

2021

PRIOR AUTHORIZATION MATRIX

THIS LIST IS NOT MEANT TO BE ALL INCLUSIVE.

- Prior authorization is required for all of the following:
 - Out of network providers
 - Advanced Imaging procedures
 - Non-emergent inpatient admissions
 - Unlisted or miscellaneous codes
 - Transplant services
- No Prior Authorization is required when Health Choice Utah (HCU) is the secondary payer, EXCEPT for Transplant services
- Only one Medical/Pharmacy service may be requested per PA form
- The member must be Medicaid eligible and a member of HCU at the time the covered service is rendered
- Authorizations are valid for 90 days from the date issued (some exceptions are made for long-term needs, refer to authorization approval)
- Experimental/Investigational Procedures are not a covered benefit
- All injectable medications given in a provider's office are processed through Medical PA
- All injectable medications given in a home setting are processed through Pharmacy PA – use form found at <https://www.healthchoiceutah.com/providers/prescription-drugs/>
- No PA required for services at Outpatient Hospitals or Ambulatory Surgery Centers UNLESS the code is listed in the grid
- Pain management procedures require prior authorization
- No PA required for preventative exams such as mammogram, colonoscopy, etc. UNLESS the provider and/or facility is out of network
- Durable Medical Equipment (DME) over \$500 for a single item in billed charges requires prior authorization.
- Diabetic Supplies and Continuous Glucose Monitors must go through a contracted provider or pharmacy.

HEALTH CHOICE UTAH

Phone: 1-877-358-8797

MEDICAL PRIOR AUTHORIZATION

Fax: 1-877-358-8793

<https://www.healthchoiceutah.com/providers/pa-guidelines/>

PHARMACY PRIOR AUTHORIZATION

Fax: 1-877-720-5825

<https://www.healthchoiceutah.com/providers/prescription-drugs/>

For more information on Prior Authorization (PA) or to view this grid online please visit

<https://www.healthchoiceutah.com/>

For details regarding PA refer to the Health Choice Utah Provider Manual,

Chapter 6 Authorizations and Notifications <https://www.healthchoiceutah.com/>

**PRIOR AUTHORIZATION THERAPY LIMITS
EFFECTIVE FEBRUARY 1, 2021**

- Physical therapy services are limited to twenty (20) sessions per calendar year. The initial evaluation does not count as a session.
- Occupational therapy services are limited to twenty (20) sessions per calendar year. The initial evaluation does not count as a session.
- Physical and occupational therapy evaluations are limited to one per calendar year.
- Speech therapy. One speech therapy evaluation allowed per year.
 - Members with diagnosis of cerebral vascular accident or traumatic brain injury – 15 sessions in a 12 month period.
 - Members using a speech generating device – 8 sessions in a 12 month period.
 - Members with swallowing dysfunction – 10 sessions in a 180 day period.
 - EPSDT members – allowed 1 session per week for 6 months.

**Please refer to page 1 for all Prior Authorization Guidelines
Please refer to page 2 for authorization guidelines for Therapies**

◦ Pregnant members – allowed 15 annual visits.

PA REQUIRED								COMMENTS	
00000 Series – Anesthesia									
01999								Unlisted anesthesia procedure(s)	
10000 Series – Integumentary System									
11920	11921	11922	11960	11970	11971				
13121									
14040	14041	14060	14061						
15775	15776	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							
17999									Unlisted procedure, skin, mucous, mucous membrane and subcutaneous tissue
20000 Series – Musculoskeletal System									
20552	20553	20974	20975	20979				22XXX, 630XX – PA required for spinal surgeries	
21137	21138	21139	21172	21175	21179	21180	21181		
21182	21183	21184	21230	21235	21280	21282	21295		
21296	21616	21685	21740	21742					
22551	22554	22556	22558	22588	22590	22595	22600		
22610	22612	22630	22633	22800	22802	22804	22808		
22810	22812	22818	22819	22840	22842	22843	22844		
22845	22846	22847	22849	22850	22852				
27096									
28008	28010	28011	28020	28022	28024	28090	28092		
28100	28104	28280	28285	28289	28291	28292	28295		
28296	28297	28298	28299	28302	28304	28306	28308		
28310	28312	28315	28344						
21899	22899	22999	23929	24999	25999	26989	27299		Unlisted procedure, neck or thorax; spine; abdomen, musculoskeletal system; shoulder; humerus or elbow; forearm or wrist; hands or fingers; pelvis or hip joint; femur or knee; leg or ankle; casting or strapping; arthroscopy
27599	27899	29799	29999						
30000 Series – Respiratory; Cardiovascular, Hemic, and Lymphatic System									
30400	30410	30420	30430	30435	30450	30460	30462		
30465	30520	30540	30545	30560	30580	30600	30630		
30620									

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PA REQUIRED								COMMENTS	
31290	31599	31899							
32299	32664	32850	32851	32852	32853	32854	32855	93XXX, 33XXX, 0295-7T codes – PA required for cardiac imaging	
32856									
33206	33207	33208	33210	33211	33212	33213	33214		
33216	33217	33221	33224	33225	33230	33231	33240		
33249	33262	33263	33265	33270	33274	33275	33285		
33930	33933	33935	33940	33944	33945	33975	33979		
33981	33982	33990	33991						
36468	36470	36471	36473	36474	36475	36476	36478		
36479	36563								
37700	37718	37722	37780						
38205	38206	38208	38210	38211	38212	38213	38214		
38215	38230	38232	38240	38241	38242				
30999	32999	33999	36299	37501	37799	38129	38589		Unlisted procedure, nose; lungs and pleura; cardiac surgery; vascular injection; vascular endoscopy; vascular surgery; laparoscopy, spleen; laparoscopy, lymphatic system; hemic or lymphatic system
38999									
40000 Series – Digestive System									
42145									
43644	43645	43659	43770	43775	43842	43845	43846	43XXX codes – PA required for bariatric surgery	
43847	43848	43860	43881	43882					
44132	44133	44135	44136	44137	44715	44720	44721		
47133	17135	47136	47140	47141	47142	47143	47144		
47145	47146	47147							
48550	48551	48552	48554	48556					

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PA REQUIRED								COMMENTS	
40799	41599	41899	42299	42699	42999	43289	43499	Unlisted procedure, lips; tongue, floor of mouth; dentoalveolar structures; palate, uvula; salivary glands or ducts; pharynx, adenoids, or tonsils; laparoscopy procedure, esophagus; procedure, esophagus; laparoscopy procedure, stomach; stomach; laparoscopy procedure, intestine (except rectum); small intestine; Meckel's diverticulum and the mesentery; laparoscopy procedure, appendix; colon; laparoscopy procedure, rectum; rectum; anus; laparoscopic procedure, liver; liver; laparoscopy procedure, biliary tract; biliary tract; pancreas; laparoscopy procedure, abdomen, peritoneum and omentum; laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy; abdomen, peritoneum and omentum	
43659	43999	44238	44799	44899	44979	45399	45499		
45999	46999	47379	47399	47579	47999	48999	49329		
49659	49999								
50000 Series – Urinary; Male Genital; Intersex Surgery; Female Genital; Maternity Care System									
50300	50320	50323	50325	50327	50328	50329	50340	5XXXX – PA required for permanent sterilization and hysterectomy. Must submit consent form	
50360	50365	50370	50380	50547					
52601	52630	52647	52648	52649					
54150	54160	54161	54162	54163	54164	54240			
55250	55450	55801	55821	55831					
58180	58200	58210	58240	58260	58262	58263	58267		
58270	58275	58280	58285	58290	58291	58292	58293		
58294	58410	58541	58542	58543	58544	58548	58550		
58552	58553	58554	58570	58571	58572	58573	58600		
58605	58511	58615	58670	58671	58700	58951	58953		
58954	58956								
59135	59525	59830	59840	59841	59850	59851	59852		59XXX – No PA required for services for spontaneous abortions. PA required for planned pregnancy terminations. No PA required for Vasectomy or Tubal Ligations for members age 21 and older
59855	59856	59857	59866						

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PA REQUIRED								COMMENTS
50549	50949	51999	53899	54699	55899	58578	58579	Unlisted procedure laparoscopy procedure, renal; ureter; bladder; urinary system; male genital system, laparoscopy procedure, uterus; hysteroscopy procedure, uterus; female genital system (nonobstetrical); laparoscopy procedure, testis; laparoscopy procedure, maternity care and delivery; maternity care and delivery
58999	59898	59899						
60000 Series – Endocrine; Nervous; Eye, Ocular Adnexa, and Ear; Auditory; Operating Microscope Systems								
60659	60699							6XXXX, L8XX – PA required for Neurological Stimulation Devices
61215	61450	61850	61860	61870	61875	61880	61885	
61886	61888							
62320	62321	62322	62323	62324	62325	62326	62327	22XXX, 630XX – PA required for spinal surgeries
62350	62362							
63030	63042	63045	63047	63056	63081	63650	63655	
63685								
64400	64405	64450	64455	64461	64462	64463	64479	
64480	64483	64484	64486	64487	64488	64489	64490	
64491	64492	64493	64494	64495	64505	64510	64517	
64520	64530	64553	64555	64556	64561	64568	64569	
64570	64575	64580	64581	64585	64590	64595	64632	
64633	64634	64635	64636	64776	64778	64782	64783	
64802	64804	64809	64818	64820	64821	64823		
65937	65970	65971	65972	65973	65974	65975	65979	
65980	65981	65982						
67900	67901	67902	67903	67904	67905	67906	67908	
67909	67910	67911	67912	67914	67915	67916	67917	
67921	67922	67923	67924	67950	67961	67966		
69300	69710	69714	69715	69718	69930			
64999	66999	67299	67399	67599	67999	68399	68899	Unlisted procedure, nervous system; anterior segment of eye; posterior segment; extraocular muscle; orbit; eyelids; conjunctiva; lacrimal system; external ear; middle ear; inner ear; temporal bone, middle fossa approach
69399	69799	69949	69979					

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Please refer to page 2 for authorization guidelines for Therapies

PA REQUIRED								COMMENTS
70000 Series – Radiology System								
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	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							
76367	76377	76380	76390	76818	76819	76820	76821	
76825	76826	76827	76828					
77021	77058	77059	77079	77084	77299	77399	77499	
77799								
78431	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							
76496	76497	76498	76499					Unlisted procedure fluoroscopic; computed tomography; magnetic resonance; diagnostic radiographic
76999								Unlisted ultrasound procedure
78099	78199	78299	78399	78499	78599	78699	78799	Unlisted diagnostic nuclear medicine endocrine; gastrointestinal; hematopoietic, reticuloendothelial and lymphatic; musculoskeletal; cardiovascular; respiratory; nervous system; genitourinary; miscellaneous procedure
78999								
79999								Unlisted procedure, radiopharmaceutical therapy

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Please refer to page 2 for authorization guidelines for Therapies

PA REQUIRED								COMMENTS	
80000 Series – Pathology and Laboratory									
81162								8XXXX, S3XX- PA required for genetic testing and counseling	
81201	81203	81210	81211	81212	81213	81214	81215		
81216	81217	81218	81219	81222	82123	81225	81226		
81227	81228	81229	81235	81246	81265	81266	81272		
81273	81287	81291	81292	81294	81295	81297	81298		
81300	81313	81314	81317	81319	81321	81323	81325		
81355									
81400	81401	81402	81403	81404	81405	81406	81407		
81408	81410	81411	81412	81413	81414	81415	81416		
81417	81420	81422	81425	81426	81427	81430	81431		
81432	81433	81434	81435	81436	81437	81438	81439		
81440	81442	81445	81450	81455	81460	81465	81470		
81471	81479	81493							
81504	81507	81519	81528	81535	81536	81538	81540		
81545	81595								
83006									
86152	86153								
88261	88271	88369	88373	88374	88377				
84999	85999	86849	86999	88099	88199	88299	88399		Unlisted procedure chemistry; hematology and coagulation; immunology; transfusion medicine, transfusion medicine; necropsy (autopsy); cytopathology; cytogenetic study; surgical pathology; miscellaneous pathology test; reproductive medicine laboratory
89240	89398								
90000 Series – Medicine									
91110	91111	91112						93XXX, 33XXX, 0295-7T codes- PA required for cardiac imaging	
92507	92508	92526							
93228	93229	93268	93270	93271	93272				
93303	93304	93306	93307	93308	93312	93315	93318		
93320	93321	93325	93350	93351					
93451	93452	93453	93454	93455	93456	93457	93458		
93459	93460	93461							
93530	93531	93532	93533						
93797	93798								
93875	93880	93882	93886	93888	93890	93892	93893		
93922	93923	93924	93925	93926	93930	93931	93965		
93970	93971	93975	93976	93978	93979	93980	93981		
93990	93998								

PA REQUIRED								COMMENTS	
94668								95XXX- PA required for neurology electroencephalogram testing	
95700	95705	95706	95707	95708	95709	95710	95711		
95712	95713	95714	95715	95716	95717	95718	95719		
95720	95721	95722	95723	95724	95725	95726	95782		
95783	95800	95801	95803	95806	95807	95808	95810		
95811	95950	95951	95953	95956	95957				
97010	97012	97014	97016	97018	97022	97024	97026		
97028	97033	97034	97035	97036	97039	97110	97112		
97113	97116	97124	97140	97150	97168	97530	97533		
97535	97537	97605	97606	97607	97608	97614	97762		
97763	97799								
99183	99510	99600							
90749	90899	90999	91299	93799	93998				Unlisted vaccine/toxoid; psychiatric service or procedure; dialysis procedure, inpatient or outpatient; diagnostic gastroenterology; cardiovascular service; noninvasive vascular diagnostic study
Category III Codes									
0159T	0295T	0296T	0297T	0298T	0501T	0502T	0503T		
0504T									
HCPCS Codes									
A0999	A4335	A4421	A4649	A4913	A6550	A8277	A9274	B4XX – PA required for Nutritional Supplements & Enteral Formulas	
A9276	A9278	A9280	A9900	A9999					
B4161	B4162	B4185	B4034	B4035	B4036	B4081	B4082		
B4083	B4087	B4088	B4100	B4102	B4103	B4104	B4149		
B4150	B4152	B4153	B4154	B4155	B4157	B4158	B4159		
B4160	B9999								
C1764	C1779	C1785	C1786	C1824	C1889	C1895	C1898		
C2619	C2620	C2621	C8903	C8905	C8906	C8908	C8921		
C8922	C8923	C8924	C8925	C8926	C8927	C8928	C8929		
C8930	C8931	C8932	C8933	C8934	C8935	C8936	C9762		
C9763	C9399								

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PA REQUIRED								COMMENTS
E0194	E0265	E0266	E0270	E0300	E0445	E0457	E0460	Durable Medical Equipment (DME) over \$500 for a single item in billed charges requires prior authorization.
E0466	E0483	E0616	E0620	E0636	E0638	E0641	E0642	
E0656	E0669	E0670	E0675	E0693	E0694	E0700	E0710	
E0720	E0730	E0731	E0740	E0744	E0745	E0746	E0747	
E0748	E0749	E0755	E0760	E0761	E0762	E0764	E0765	
E0766	E0769	E0770	E0784	E0984	E0986	E1002	E1003	
E1004	E1005	E1006	E1007	E1008	E1009	E1010	E1030	
E1035	E1036	E1161	E1229	E1231	E1232	E1237	E1238	
E1239	E1399	E1699	E1831	E2100	E2227	E2228	E2230	
E2300	E2301	E2322	E2325	E2327	E2329	E2331	E2351	
E2373	E2402	E2510	E2511	E2599	E2626	E2627	E2628	
E2629	E2630	E8000	E8001					
G0129	G0152	G0158	G0160	G0235	G0237	G0260	G0277	
G0281	G0283	G0297	G0299	G0300	G0398	G0399	G0400	
G0422	G0423	G0424	G0460	G0490	G0493	G0494	G0495	
G0496	G2168	G2169	G8978	G8979	G8990	G8991	G8992	
G8983	G8984	G8985	G8986	G8987	G8988	G8989	G8990	
G8991	G8992	G8993	G8994	G8995	G9143			
H0046								
J1021	J0122	J0129	J0178	J0180	J0185	J0190	J0202	
J0205	J0215	J0220	J0221	J0222	J0256	J0257	J0270	
J0275	J0291	J0348	J0480	J0485	J0490	J0517	J0565	
J0567	J0570	J0584	J0585	J0586	J0587	J0588	J0593	
J0596	J0597	J0598	J0599	J0606	J0637	J0638	J0641	
J0642	J0712	J0716	J0725	J0740	J0775	J0795	J0800	
J0833	J0834	J0840	J0850	J0875	J0878	J0881	J0885	
J0888	J0894	J0895	J0897	J0900				
J1000	J1060	J1070	J1071	J1080	J1096	J1097	J1190	
J1260	J1290	J1300	J1301	J1303	J1322	J1324	J1325	
J1380	J1410	J1428	J1435	J1439	J1442	J1443	J1447	
J1451	J1452	J1453	J1454	J1455	J1457	J1458	J1459	
J1460	J1555	J1556	J1557	J1559	J1560	J1561	J1562	
J1566	J1568	J1569	J1571	J1572	J1573	J1575	J1599	
J1600	J1602	J1620	J1627	J1628	J1640	J1645	J1650	
J1652	J1655	J1670	J1675	J1743	J1745	J1746	J1786	
J1826	J1833	J1840	J1850	J1930	J1931	J1945	J1950	

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Please refer to page 2 for authorization guidelines for Therapies

PA REQUIRED								COMMENTS
J2020	J2170	J2182	J2186	J2248	J2278	J2280	J2320	
J2323	J2326	J2350	J2353	J2354	J2355	J2357	J2407	
J2425	J2501	J2502	J2503	J2504	J2505	J2507	J2547	
J2562	J2675	J2724	J2725	J2730	J2770	J2778	J2783	
J2786	J2787	J2793	J2796	J2797	J2820	J2840	J2860	
J2910	J2916	J2940						
J3031	J3060	J3090	J3095	J3111	J3120	J3121	J3130	
J3140	J3145	J3150	J3240	J3243	J3245	J3246	J3262	
J3285	J3304	J3305	J3316	J3320	J3355	J3357	J3358	
J3380	J3385	J3396	J3397	J3398	J3465	J3470	J3471	
J3472	J3473	J3489	J3490	J3520				
J7170	J7177	J7208	J7230	J7308	J7309	J7310	J7311	
J7312	J7313	J7314	J7315	J7316	J7318	J7320	J7321	
J7322	J7323	J7324	J7325	J7326	J7327	J7328	J7329	
J7330	J7332	J7345	J7401	J7513	J7677	J7682	J7686	
J7699	J7799							
J9010	J9015	J9017	J9019	J9020	J9022	J9023	J9032	
J9033	J9034	J9035	J9036	J9039	J9042	J9043	J9047	
J9055	J9057	J9118	J9119	J9145	J9153	J9155	J9160	
J9173	J9176	J9179	J9201	J9202	J9203	J9204	J9207	
J9208	J9209	J9210	J9212	J9213	J9214	J9215	J9216	
J9217	J9218	J9219	J9225	J9226	J9228	J9229	J9256	
J9262	J9266	J9268	J9269	J9270	J9271	J9285	J9293	
J9295	J9261	J9299	J9301	J9302	J9303	J9305	J9306	
J9307	J9311	J9312	J9313	J9315	J9325	J9328	J9330	
J9352	J9354	J9355	J9357	J9390	J9395	J9400		
J3490	J3590	J7599	J7999	J8597	J9999			Unclassified drugs, biologics, immunosuppressive drug, compound drug, oral antiemetic drug, antineoplastic drugs
K0005	K0013	K0108	K0553	K0554	K0606	K0800	K0801	Diabetic Supplies and Continuous Glucose Monitors must go through a contracted provider or pharmacy.
K0802	K0806	K0807	K0808	K0821	K0822	K0823	K0824	
K0825	K0826	K0827	K0828	K0829	K0830	K0831	K0836	
K0837	K0838	K0839	K0840	K0841	K0842	K0843	K0848	
K0849	K0850	K0851	K0852	K0853	K0854	K0855	K0856	
K0857	K0858	K0859	K0860	K0861	K0862	K0863	K0864	
K0868	K0869	K0870	K0871	K0877	K0878	K0879	K0880	
K0884	K0885	K0886	K0890	K0891	K0898	K0899		

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Please refer to page 2 for authorization guidelines for Therapies

PA REQUIRED								COMMENTS
L0112	L0170	L0220	L0450	L0456	L0562	L0464	L0480	
L0482	L0484	L0486	L0624	L0629	L0631	L0632	L0634	
L0636	L0637	L0638	L0640	L0700	L0710	L0810	L0820	
L0830	L0859	L0861	L0999					
L1000	L1001	L1005	L1010	L1020	L1025	L1030	L1040	
L1050	L1060	L1070	L1080	L1085	L1090	L1100	L1110	
L1120	L1200	L1210	L1220	L1230	L1240	L1250	L1260	
L1270	L1280	L1290	L1300	L1310	L1499	L1680	L1685	
L1699	L1700	L1710	L1720	L1730	L1755	L1830	L1831	
L1832	L1834	L1836	L1840	L1843	L1844	L1845	L1846	
L1847	L1850	L1860	L1945	L1950	L1960	L1970	L1980	
L1990								
L2000	L2005	L2010	L2020	L2030	L2034	L2036	L2037	
L2038	L2040	L2050	L2060	L2027	2080	L2090	L2106	
L2108	L2112	L2114	L2116	L2126	L2128	L2132	L2134	
L2136	L2200	L2210	L2220	L2230	L2232	L2240	L2250	
L2260	L2265	L2270	L2275	L2280	L2300	L2310	L2320	
L2330	L2335	L2340	L2350	L2360	L2370	L2375	L2380	
L2385	L2387	L2390	L2395	L2397	L2510	L2520	L2525	
L2526	L2627	L2628	L2999					
L3000	L3160	L3201	L3202	L3203	L3204	L3206	L3207	
L3212	L3213	L3214	L3215	L3216	L3217	L3219	L3221	
L3222	L3230	L3250	L3251	L3252	L3253	L3265	L3671	
L3674	L3699	L3720	L3730	L3740	L3763	L3764	L3765	
L3766	L3900	L3901	L3904	L3905	L3961	L3962	L3967	
L3971	L3973	L3975	L3976	L3977	L3978	L3982	L3985	
L3995	L3999							
L4000	L4002	L4010	L4020	L4030	L4040	L4045	L4050	
L4055	L4060	L4070	L4080	L4090	L4100	L4110	L4130	
L4205	L4210	L4360	L4386	L4392	L4394	L4396	L4631	

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PA REQUIRED								COMMENTS
L5010	L5020	L5050	L5060	L5100	L5105	L5150	L5160	
L5200	L5210	L5220	L5230	L5250	L5270	L5280	L5301	
L5312	L5321	L5331	L5341	L5400	L5420	L5460	L5500	
L5505	L5510	L5520	L5530	L5535	L5540	L5560	L5570	
L5580	L5585	L5590	L5595	L5600	L5610	L5611	L5613	
L5614	L5616	L5639	L5640	L5642	L5643	L5644	L5645	
L5645	L5647	L5648	L5649	L5651	L5653	L5661	L5673	
L5681	L5682	L5683	L5700	L5701	L5702	L5703	L5705	
L5706	L5707	L5716	L5718	L5722	L5724	L5726	L5728	
L5780	L5781	L5782	L5790	L5795	L5811	L5812	L5814	
L5816	L5818	L5822	L5824	L5826	L5828	L5830	L5840	
L5845	L5848	L5856	L5857	L5858	L5930	L5950	L5960	
L5961	L5962	L5964	L5966	L5968	L5976	L5979	L5980	
L5981	L5982	L5984	L5986	L5987	L5988	L5990	L5999	
L6000	L6010	L6020	L6050	L6055	L6100	L6110	L6120	6XXXX, L8XX – PA required for
L6130	L6200	L6205	L6250	L6300	L6310	L6320	L6350	Neurological Stimulation Devices
L6360	L6370	L6380	L6382	L6384	L6400	L6450	L6500	
L6550	L6570	L6580	L6582	L6584	L6586	L6588	L6590	
L6621	L6623	L6624	L6646	L6648	L6686	L6588	L6590	
L6621	L6623	L6624	L6646	L6648	L6686	L6687	L6689	
L6690	L6692	L6693	L6694	L6695	L6696	L6697	L6704	
L6707	L6708	L6709	L6711	L6712	L6713	L6714	L6715	
L6881	L6882	L6883	L6884	L6885	L6895	L6900	L6905	
L6910	L6915	L6920	L6925	L6930	L6935	L6940	L6945	
L6950	L6955	L6960	L6965	L6970	L6975			
L7007	L7008	L7009	L7040	L7045	L7170	L7180	L7181	
L7185	L7186	L7190	L7191	L7405	L7499	L7510	L7520	
L8035	L8039	L8040	L8041	L8042	L8043	L8044	L8045	
L8046	L8047	L8133	L8499	L8613	L8614	L8619	L8627	
L8631	L8659	L8679	L8682	L8683	L8684	L8685	L8686	
L8687	L8688	L8690	L8691	L8692	L8693	L8694	L8699	
Q0081	Q0084	Q0138	Q0139	Q0507	Q0508	Q0509	Q2039	
Q2040	Q2041	Q4050	Q4051	Q4100	Q5019	Q5101	Q5103	
Q5104	Q5105	Q5106	Q5107	Q5108	Q5110	Q5111	Q5112	
Q5113	Q5114	Q5115	Q5116	Q5117	Q5118			
S0590	S1040	S2053	S2054	S2055	S2060	S2061	S2065	
S2140	S2142	S2150	S2152	S3722	S3800	S3840	S3841	8XXXX, S3XX – PA required for genetic
S3842	S3852	S3854	S3861	S3865	S3866	S3870	S8035	testing and counseling

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PA REQUIRED								COMMENTS
S8092	S8301	S9122	S9123	S9124	S9126	S9127	S9128	S9XXX – PA required for all Home Infusion Services
S9129	S9131	S9152	S9325	S9326	S9327	S9328	S9329	
S9330	S9331	S9335	S9336	S9338	S9345	S9346	S9347	
S9348	S9349	S9351	S9353	S9355	S9357	S9359	S9361	
S9363	S9364	S9365	S9366	S9367	S9368	S9373	S9374	
S9375	S9376	S9377	S9379	S9490	S9494	S9497	S9500	
S9501	S9502	S9503	S9504	S9977				
T1000	T1001	T1002	T1003	T1004	T1005	T1019	T1020	
T1021	T1022	T1030	T1031					
T1999								