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	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

IU Health Plans
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Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Cell/Gene Therapy	Yes	0537T 0538T	0539T 0540T	Rev 0870 Rev 0871	Rev0873 ev0874	R Rev0875 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 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

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Health Plans

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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Health Plans

Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
Experimental and Investigative Services (continued)		0212T 0213T 0214T 0215T 0216T 0217T 0218T 0219T 0220T 0221T 0222T 0232T 0234T 0235T 0236T 0237T 0238T 0253T 0263T 0264T 0265T 0266T 0267T 0268T 0269T 0270T 0271T 0272T 0273T 0274T	0646T 0647T 0648T 0649T 0650T 0651T 0655T 0656T 0657T 0658T 0659T 0660T 0661T 0662T 0663T 0671T 0672T 0673T 0674T 0675T 0676T 0677T 0678T 0679T 0680T 0681T 0682T 0683T 0684T 0685T 0686T 0687T 0688T	0886T 0887T 0888T 0889T 0890T 0891T 0892T 0893T 0894T 0895T 0896T 0897T 0898T 0899T 0900T 0901T 0902T 0903T 0904T 0905T 0906T 0907T 0913T 0914T 0915T 0916T 0917T 0918T 0919T 0920T 0921T 0922T	0980T 0981T 0982T 0983T 0984T 0985T 0986T 0987T A2011 A2012 A2013 A2020 A2021 A2022 A2023 A2024 A2025 A2026 A2027 A2028 A2029 A2030 A2031 A2032 A2033 A2034 A2035 A2036 A2037 A2038 A2039 A4100 A4555 A4575 A9154 A9156	Q4139 Q4140 Q4141 Q4142 Q4143 Q4145 Q4146 Q4147 Q4148 Q4149 Q4150 Q4151 Q4152 Q4153 Q4154 Q4155 Q4156 Q4157 Q4158 Q4159 Q4160	Q4269 Q4270 Q4271 Q4272 Q4273 Q4274 Q4275 Q4276 Q4278 Q4280 Q4281 Q4282 Q4283 Q4284 Q4285 Q4286 Q4305 Q4306	Q4364 Q4365 Q4366 Q4367 Q4368 Q4369 Q4370 Q4371 Q4372 Q4373 Q4375 Q4376 Q4377 Q4378 Q4379 Q4380 Q4382 Q4383 Q4384 Q4385 Q4386 Q4387 Q4388 Q4389 Q4390 Q4391 Q4392 Q4393 Q4394 Q4395 Q4396 Q4397 Q5124 S1034 S1035 S1036 S1037 S2118 S3650 S3652 S3722 S4024 S3800 S8080 S8940 S9034 S9090

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Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
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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SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES
Genetic Testing	Yes, all including BRCA	0016M 0020M 0001U 0005U 0007U 0008U 0009U 0010U 0011M 0011U 0012M 0012U 0013M 0013U 0014U 0016U 0017U 0018U 0019M 0019U 0022U 0023U 0024U 0025U 0026U 0027U 0029U 0030U 0031U 0032U 0033U 0034U 0035U 0036U 0037U 0038U 0039U 0040U 0041U 0042U 0043U 0044U 0045U 0046U 0047U 0048U 0049U 0050U 0051U 0052U 0054U 0055U 0056U 0058U 0059U 0060U 0069U 0191U 0192U 0193U 0194U 0195U 0196U 0197U 0198U 0199U 0200U 0201U 0203U 0205U 0206U 0207U 0208U 0209U 0210U 0211U 0212U 0213U 0214U 0215U 0216U 0217U 0218U 0219U 0220U 0221U 0222U 0230U 0231U 0232U 0233U 0234U 0235U 0236U 0237U 0238U 0239U 0242U 0243U 0244U 0245U 0246U 0247U 0250U 0251U 0253U 0254U 0258U 0260U 0262U 0264U 0265U 0266U 0267U 0333U 0334U 0335U 0336U 0337U 0338U 0339U 0340U 0341U 0342U 0343U 0344U 0345U 0346U 0347U 0348U 0349U 0350U 0355U 0356U 0358U 0359U 0360U 0361U 0362U 0363U 0364U 0365U 0366U 0367U 0368U 0371U 0372U 0375U 0376U 0377U 0378U 0379U 0380U 0381U 0382U 0383U 0384U 0385U 0387U 0388U 0389U 0390U 0391U 0392U 0393U 0394U 0395U 0396U 0398U 0399U 0400U 0457U 0458U 0459U 0460U 0461U 0462U 0463U 0464U 0465U 0466U 0467U 0468U 0469U 0470U 0471U 0472U 0473U 0474U 0475U 0476U 0477U 0478U 0479U 0480U 0481U 0482U 0483U 0484U 0485U 0486U 0487U 0488U 0489U 0490U 0491U 0492U 0493U 0494U 0495U 0496U 0497U 0498U 0499U 0500U 0501U 0502U 0503U 0504U 0505U 0506U 0507U 0508U 0509U 0510U 0511U 0512U 0513U 81110 81111 81112 81120 81121 81161 81162 81163 81164 81165 81166 81167 81168 81170 81171 81172 81173 81195 81174 81175 81176 81177 81178 81179 81180 81181 81182 81183 81184 81185 81186 81187 81188 81189 81190 81191 81192 81193 81194 81200 81201 81202 81203 81204 81205 81206 81207 81208 81209 81210 81212 81215 81216 81217 81218 81219 81221 81287 81288 81289 81290 81291 81292 81293 81294 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 81322 81323 81324 81325 81326 81327 81328 81330 81331 81332 81333 81334 81335 81336 81337 81338 81339 81340 81341 81342 81343 81344 81441 81442 81443 81445 81448 81449 81450 81451 81455 81456 81457 81458 81459 81460 81462 81463 81464 81465 81470 81471 81490 81493 81500 81503 81504 81506 81508 81509 81510 81511 81512 81513 81514 81518 81519 81520 81521 81522 81523 81529 81535 81536 81538 81539 81540 81541 81542 81546 81551 81552 81554 81558 81560 81595 82166 83521 83529

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Health Plans

Commercial Member Services Requiring Prior Authorization (PA)

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	87478
		0080U	0277U	0410U	0530U	81231	81355	87523
		0089U	0278U	0411U	0531U	81232	81357	87901
		0090U	0279U	0412U	0532U	81233	81360	87902
		0091U	0280U	0413U	0533U	81234	81362	87906
		0092U	0282U	0414U	0534U	81235	81363	88120
		0093U	0285U	0415U	0535U	81236	81364	88121
		0094U	0286U	0417U	0536U	81237	81370	88182
		0095U	0287U	0418U	0537U	81238	81371	88245
		0096U	0288U	0419U	0538U	81239	81372	88248
		0101U	0289U	0420U	0539U	81240	81373	88249
		0102U	0290U	0421U	0540U	81241	81374	88261
		0103U	0291U	0422U	0541U	81242	81375	88262
		0140U	0292U	0423U	0542U	81243	81376	88263
		0141U	0293U	0424U	0543U	81244	81377	88264
		0142U	0294U	0425U	0544U	81245	81378	88267
		0152U	0295U	0426U	0545U	81246	81379	88269
		0153U	0296U	0427U	0546U	81247	81380	88271
		0154U	0297U	0428U	0547U	81248	81381	88272
		0155U	0298U	0429U	0548U	81249	81382	88273
		0156U	0299U	0430U	0549U	81250	81383	88274
		0157U	0300U	0431U	0550U	81251	81400	88275
		0158U	0301U	0432U	0551U	81252	81401	88280
		0159U	0302U	0433U	0552U	81253	81402	88283
		0160U	0303U	0434U	0553U	81254	81403	88285
		0161U	0304U	0435U	0554U	81255	81404	88289
		0162U	0305U	0436U	0555U	81256	81405	88291
		0163U	0306U	0437U	0556U	81257	81406	88299
		0164U	0307U	0438U	0557U	81258	81407	G9143
		0165U	0308U	0439U	0558U	81259	81408	G9840
		0166U	0309U	0440U	0559U	81260	81410	G9841
		0167U	0310U	0441U	0560U	81261	81411	G9843
		0169U	0311U	0442U	0561U	81262	81412	G9845
		0170U	0312U	0443U	0562U	81263	81413	K1035
		0171U	0313U	0444U	0563U	81264	81414	S3620
		0172U	0314U	0445U	0564U	81265	81415	S3840
		0173U	0315U	0446U	0565U	81266	81416	S3841
		0174U	0316U	0447U	0566U	81267	81417	S3842
		0175U	0317U	0448U	0567U	81268	81418	S3844
		0177U	0318U	0449U	0568U	81269	81419	S3845
		0179U	0319U	0452U	0569U	81270	81425	S3846
		0180U	0320U	0453U	0570U	81271	81426	S3849
		0181U	0321U	0454U	0571U	81272	81427	S3850
		0182U	0322U	0455U	0572U	81273	81430	S3853
		0183U	0323U	0456U	0573U	81274	81431	S3854
		0184U	0326U		0574U	81275	81432	S3861
		0185U	0327U		0578U	81276	81433	S3865
		0186U	0328U		0582U	81277	81434	S3866
		0187U	0329U		0583U	81278	81435	S3870

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Health Plans

Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES						
		0188U 0189U 0190U	0330U 0331U 0332U		0585U 0586U 0588U 0590U 0592U 0593U 0597U 0794T 81105 81106 81107 81108 81109	81279 81283 81284 81285 81286	81436 81437 81438 81439 81440	
Glucose Sensors	Yes	A9276	A9277	A9278				

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Health Plans

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	Rev235 Rev650 Rev651	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

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Health Plans

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 E0764 E0770 L8678 L8679 L8681 L8682 L8683 L8684 L8685 L8686 L8687 L8688 L8689 L8695 S8130 S8131

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Health Plans

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						

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Health Plans

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 C1740 C1742 C1761 C1821 C1833 C1849 C7507 C7508 C7545 C7546 C7551 C7556 C7557 C7563 C7564 C7565 C8002 C8003 C8004 C8005 C8006 C9764 C9765 C9766 C9767 C9776 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

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Health Plans

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.							

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