



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	A0021 A0100 A0110 A0120 A0130	A0380 A0384 A0392 A0420 A0424	A0425 A0426 A0428 A0430 A0431	A0432 A0433 A0434 A0435 A0436	A0888 A0998 S0207 S0208 S0209	S0215 S9960 S9961 T2001 T2002	T2003 T2004 T2005 T2007 T2049
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 0591T 0592T 0593T
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 25448	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
Carpal Tunnel Surgery	Yes	29848	25001	25115	25290	64708	64721	
Cartilage Implants	Yes	27412	29866	29867	29868	S2112		
Cataract	Yes	66830 66840	66850 66852	66920 66930	66940	66982	66983	66984



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Cell/Gene Therapy	Yes	0537T 0538T	0539T 0540T	Rev 0870 Rev 0871	Rev 0873R ev 0874	Rev 0875 38206	38225 38226 38227 38228	J9185 Q2054 Q2058
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; subject to 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 11303 11920 11921 11922 11950 11951 11952 11954 11960 11970 11971 15756 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 19303 19307 19340 19342 21076 21077 21079 21080 21081 21082 21083 21084 21085 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 30468 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 S2068 S9986
Cosmetic and Reconstruction / Breast Reconstruction	Yes, except when following a mastectomy	11970 11971 15771 15772	19303 19316 19318 19325 19328	19330 19340 19342 19350	19355 19357 19361 19364	19367 19368 19369 19370	19371 19380 19396	L8600 S2066 S2067 S2068



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SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Dental Services	Yes	G0330						
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.							
DME Non-Specific HCPCS Codes	Yes	A2019 A4226 A4230 A4341 A4342 A4540 A4596 A4604 A6590 A6591 A7021 A7023 A7026 A7027 A7028 A7029 A7030 A7031 A7032 A7033 A7034	A7035 A7036 A7037 A7038 A7044 A7045 A7046 A7049 0740T 0741T A4239 A9279 A9280 A9900 A9999 C1734 C1737 C1747 C1813 C1839 C2622	C9804 C9806 E0183 E0202 E0445 E0490 E0491 E0424 E0431 E0433 E0434 E0439 E0441 E0442 E0443 E0444 E0446 E0447 E0561 E0562 E0625	E0667 E0668 E0671 E0672 E0673 E0676 E0677 E0711 E0715 E0716 E0767 E0787 E1229 E1239 E1301 E1356 E1357 E1358 E1372 E1390 E1391	E1392 E1399 E1699 E1803 E1804 E1807 E1808 E1813 E1814 E1822 E1823 E1826 E1827 E1828 E1829 E1905 E2001 E2100 E2103 E2398 E2500	E2513 E2599 E3000 E3200 K0108 K0738 K0812 K0830 K0831 K0868 K0869 K0870 K0871 K0877 K0878 K0879 K0880 K0884 K0885 K0886 K0890	K0891 K0898 K0899 K1003 K1004 K1007 K1027 K1036 K1037 L3161 L2006 L7900 L7902 Q0507 Q0509 Q4259 Q4260 Q4261 S9002
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	E0468 E0610 E0615 E0650 E0651 E0652 E0670 E0691 E0692 E0693	E0694 E0738 E0739 E0766 E0782 E0783 E0785 E0786 E0948 E1022 E1023 E1032 E1033 E1034 E1226	E1230 E1296 E1629 E1832 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



Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES							
Experimental and Investigative Services	Yes	15011	0275T	0689T	0923T	A9268	Q4161	Q4307	
		15012	0278T	0690T	0924T	A9269	Q4162	Q4308	
		15013	0290T	0691T	0925T	A9272	Q4163	Q4309	
		15014	0329T	0692T	0926T	A9292	Q4164	Q4310	
		15015	0330T	0693T	0927T	A9574	Q4165	Q4311	
		15016	0331T	0694T	0928T	C1602	Q4166	Q4312	
		15017	0332T	0695T	0929T	C1605	Q4167	Q4313	
		15018	0333T	0696T	0930T	C1735	Q4168	Q4314	
		19105	0335T	0697T	0931T	C1736	Q4169	Q4315	
		22527	0338T	0698T	0932T	C9250	Q4170	Q4316	
		31626	0339T	0699T	0933T	C9360	Q4171	Q4317	
		31660	0342T	0700T	0934T	C9361	Q4173	Q4318	
		31661	0345T	0701T	0935T	C9362	Q4174	Q4319	
		32994	0347T	0704T	0936T	C9363	Q4175	Q4320	
		33274	0348T	0705T	0937T	C9364	Q4176	Q4321	
		33275	0349T	0706T	0938T	C9790	Q4177	Q4322	
		33368	0350T	0707T	0939T	E0221	Q4178	Q4323	
		33369	0351T	0708T	0940T	E0492	Q4179	Q4324	
		33548	0352T	0709T	0941T	E0493	Q4180	Q4325	
		41512	0353T	0710T	0942T	E0765	Q4181	Q4326	
		41530	0354T	0711T	0943T	E0769	Q4182	Q4327	
		43210	0355T	0712T	0944T	G0276	Q4183	Q4328	
		43257	0356T	0713T	0945T	G0428	Q4184	Q4329	
		44705	0358T	0770T	0946T	G0455	Q4185	Q4330	
		53860	0378T	0771T	0947T	G0460	Q4187	Q4331	
		58674	0379T	0772T	0948T	G4028	Q4188	Q4332	
		60660	0563T	0773T	0949T	K1030	Q4189	Q4333	
		60661	0564T	0774T	0950T	L8604	Q4190	Q4334	
		61715	0565T	0776T	0951T	M0075	Q4191	Q4335	
		62287	0566T	0780T	0952T	M0076	Q4192	Q4336	
		64640	0567T	0783T	0953T	M0100	Q4193	Q4337	
		66683	0568T	0791T	0954T	M0300	Q4194	Q4338	
		68841	0569T	0792T	0955T	P9020	Q4195	Q4339	
		76936	0570T	0807T	0956T	Q0035	Q4196	Q4340	
		78350	0571T	0808T	0957T	Q4103	Q4197	Q4341	
		78351	0572T	0814T	0958T	Q4107	Q4198	Q4342	
		92650	0573T	0859T	0959T	Q4111	Q4199	Q4343	
		92651	0574T	0860T	0960T	Q4112	Q4200	Q4344	
		92653	0575T	0867T	0961T	Q4113	Q4201	Q4345	
		92978	0576T	0868T	0962T	Q4115	Q4202	Q4346	
		92979	0577T	0869T	0963T	Q4117	Q4203	Q4347	
		93050	0578T	0870T	0964T	Q4118	Q4204	Q4348	
		93288	0579T	0871T	0965T	Q4122	Q4224	Q4349	
		93740	0580T	0872T	0966T	Q4123	Q4225	Q4350	
		95999	0581T	0873T	0967T	Q4124	Q4251	Q4351	
		97610	0582T	0874T	0968T	Q4125	Q4252	Q4352	
		0071T	0583T	0875T	0969T	Q4126	Q4253	Q4353	
		0072T	0587T	0876T	0970T	Q4127	Q4256	Q4354	
		0198T	0588T	0877T	0971T	Q4128	Q4257	Q4355	
		0200T	0589T	0878T	0972T	Q4130	Q4258	Q4356	
		0201T	0590T	0879T	0973T	Q4132	Q4262	Q4357	
		0202T	0621T	0880T	0974T	Q4133	Q4263	Q4358	
		0207T	0622T	0881T	0975T	Q4134	Q4264	Q4359	
		0208T	0640T	0882T	0976T	Q4135	Q4265	Q4360	
		0209T	0643T	0883T	0977T	Q4136	Q4266	Q4361	
		0210T	0644T	0884T	0978T	Q4137	Q4267	Q4362	
		0211T	0645T	0885T	0979T	Q4138	Q4268	Q4363	



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SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Experimental and Investigative Services (continued)		0212T	0646T	0886T	0980T	Q4139	Q4269	Q4364
		0213T	0647T	0887T	0981T	Q4140	Q4270	Q4365
		0214T	0648T	0888T	0982T	Q4141	Q4271	Q4366
		0215T	0649T	0889T	0983T	Q4142	Q4272	Q4367
		0216T	0650T	0890T	0984T	Q4143	Q4273	Q4368
		0217T	0651T	0891T	0985T	Q4145	Q4274	Q4369
		0218T	0655T	0892T	0986T	Q4146	Q4275	Q4370
		0219T	0656T	0893T	0987T	Q4147	Q4276	Q4371
		0220T	0657T	0894T	A2011	Q4148	Q4278	Q4372
		0221T	0658T	0895T	A2012	Q4149	Q4280	Q4373
		0222T	0659T	0896T	A2013	Q4150	Q4281	Q4375
		0232T	0660T	0897T	A2020	Q4151	Q4282	Q4376
		0234T	0661T	0898T	A2021	Q4152	Q4283	Q4377
		0235T	0662T	0899T	A2022	Q4153	Q4284	Q4378
		0236T	0663T	0900T	A2023	Q4154	Q4285	Q4379
		0237T	0671T	0901T	A2024	Q4155	Q4286	Q4380
		0238T	0672T	0902T	A2025	Q4156	Q4305	Q4382
		0253T	0673T	0903T	A2026	Q4157	Q4306	Q5124
		0263T	0674T	0904T	A2027	Q4158		S1034
		0264T	0675T	0905T	A2028	Q4159		S1035
		0265T	0676T	0906T	A2029	Q4160		S1036
		0266T	0677T	0907T	A2030			S1037
		0267T	0678T	0913T	A2031			S2118
		0268T	0679T	0914T	A2032			S3650
		0269T	0680T	0915T	A2033			S3652
		0270T	0681T	0916T	A2034			S3722
		0271T	0682T	0917T	A2035			S4024
		0272T	0683T	0918T	A4100			S3800
		0273T	0684T	0919T	A4555			S8080
		0274T	0685T	0920T	A4575			S8940
			0686T	0921T	A9154			S9034
			0687T	0922T	A9156			S9090
			0688T					
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	0016M	0191U	0333U	0457U	81110	81287	81441
		0020M	0192U	0334U	0458U	81111	81288	81442
		0001U	0193U	0335U	0459U	81112	81289	81443
		0005U	0194U	0336U	0460U	81120	81290	81445
		0007U	0195U	0337U	0461U	81121	81291	81448
		0008U	0196U	0338U	0462U	81161	81292	81449
		0009U	0197U	0339U	0463U	81162	81293	81450
		0010U	0198U	0340U	0464U	81163	81294	81451
		0011M	0199U	0341U	0465U	81164	81295	81455
		0011U	0200U	0342U	0466U	81165	81296	81456
		0012M	0201U	0343U	0467U	81166	81297	81457
		0012U	0203U	0344U	0468U	81167	81298	81458
		0013M	0205U	0345U	0469U	81168	81299	81459
		0013U	0206U	0346U	0470U	81170	81300	81460
		0014U	0207U	0347U	0471U	81171	81301	81462
		0016U	0208U	0348U	0472U	81172	81302	81463
		0017U	0209U	0349U	0473U	81173	81303	81464
		0018U	0210U	0350U	0474U	81195	81304	81465
		0019M	0211U	0355U	0475U	81174	81305	81470
		0019U	0212U	0356U	0476U	81175	81306	81471
		0022U	0213U	0358U	0477U	81176	81307	81490
		0023U	0214U	0359U	0478U	81177	81308	81493
		0024U	0215U	0360U	0479U	81178	81309	81500
		0025U	0216U	0361U	0480U	81179	81310	81503
		0026U	0217U	0362U	0481U	81180	81311	81504
		0027U	0218U	0363U	0482U	81181	81312	81506
		0029U	0219U	0364U	0483U	81182	81313	81508
		0030U	0220U	0365U	0484U	81183	81314	81509
		0031U	0221U	0366U	0485U	81184	81315	81510
		0032U	0222U	0367U	0486U	81185	81316	81511
		0033U	0230U	0368U	0487U	81186	81317	81512
		0034U	0231U	0371U	0488U	81187	81318	81513
		0035U	0232U	0372U	0489U	81188	81319	81514
		0036U	0233U	0375U	0490U	81189	81320	81518
		0037U	0234U	0376U	0491U	81190	81321	81519
		0038U	0235U	0377U	0492U	81191	81322	81520
		0039U	0236U	0378U	0493U	81192	81323	81521
		0040U	0237U	0379U	0494U	81193	81324	81522
		0041U	0238U	0380U	0495U	81194	81325	81523
		0042U	0239U	0381U	0496U	81200	81326	81529
		0043U	0242U	0382U	0497U	81201	81327	81535
		0044U	0243U	0383U	0498U	81202	81328	81536
		0045U	0244U	0384U	0499U	81203	81330	81538
		0046U	0245U	0385U	0500U	81204	81331	81539
		0047U	0246U	0387U	0501U	81205	81332	81540
		0048U	0247U	0388U	0502U	81206	81333	81541
		0049U	0250U	0389U	0503U	81207	81334	81542
		0050U	0251U	0390U	0504U	81208	81335	81546
		0051U	0253U	0391U	0505U	81209	81336	81551
		0052U	0254U	0392U	0506U	81210	81337	81552
		0054U	0258U	0393U	0507U	81212	81338	81554
		0055U	0260U	0394U	0508U	81215	81339	81558
		0056U	0262U	0395U	0509U	81216	81340	81560
		0058U	0264U	0396U	0510U	81217	81341	81595
		0059U	0265U	0398U	0511U	81218	81342	82166
		0060U	0266U	0399U	0512U	81219	81343	83521
		0069U	0267U	0400U	0513U	81221	81344	83529



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SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Genetic Testing (continued)		0070U	0268U	0401U	0514U	81222	81345	84433
		0071U	0269U	0402U	0515U	81223	81346	86015
		0072U	0270U	0403U	0516U	81224	81347	86041
		0073U	0271U	0404U	0517U	81225	81348	86042
		0074U	0272U	0405U	0518U	81226	81349	86043
		0075U	0273U	0406U	0519U	81227	81350	86366
		0076U	0274U	0407U	0520U	81228	81351	86849
		0077U	0275U	0408U	0523U	81229	81352	87467
		0078U	0276U	0409U	0529U	81230	81353	87468
		0080U	0277U	0410U	0530U	81231	81355	87469
		0089U	0278U	0411U	0531U	81232	81357	87478
		0090U	0279U	0412U	0532U	81233	81360	87484
		0091U	0280U	0413U	0533U	81234	81362	87523
		0092U	0282U	0414U	0534U	81235	81363	87901
		0093U	0285U	0415U	0535U	81236	81364	87902
		0094U	0286U	0417U	0536U	81237	81370	87906
		0095U	0287U	0418U	0537U	81238	81371	88120
		0096U	0288U	0419U	0538U	81239	81372	88121
		0101U	0289U	0420U	0539U	81240	81373	88182
		0102U	0290U	0421U	0540U	81241	81374	88245
		0103U	0291U	0422U	0541U	81242	81375	88248
		0140U	0292U	0423U	0542U	81243	81376	88249
		0141U	0293U	0424U	0543U	81244	81377	88261
		0142U	0294U	0425U	0544U	81245	81378	88262
		0152U	0295U	0426U	0545U	81246	81379	88263
		0153U	0296U	0427U	0546U	81247	81380	88264
		0154U	0297U	0428U	0547U	81248	81381	88267
		0155U	0298U	0429U	0548U	81249	81382	88269
		0156U	0299U	0430U	0549U	81250	81383	88271
		0157U	0300U	0431U	0550U	81251	81400	88272
		0158U	0301U	0432U	0551U	81252	81401	88273
		0159U	0302U	0433U	0552U	81253	81402	88274
		0160U	0303U	0434U	0553U	81254	81403	88275
		0161U	0304U	0435U	0554U	81255	81404	88280
		0162U	0305U	0436U	0555U	81256	81405	88283
		0163U	0306U	0437U	0556U	81257	81406	88285
		0164U	0307U	0438U	0557U	81258	81407	88289
		0165U	0308U	0439U	0558U	81259	81408	88291
		0166U	0309U	0440U	0559U	81260	81410	88299
		0167U	0310U	0441U	0560U	81261	81411	G9143
		0169U	0311U	0442U	0561U	81262	81412	G9840
		0170U	0312U	0443U	0562U	81263	81413	G9841
		0171U	0313U	0444U	0563U	81264	81414	G9843
		0172U	0314U	0445U	0564U	81265	81415	G9845
		0173U	0315U	0446U	0565U	81266	81416	K1035
		0174U	0316U	0447U	0566U	81267	81417	S3620
		0175U	0317U	0448U	0567U	81268	81418	S3840
		0177U	0318U	0449U	0568U	81269	81419	S3841
		0179U	0319U	0450U	0569U	81270	81425	S3842
		0180U	0320U	0451U	0570U	81271	81426	S3844
		0181U	0321U	0452U	0571U	81272	81427	S3845
		0182U	0322U	0453U	0572U	81273	81430	S3846
		0183U	0323U	0454U	0573U	81274	81431	S3849
		0184U	0326U	0455U	0574U	81275	81432	S3850
		0185U	0327U	0456U	0794T	81276	81433	S3853
		0186U	0328U		81105	81277	81434	S3854
		0187U	0329U		81106	81278	81435	S3861



Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
		0188U	0330U		81107	81279	81436	S3865
		0189U	0331U		81108	81283	81437	S3866
		0190U	0332U		81109	81284	81438	S3870
						81285	81439	
						81286	81440	
Glucose Sensors	Yes	A9276	A9277	A9278				



Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Home Health Services	Yes, all services provided within the home setting (includes PT, OT, ST and any skilled home health services)	93793 94002 94003 94004 94005 94375 94610 94660 94760 94774 94775 94776 94777 99341 99342 99344 99345 99500 99501 99502 99503 99504 99505 99506 99507 99509 99510	99511 99512 99601 99602 G0068 G0069 G0070 G0076 G0077 G0078 G0079 G0080 G0081 G0082 G0083 G0084 G0085 G0086 G0087 G0088 G0089 G0090 G0151 G0152 G0153 G0155 G0156	G0157 G0158 G0159 G0160 G0161 G0162 G0248 G0249 G0250 G0299 G0300 G0320 G0321 G0322 G0490 G9006 G9475 G9479 G9987 Q5009 S0270 S0272 S0273 S0274 S0280 S0281 S5108	S5109 S5110 S5111 S5115 S5116 S5120 S5121 S5125 S5126 S5130 S5131 S5135 S5136 S5140 S5141 S5145 S5146 S5165 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 S9336 S9338 S9339 S9340 S9341 S9342 S9343 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 T1021 T1022 T1030 T1031
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



Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
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 69705 69706	69728 69729 69730 C1062	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							
Lymphedema	Yes, for any DME items with charges in excess of \$500 billed rates, per line item. Supplies subject to CMS recommended limits	A6515 A6516 A6517 A6518 A6520 A6521 A6522 A6523 A6524 A6525 A6526 A6527 A6528 A6529 A6530	A6552 A6553 A6554 A6555 A6583 A6610 A6533 A6534 A6535 A6556 A6557	A6558 A6585 A6536 A6537 A6538 A6586 A6559 A6560 A6561 A6539 A6540	A6541 A6562 A6563 A6564 A6566 A6567 A6568 A6569 A6570 A6571 A6572	A6573 A6587 A6574 A6575 A6576 A6577 A6578 A6588 A6579 A6580 A6581	A6582 A6589 A6594 A6595 A6596 A6597 A6598 A6599 A6600 A6601 A6602	A6603 A6604 A6605 A6606 A6607 A6608 A6609 A6611 A6584 A6565
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.	0784T 0785T 0786T 0787T 0788T 0789T 0816T 0817T 0818T 0819T 0908T 0909T 0910T 0911T 0912T	33276 33277 33278 33279 33280 33281 33287 33288 61850 61860 61863 61864 61867 61868 61880 61885	61886 61888 61889 61891 61892 63650 63655 63661 63662 63663 63685 63688 64553	64555 64561 64566 64568 64569 64570 64575 64580 64581 64582 64583 64584 64585 64590 64595	64596 64597 64598 93150 93151 93152 93153 95972 A4290 A4560 A4593 A4594 C1767 C1778 C1787	C1816 C1820 C1822 C1823 C1825 C1826 C1827 C1883 C1897 C9807 E0736 E0746 E0770 L8678	L8679 L8681 L8682 L8683 L8684 L8685 L8686 L8687 L8688 L8689 L8695 S8130 S8131



Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Nebulizers	Nebulizers are purchase-only items	E0655 E0570 E0572	E0574 E0575 E0580	E0585 K0730				
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							
Penile Implant	Yes	C1813	C2622	L7900	L7902			
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.							
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.	C9791 70336 70450 70460 70470 70480 70481 70482 70486 70487 70488 70490 70491 70492 70496 70498 70540 70542 70543 70544 70545 70546	70547 70548 70549 70551 70552 70553 70554 70555 71250 71260 71270 71271 71275 71550 71551 71552 71555 72125 72126 72127 72128 72129	72130 72131 72132 72133 72141 72142 72146 72147 72148 72149 72156 72157 72158 72159 72191 72192 72193 72194 72195 72196 72197 72198	73200 73201 73202 73206 73218 73219 73220 73221 73222 73223 73225 73700 73701 73702 73706 73718 73719 73720 73721 73722 73723 73725	74150 74160 74170 74174 74175 74176 74177 74178 74181 74182 74183 74185 74261 74262 74263 74712 74713 75557 75559 75561 75563 75565 75571	75572 75573 75574 75635 76380 76390 76391 77046 77047 77048 77049 78429 78430 78431 78432 78433 78434 78451 78452 78453 78454 78459	78466 78468 78469 78472 78473 78481 78483 78491 78492 78494 78496 78608 78609 78811 78812 78813 78814 78815 78816 0865T 0866T
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						



Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Sleep Studies	For all studies (inpatient and outpatient) Exceptions: home sleep studies do not require a PA (95800, 95801, 95803, 95805, 95806, G0398, G0399, G0400)	95782 95783	95807	95808	95810	95811	95822	A9291
Spinal Surgery	Radiofrequency procedures now require authorization	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 33289 62321 62323 62380 63001 63003	63011 63012 63015 63016 63017 63050 63056 63057 63064 63075 63077 63200	63250 63251 63252 64628 64629 64630 64633 64634 64635 64636 64708	64721 C1831 C2624 S2348 S2350 S2351 27278
Surgical Services	Yes	15778 20560 20561 20700 20701 20702 20703 20704 20705 21601 21602 21603 22532 22836 22837 22838 22860 27278 30430 30469 31242 31243 33975 33976 33977 33978 33979 33980 33981 33982	33983 33990 33991 33992 33993 34717 34718 35371 35702 35703 36465 36466 36482 36483 38232 44137 46948 49013 49014 49186 49187 49188 49189 49190 51721 53451 53452 53453 53454 53865	53866 55881 55882 58267 63664 65781 66987 66988 66989 66991 67516 69716 69719 69726 69727 75580 91110 91111 91113 92972 93264 96547 96548 97606 C7562 0451T 0452T 0453T 0454T 0524T	0596T 0597T 0600T 0601T 0606T 0607T 0608T 0613T 0614T 0616T 0617T 0618T 0714T 0716T 0717T 0718T 0719T 0720T 0721T 0722T 0723T 0724T 0725T 0726T 0727T 0728T 0729T 0730T 0731T 0732T	0733T 0734T 0735T 0736T 0737T 0744T 0748T 0781T 0782T 0790T 0793T 0795T 0796T 0797T 0798T 0799T 0800T 0801T 0802T 0803T 0804T 0805T 0806T 0810T 0811T 0812T 0813T 0823T 0824T 0825T	0861T 0862T 0863T 0864T C1600 C1601 C1603 C1604 C1761 C1821 C1833 C1849 C7507 C7508 C7545 C7546 C7551 C7556 C7557 C7563 C7564 C7565 C8002 C8003 C8004 C8005 C9764 C9765 C9766 C9767 C9777 C9778	C9779 C9781 C9782 C9783 C9784 C9785 C9787 C9792 C9808 C9809 C9901 G0555 G0561 Q0477 Q0478 Q0479 Q0481 Q0483 Q0486 Q0489 Q0491 Q0495 Q0496 Q0497 Q0498 Q0499 Q0501 Q0506 Q0508 Q4186 S1091



Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Total Parenteral Nutrition (TPN) & Oral and Enteral Feedings	Yes				B4164 B4168 B4172 B4176 B4178 B4180 B4185	B4187 B4189 B4193 B4197 B4199 B4216 B4220 B4222	B4224 B5000 B5100 B5200 B9004 B9006 E0776	S9432 S9433 S9434 S9435
Transcutaneous Electrical Nerve Stimulation (TENS)	Only approved when meets medical necessity	A4541 A4542	A4543 A4544	A4545	E0720 E0721	E0730 E0731	E0737	
Transplants	For all transplants (soft and solid organs)	0494T 0495T 0496T 0584T 0585T 0586T 0664T 0665T 0666T 0667T 0668T 0669T 0670T 23440 26483 26485 26489 27396 27397	28446 32850 32851 32852 32853 32854 32855 32856 33927 33928 33929 33930 33933 33935 33940 33944 33945 38204 38205	38206 38207 38208 38209 38210 38211 38212 38213 38214 38215 38230 38240 38241 38242 38243 43500 44132 44133 44135	44136 44140 44715 44720 44721 47133 47135 47140 47141 47142 47143 47144 47145 47146 47147 47399 47780 47785 47800	47801 47802 47900 48155 48160 48550 48551 48552 48554 48556 48999 50300 50320 50323 50325 50327 50328 50329 50340	50360 50365 50370 50380 50500 50547 50605 50760 50780 52310 54680 65710 65730 65750 65755 65756 65767 65780 65781	65782 65785 G0341 G0342 G0343 S2053 S2054 S2055 S2060 S2061 S2065 S2102 S2103 S2140 S2142 S2150 S2152 C80.2 V2785
Transplant Travel & Lodging	Yes	S9975	S9976	S9977				
Ulnar Neuroplasty	Yes	24301	24357	24358	24359	64718	64719	
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.							