A2021	Q4137		
Gender Affirming Treatment	Yes	11950	15821	19361	53405	54415	56630	58263
		11951	15822	19364	53410	54416	56631	58267
		11952	15823	19367	53415	54417	56632	58270
		11954	15824	19368	53420	54520	56633	58292
		11960	15825	19396	53425	54522	56634	58294
		11970	15826	21120	53430	54660	56637	58541
		11971	15828	21121	53431	54690	56640	58542
		15771	15829	21122	53450	55175	56800	58543
		15772	15876	21123	54120	55180	56805	58544
		15773	15877	21125	54125	55801	56810	58550
		15774	15878	21127	54130	55810	57106	58552
		15775	15879	21209	54135	55812	57107	58553
		15776	17380	21210	54308	55815	57109	58554
		15780	19300	21270	54312	55821	57110	58570
		15781	19301	30400	54316	55831	57111	58571
		15782	19302	30410	54318	55840	57291	58572
		15783	19303	30420	54400	55842	57292	58573
		15786	19305	30430	54401	55845	57335	58661
		15787	19306	30435	54405	55866	58150	58720
		15788	19307	30450	54406	55970	58152	92507
		15789	19316	31750	54408	55980	58180	L8032
		15792	19340	51925	54410	56620	58200	L8033
		15793	19342	53400	54411	56625	58210	L8600
		15820	19350					

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Genetic Testing	Yes, all including BRCA	0001U	0167U	0302U	0392U	81235	81322	81440
		0005U	0168U	0303U	0393U	81236	81323	81441
		0007U	0169U	0304U	0394U	81237	81324	81442
		0008U	0170U	0305U	0395U	81238	81325	81443
		0009U	0171U	0306U	0396U	81239	81326	81445
		0010U	0203U	0307U	0397U	81240	81327	81448
		0011M	0204U	0308U	0398U	81241	81328	81449
		0011U	0205U	0309U	0399U	81242	81330	81450
		0012M	0206U	0310U	0400U	81243	81331	81451
		0012U	0207U	0311U	0401U	81244	81332	81455
		0013M	0208U	0312U	0794T	81245	81333	81456
		0013U	0209U	0313U	87906	81246	81334	81460
		0014U	0210U	0314U	81105	81247	81335	81465
		0016U	0211U	0315U	81106	81248	81336	81470
		0017U	0212U	0316U	81107	81249	81337	81471
		0018U	0213U	0317U	81108	81250	81338	81490
		0019U	0214U	0318U	81109	81251	81339	81493
		0022U	0215U	0319U	81110	81252	81340	81500
		0023U	0216U	0320U	81111	81253	81341	81503
		0026U	0217U	0321U	81112	81254	81342	81504
		0027U	0218U	0322U	81120	81255	81343	81506
		0029U	0219U	0323U	81121	81256	81344	81507
		0030U	0220U	0326U	81161	81257	81345	81508
		0031U	0221U	0327U	81162	81258	81346	81509
		0032U	0222U	0328U	81163	81259	81347	81510
		0033U	0230U	0329U	81164	81260	81348	81511
		0034U	0231U	0330U	81165	81261	81349	81512
		0036U	0232U	0331U	81166	81262	81350	81513
		0037U	0233U	0332U	81167	81263	81351	81514
		0038U	0234U	0333U	81168	81264	81352	81518
		0039U	0235U	0334U	81170	81265	81353	81519
		0040U	0236U	0335U	81171	81266	81355	81520
		0045U	0237U	0336U	81172	81267	81357	81521
		0046U	0238U	0337U	81173	81268	81360	81522
		0047U	0239U	0338U	81174	81269	81361	81523
		0048U	0242U	0339U	81175	81270	81362	81529
		0049U	0243U	0340U	81176	81271	81363	81535
		0050U	0244U	0341U	81177	81272	81364	81536
		0053U	0245U	0342U	81178	81273	81370	81538
		0055U	0246U	0343U	81179	81274	81371	81540
		0056U	0247U	0344U	81180	81275	81372	81541
		0060U	0250U	0345U	81181	81276	81373	81542
		0070U	0251U	0346U	81182	81277	81374	81546
		0071U	0252U	0347U	81183	81278	81375	81551
		0072U	0253U	0348U	81184	81279	81376	81552
		0073U	0254U	0349U	81185	81283	81377	81554
		0074U	0258U	0350U	81186	81284	81378	81560
		0075U	0260U	0355U	81187	81285	81379	81595
		0076U	0262U	0356U	81188	81286	81380	83521
		0078U	0264U	0357U	81189	81287	81381	83529
		0079U	0265U	0358U	81190	81288	81382	84433
		0084U	0266U	0359U	81191	81289	81383	86015
		0085U	0267U	0360U	81192	81290	81400	86849
		0086U	0268U	0361U	81193	81291	81401	87467
		0087U	0269U	0362U	81194	81292	81402	87468
		0088U	0270U	0363U	81200	81293	81404	87469
		0089U	0271U	0364U	81201	81294	81406	87478

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Genetic Testing (continued)		0090U 0091U 0092U 0093U 0094U 0095U 0096U 0097U 0101U 0102U 0103U 0140U 0141U 0142U 0143U 0153U 0154U 0155U 0156U 0157U 0158U 0160U 0161U 0162U 0163U 0164U 0165U 0166U	0272U 0273U 0274U 0275U 0276U 0277U 0278U 0279U 0280U 0282U 0285U 0286U 0287U 0288U 0289U 0290U 0291U 0292U 0293U 0294U 0295U 0296U 0297U 0298U 0299U 0300U 0301U	0365U 0366U 0367U 0368U 0369U 0370U 0371U 0372U 0373U 0374U 0375U 0376U 0377U 0378U 0379U 0380U 0381U 0382U 0383U 0384U 0385U 0386U 0387U 0388U 0389U 0390U 0391U	81202 81203 81204 81205 81206 81207 81208 81209 81210 81212 81215 81216 81217 81218 81219 81222 81223 81225 81226 81227 81228 81229 81230 81231 81232 81233 81234	81295 81296 81297 81298 81299 81300 81301 81302 81303 81304 81305 81306 81307 81308 81309 81310 81311 81312 81313 81314 81315 81316 81317 81318 81319 81320 81321	81407 81408 81410 81411 81412 81413 81414 81415 81416 81417 81418 81419 81420 81422 81425 81426 81427 81430 81431 81432 81433 81434 81435 81436 81437 81438 81439	87484 87806 87901 87902 88120 88121 88299 96040 G9840 G9841 G9843 G9845 S0265 S3840 S3841 S3842 S3844 S3845 S3846 S3849 S3850 S3853 S3854 S3861 S3865 S3866 S3870
Glucose Sensors	Yes	A9276	A9277	A9278				
Home Health Services	Yes, all services provided within the home setting (includes PT, OT, ST and any skilled home health services)	94002 94003 94004 94005 94375 94610 94660 94760 94774 94775 94776 94777 99341 99342 99344 99500 99501 99502 99503 99504 99505 99506 99507 99509	99510 99511 99512 99601 99602 G0076 G0077 G0078 G0079 G0080 G0081 G0082 G0083 G0084 G0085 G0086 G0087 G0088 G0089 G0090 G0151 G0152 G0153 G0155	G0156 G0157 G0159 G0161 G0248 G0249 G0250 G0299 G0300 G0320 G0321 G0322 G0490 G9479 S0270 S0272 S0273 S0274 S0280 S0281 S5108 S5109 S5110 S5111	S5115 S5116 S5120 S5121 S5130 S5131 S5135 S5136 S5145 S5146 S5170 S5175 S5180 S5181 S5522 S5523 S9001 S9097 S9098 S9110 S9122 S9123 S9124	S9125 S9126 S9127 S9128 S9129 S9131 S9208 S9209 S9211 S9212 S9213 S9214 S9216 S9217 S9218 S9220 S9225 S9230 S9325 S9326 S9327 S9328 S9329	S9330 S9331 S9335 S9338 S9339 S9340 S9341 S9342 S9345 S9346 S9347 S9348 S9349 S9351 S9353 S9355 S9357 S9359 S9361 S9363 S9364 S9365 S9366	S9367 S9368 S9370 S9372 S9373 S9374 S9375 S9376 S9377 S9379 S9490 S9537 S9538 S9542 S9558 S9559 S9560 S9562 S9563 S9590 S9810 T1004 T1022

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Health Plans

Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Hospice	All services provided within the home setting (includes PT, OT, ST and any skilled home health services) For inpatient medical, surgical, and behavioral health. Includes sub-acute i.e. skilled nursing, inpatient rehab, and long-term acute care	G0299 G0300 G9473 G9474	G9477 G9478 G9479 S0271	Q5001 Q5002 Rev 115 Rev 125	Rev 135 Rev 145 Rev 155	Rev 235 Rev 650 Rev 651	Rev 652 Rev 655 Rev 656	Rev 657 Rev 658 Rev 659
Hyperbaric Oxygen Therapy	Yes	G0277						
Hysterectomy	Yes, all inpatient and outpatient vaginal, laparoscopic and abdominal hysterectomy	51925 58150 58152 58180 58200	58210 58240 58260 58262 58263	58270 58275 58280 58285 58290	58291 58292 58294 58540 58541	58542 58543 58544 58550 58552	58553 58554 58570 58571	58572 58573 58575 58661
Inpatient Only Surgical Services	Yes, for inpatient medical, surgical and behavioral health. Includes sub-acute i.e. skilled nursing, inpatient rehabilitation and long-term acute care. Exceptions: • observation if 48 hours or less • normal vaginal deliveries if 2 days stay or less • cesarean section deliveries if 4 days stay or less Yes, for mother or newborn admissions exceeding the above delivery stays	33267 33268 33269 33340 33370	33509 49591 49592 49593	49594 49595 49596 49613	49614 49615 49616 49617	49618 49621 49622 49623	55867 69728 69729 69730	C7506 C7547 C7554 C7555
Laboratory Services	Providers are to utilize an in-network laboratory for all laboratory needs. Laboratory services require authorization when at least one of the following criteria are met. • services performed out-of-network that exceed $500 per billed service • any potentially experimental/investigative tests regardless of in-network or out-of-network							
Mammogram	Yes, if less than 40 years of age with evidence of medical necessity and/or risk factors.	77067						
Neurostimulator — Trial and Implantation	Yes, for all Urine drug screen should be done 30 days prior to trial.	0428T 0429T 0430T 0431T 61850 61860 61863 61864 61867 61868	61880 61885 61886 61888 63650 63655 63661 63662 63663 63685	63688 64553 64555 64561 64566 64568 64570 64575 64580 64581	64582 64583 64584 64585 95972 A4290 A4560 C1767 C1778	C1787 C1816 C1820 C1822 C1823 C1825 C1826 C1827 C1883	C1897 E0746 E0764 E0770 L8678 L8679 L8681 L8682 L8683	L8684 L8685 L8686 L8687 L8688 L8689 L8695 S8130 S8131
Oral and Enteral Feedings	Yes	B4100 B4102 B4103 B4149 B4150 B4152	B4153 B4154 B4155 B4157 B4158 B4159	B4160 B4161 B4162 B4164 B4168 B4172	B4176 B4178 B4180 B4185 B4187 B4189	B4193 B4197 B4199 B4216 B4220	B4222 B4224 B5000 B5100 B5200	B9002 S9432 S9433 S9434 S9435

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Health Plans

Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES
Out-of-Network Services	If member has no coverage for out-of-network benefits: • PA is required for services not available from a participating network provider • OR if the requested service otherwise requires a prior authorization • OR for laboratory services in excess of $500 performed out of network AND labs not available from participating network provider For members with out-of-network benefits: • Initial consult visit with an out-of-network specialist does not require PA • All follow-up visits DO require prior authorization along with clinical justification and plan of treatment	
Pregnancy Termination	Yes	01965 01966 59200 59812 59820 59821 59830 59840 59841 59850 59851 59852 59855 59856 59857 59866 S0199 S2260 S2265 S2266 S2267 S8055
Prosthetics and Orthotics	Any item with charges in excess of $500 bill rates per line item	A4563 K1032 K1033 L0112 L0113 L0120 L0130 L0140 L0150 L0160 L0170 L0172 L0174 L0180 L0190 L0200 L0220 L0450 L0452 L0454 L0455 L0456 L0457 L0458 L0460 L0462 L0464 L0466 L0467 L0468 L0469 L0470 L0472 L0480 L0482 L0484 L0486 L0490 L0491 L0492 L0621 L1730 L1755 L1810 L1812 L1820 L1830 L1831 L1832 L1833 L1834 L1836 L1840 L1843 L1844 L1845 L1846 L1847 L1848 L1850 L1851 L1852 L1860 L1900 L1902 L1904 L1906 L1907 L1910 L1920 L1930 L1932 L1940 L1945 L1950 L1951 L1960 L1970 L1980 L1990 L2000 L2005 L2680 L2750 L2755 L2760 L2768 L2780 L2785 L2795 L2800 L2810 L2820 L2830 L2840 L2850 L2861 L2999 L3000 L3001 L3002 L3003 L3010 L3020 L3030 L3031 L3040 L3050 L3060 L3070 L3080 L3090 L3100 L3140 L3150 L3160 L3170 L3201 L3202 L3203 L3204 L3206 L3207 L3891 L3900 L3901 L3904 L3905 L3906 L3908 L3912 L3913 L3915 L3916 L3917 L3918 L3919 L3921 L3923 L3924 L3925 L3927 L3929 L3930 L3931 L3933 L3935 L3956 L3960 L3961 L3962 L3967 L3971 L3973 L3975 L3976 L3977 L3978 L3980 L3981 L3982 L3984 L3995 L3999 L5632 L5634 L5636 L5637 L5638 L5639 L5640 L5642 L5643 L5644 L5645 L5646 L5647 L5648 L5649 L5650 L5651 L5652 L5653 L5654 L5655 L5656 L5658 L5661 L5665 L5666 L5668 L5670 L5671 L5672 L5673 L5676 L5677 L5678 L5679 L5680 L5681 L5682 L5683 L5684 L5685 L6000 L6010 L6020 L6026 L6050 L6055 L6100 L6110 L6120 L6130 L6200 L6205 L6250 L6300 L6310 L6320 L6350 L6360 L6370 L6380 L6382 L6384 L6386 L6388 L6400 L6450 L6500 L6550 L6570 L6580 L6582 L6584 L6586 L6588 L6590 L6605 L6610 L6611 L6615 L6616 L6620 L7040 L7045 L7170 L7180 L7181 L7185 L7186 L7190 L7191 L7259 L7360 L7362 L7364 L7366 L7367 L7368 L7400 L7401 L7402 L7403 L7404 L7405 L7499 L7510 L7520 L7600 L7700 L8000 L8001 L8002 L8010 L8015 L8020 L8030 L8031 L8032 L8035 L8039 L8040 L8041 L8042

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Health Plans

Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Prosthetics and Orthotics (continued)		L0622	L2010	L3208	L4000	L5686	L6621	L8043
		L0623	L2020	L3209	L4002	L5688	L6623	L8044
		L0624	L2030	L3211	L4010	L5690	L6624	L8045
		L0625	L2034	L3212	L4020	L5692	L6625	L8046
		L0626	L2035	L3213	L4030	L5694	L6628	L8047
		L0627	L2036	L3214	L4040	L5695	L6629	L8048
		L0628	L2037	L3216	L4045	L5696	L6630	L8300
		L0629	L2038	L3217	L4050	L5697	L6632	L8310
		L0630	L2040	L3221	L4055	L5698	L6635	L8320
		L0631	L2050	L3222	L4060	L5699	L6637	L8330
		L0632	L2060	L3224	L4070	L5700	L6638	L8400
		L0633	L2070	L3225	L4080	L5701	L6640	L8410
		L0634	L2080	L3230	L4090	L5702	L6641	L8415
		L0635	L2090	L3250	L4100	L5703	L6642	L8417
		L0636	L2106	L3251	L4110	L5704	L6645	L8420
		L0637	L2108	L3252	L4130	L5705	L6646	L8430
		L0638	L2112	L3253	L4205	L5706	L6647	L8435
		L0639	L2114	L3254	L4210	L5707	L6648	L8440
		L0640	L2116	L3255	L4350	L5710	L6650	L8465
		L0641	L2126	L3257	L4360	L5711	L6655	L8470
		L0642	L2128	L3260	L4361	L5712	L6660	L8480
		L0643	L2132	L3265	L4370	L5714	L6665	L8485
		L0648	L2134	L3300	L4386	L5716	L6670	L8500
		L0649	L2136	L3310	L4387	L5718	L6672	L8501
		L0650	L2180	L3320	L4392	L5722	L6675	L8505
		L0651	L2182	L3330	L4394	L5724	L6676	L8507
		L0700	L2184	L3332	L4396	L5726	L6677	L8509
		L0710	L2186	L3334	L4397	L5728	L6680	L8510
		L0810	L2188	L3340	L4398	L5780	L6682	L8511
		L0820	L2190	L3350	L4631	L5781	L6684	L8512
		L0830	L2192	L3360	L5000	L5782	L6686	L8513
		L0859	L2200	L3370	L5010	L5785	L6687	L8514
		L0861	L2210	L3380	L5020	L5790	L6688	L8515
		L0970	L2220	L3390	L5050	L5795	L6689	L8603
		L0972	L2230	L3400	L5060	L5810	L6690	L8606
		L0974	L2232	L3410	L5100	L5811	L6691	L8607
		L0976	L2240	L3420	L5105	L5812	L6692	L8608
		L0978	L2250	L3430	L5150	L5814	L6693	L8609
		L0980	L2260	L3440	L5160	L5816	L6694	L8610
		L0984	L2265	L3450	L5200	L5818	L6695	L8612
		L0999	L2270	L3455	L5210	L5822	L6696	L8613
		L1000	L2275	L3460	L5220	L5824	L6697	L8615
		L1001	L2280	L3465	L5230	L5826	L6698	L8616
		L1005	L2300	L3470	L5250	L5828	L6703	L8617
		L1010	L2310	L3480	L5270	L5830	L6704	L8618
		L1020	L2320	L3485	L5280	L5840	L6706	L8621
		L1025	L2330	L3500	L5301	L5845	L6707	L8622
		L1030	L2335	L3510	L5312	L5848	L6708	L8623
		L1040	L2340	L3520	L5321	L5850	L6709	L8624
		L1050	L2350	L3530	L5331	L5855	L6711	L8625
		L1060	L2360	L3540	L5341	L5856	L6712	L8629
		L1070	L2370	L3550	L5400	L5857	L6713	L8630
		L1080	L2375	L3560	L5410	L5858	L6714	L8631
		L1085	L2380	L3570	L5420	L5859	L6715	L8641
		L1090	L2385	L3580	L5430	L5910	L6721	L8642
		L1100	L2387	L3590	L5450	L5920	L6722	L8658
		L1110	L2390	L3595	L5460	L5925	L6805	L8659

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Health Plans

Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES
Prosthetics and Orthotics (continued)		L1120 L2395 L3600 L5500 L5930 L6810 L8670 L1200 L2397 L3610 L5505 L5940 L6880 L8693 L1210 L2405 L3620 L5510 L5950 L6881 L8694 L1220 L2415 L3630 L5520 L5960 L6882 L8696 L1230 L2425 L3640 L5530 L5961 L6883 L8698 L1240 L2430 L3649 L5535 L5962 L6884 L8699 L1250 L2492 L3660 L5540 L5964 L6885 L8701 L1260 L2500 L3670 L5560 L5966 L6890 L8702 L1270 L2510 L3671 L5570 L5968 L6895 L9900 L1280 L2520 L3674 L5580 L5969 L6900 Q0477 L1290 L2525 L3675 L5585 L5970 L6905 Q0479 L1300 L2526 L3677 L5590 L5972 L6910 Q0480 L1310 L2530 L3678 L5595 L5973 L6915 Q0481 L1499 L2540 L3702 L5600 L5974 L6920 Q0482 L1600 L2550 L3710 L5610 L5975 L6925 Q0483 L1610 L2570 L3720 L5611 L5976 L6930 Q0484 L1620 L2580 L3730 L5613 L5978 L6935 Q0489 L1630 L2600 L3740 L5614 L5979 L6940 Q0490 L1640 L2610 L3760 L5616 L5980 L6945 Q0491 L1650 L2620 L3761 L5617 L5981 L6950 Q0495 L1652 L2622 L3762 L5618 L5982 L6955 Q0496 L1660 L2624 L3763 L5620 L5984 L6960 Q0498 L1680 L2627 L3764 L5622 L5985 L6965 Q0501 L1685 L2628 L3765 L5624 L5986 L6970 Q0502 L1686 L2630 L3766 L5626 L5987 L6975 Q0503 L1690 L2640 L3806 L5628 L5988 L7007 Q0504 L1700 L2650 L3807 L5629 L5990 L7008 Q0506 L1710 L2660 L3808 L5630 L5999 L7009 S1040 L1720 L2670 L3809 L5631
Radiology Services	Codes that need to be submitted to Care to Care for authorization Submit an online authorization with Care to Care via their CarePortal.	70336 70548 72131 73201 74150 75571 78454 70450 70549 72132 73202 74160 75572 78459 70460 70551 72133 73206 74170 75573 78466 70470 70552 72141 73218 74174 75574 78468 70480 70553 72142 73219 74175 75635 78469 70481 70554 72146 73220 74176 76380 78472 70482 70555 72147 73221 74177 76390 78473 70486 71250 72148 73222 74178 76391 78481 70487 71260 72149 73223 74181 77046 78483 70488 71270 72156 73225 74182 77047 78491 70490 71271 72157 73700 74183 77048 78492 70491 71275 72158 73701 74185 77049 78494 70492 71550 72159 73702 74261 78429 78496 70496 71551 72191 73706 74262 78430 78608 70498 71552 72192 73718 74712 78431 78609 70540 71555 72193 73719 74713 78432 78811 70542 72125 72194 73720 75557 78433 78812 70543 72126 72195 73721 75559 78434 78813 70544 72127 72196 73722 75561 78451 78814 70545 72128 72197 73723 75563 78452 78815 70546 72129 72198 73725 75565 78453 78816 70547 72130 73200

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Health Plans

Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES
Skilled Nursing Facility	Yes	Bill Type 210-289 Bill Type 21A to 22Z Bill Type 23A to 23Z Bill Type 24A to 24Z Bill Type 28A to 28Z Rev Code 0022
Sleep Studies	For all studies (inpatient and outpatient) Exceptions: home sleep studies do not require a PA (95800, 95801, 95803, 95805, 95806)	95782 95783 95807 95808 95810 95811 95822 A9291
Spinal Surgery	Yes	0095T 22206 22207 22208 22210 22212 22214 22216 22224 22510 22511 22512 22513 22514 22515 22526 22533 22534 22548 22551 22552 22554 22556 22558 22585 22586 22590 22595 22600 22612 22614 22630 22632 22633 22808 22810 22812 22864 22867 22868 22869 22870 62321 62323 62380 63001 63003 63011 63012 63015 63016 63017 63050 63056 63057 63064 63075 63077 63200 63250 63251 63252 C1831 S2348 S2350 S2351
Surgical Services	Yes	0451T 0452T 0453T 0454T 0524T 0596T 0597T 0600T 0601T 0606T 0607T 0608T 0613T 0614T 0616T 0617T 0618T 0714T 0715T 0716T 0717T 0718T 0719T 0720T 0721T 0722T 0723T 0724T 0725T 0726T 0727T 0728T 0729T 0730T 0744T 0748T 0775T 0781T 0782T 0793T 0795T 0796T 0797T 0798T 0799T 0800T 0801T 0802T 0803T 0804T 0805T 0806T 0810T 15778 20560 20561 20700 20701 20702 20703 20704 20705 21601 21602 21603 22532 22860 30430 30469 33990 33991 34717 34718 35371 35702 35703 36465 36466 36482 36483 38232 44137 46948 49013 49014 53451 53452 53453 53454 58267 63664 64719 65781 66987 66988 66989 66991 69716 69719 69726 69727 C1761 C1833 C1849 C7507 C7508 C7545 C7546 C9764 C9765 C9766 C9767 C9771 C9776 C9777 C9778 C9779 C9781 C9782 C9783 C9784 C9785 C9787 S1091 C7551
Transcutaneous Electrical Nerve Stimulation (TENS)	Only approved when meets medical necessity	E0720 E0730 E0731 K1016 K1017 K1018 K1019 K1020
Transplants	For all transplants (soft and solid organs)	0664T 0665T 0666T 0667T 0668T 0669T 0670T 23440 26485 26489 27396 27397 28446 32851 32852 32853 32854 33927 33928 33929 33930 33935 33940 33945 38230 44132 44133 44135 44136 48160 48550 48554 48556 50370 50380 65710 65756 65780 65782 65785 C80.2 G0341 G0342 G0343 S2053 S2054 S2055 S2060 S2061 S2065 S2102 S2103 S2140 S2142 S2150 S2152
Unlisted Codes	Unlisted codes over $500 per billed claim line will require prior authorizations for INN providers. All unlisted codes for OON will require prior authorization.	
Ventricular Assist Devices	Yes, for all. Urine drug screen should be done 30 days prior to trial.	

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