

This document is updated quarterly. Please check this document before a PA submission as codes may be removed or added

All codes listed require PA

- Office visits and/or procedures performed in the office setting of a participating provider do not require prior authorization unless noted “In any setting”
- Referrals to PAR/Network Specialists do not require PA
- Non-covered benefits are not included in this document. Please refer to your local State Medicaid or Marketplace agency for specific non-covered benefits.

Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member’s eligibility, benefit limitations/exclusions, and evidence of medical necessity during the claim review.



2019 PA Updates

Effective Date	Specialty/Service	Change/Update Description	LOB
1/1/2019	Genetic Testing	Added PA Required: 81161, 81243, 81244	Medicaid, Marketplace
1/1/2019	Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures	Added PA Required: 33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33270	Medicaid, Marketplace
1/1/2019	Physical & Occupational Therapy	Update PA: PA required after eval plus 12 visits	Marketplace
1/1/2019	Physical & Occupational Therapy	Update PA: PA required after initial evaluation plus 36 visits per calendar year	Medicaid
1/1/2019	Psychological/Neuropsychological Testing	Added PA Required: 96105, 96110, 96112, 96113, 96121, 96125, 96127, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146	Medicaid, Marketplace
1/1/2019	Specialty Pharmacy	Added PA Required: A9513, B4105, C9035, C9036, C9037, C9038, C9039, C9407, C9408, J0185, J0517, J0567, J0584, J0599, J0841, J1095, J1301, J1454, J1628, J1746, J2062, J2186, J2787, J2797, J3245, J3304, J3316, J3397, J3398, J7170, J7177, J7203, J7318, J7329, J9044, J9057, J9153, J9173, J9229, J9311, J9312, Q2042, Q5107, Q5108, Q5109, Q5111, Q5510, Q9994	Medicaid, Marketplace



Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

Inpatient, Residential Treatment, Partial Hospitalization, Day Treatment, Electroconvulsive Therapy (ECT), Applied Behavioral Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD)

MEDICAID / MARKETPLACE				
114	912	H0031*	H2017*	T1025*
124	913	H0032*	H2018	T1026*
134	1001	H0046	H2019*	T1027*
144	1002	H2012*	H2020	T1028*
154	2106	H2013	S0201	T2013*
190	90870	H2014*	S5111	T2040*
204	H0012*	H2015	S5150*	
901	H0017	H2016	T1023*	

*Indicates PA required only when submitted with Autism diagnosis (F84.0, F84.2, F84.3, F84.4, F84.5, F84.8, and F84.9)

Cosmetic, Plastic & Reconstructive Procedures

MEDICAID / MARKETPLACE					
11900	15789	15828	15847	19325*	30410
11901	15792	15829	15876	19328*	30420
11920*	15793	15832	15877	19330*	30430
15775	15820	15833	15878	19340*	30435
15776	15821	15834	15879	19342*	30450
15780	15822	15835	17380	19350*	30460
15781	15823	15836	19300*	19355*	30462
15782	15824	15837	19316*	19357	67904
15783	15825	15838	19318*	19396*	67906
15788	15826	15839	19324*	30400	67908

PA required in any setting. Clinical documentation is required with request for any of the above procedures. *No PA required with Breast CA Diagnosis



Durable Medical Equipment (DME)

MEDICAID / MARKETPLACE												MEDICAID
A7025	E0303	E0760	E1007	E1237	E2312	E2370	E2611	K0009	K0823	K0850	K0878	E0445
C2624	E0304	E0762	E1008	E1238	E2313	E2373	E2612	K0010	K0824	K0851	K0879	E0481
C9741	E0328	E0764	E1010	E1296	E2321	E2374	E2613	K0011	K0825	K0852	K0880	E0483
E0194	E0329	E0766	E1012	E1298	E2322	E2375	E2614	K0012	K0826	K0853	K0884	E0651
E0255	E0371	E0782	E1014	E1310	E2325	E2376	E2615	K0014	K0827	K0854	K0885	S1034
E0256	E0372	E0783	E1020	E1399	E2326	E2377	E2616	K0108	K0828	K0855	K0886	S1035
E0260	E0373	E0784	E1029	E1700	E2327	E2378	E2617	K0606	K0829	K0856	K0890	S1036
E0261	E0445	E0785	E1030	E2201	E2328	E2397	E2620	K0800	K0830	K0857	K0891	S1037
E0265	E0462	E0786	E1035	E2202	E2329	E2500	E2621	K0801	K0831	K0858	K0900	
E0266	E0465	E0849	E1036	E2203	E2330	E2502	E2622	K0802	K0835	K0859	Q0477	
E0277	E0466	E0855	E1161	E2204	E2340	E2504	E2623	K0806	K0836	K0860	S1040	
E0292	E0483	E0983	E1225	E2227	E2341	E2506	E2624	K0807	K0837	K0861	V2530	
E0293	E0651	E0984	E1226	E2228	E2342	E2508	E2625	K0808	K0838	K0862	V2531	
E0294	E0691	E0986	E1227	E2291	E2343	E2510	E2626	K0813	K0839	K0863		
E0295	E0692	E0988	E1230	E2292	E2351	E2511	E2627	K0814	K0840	K0864		
E0296	E0693	E1002	E1232	E2293	E2361	E2605	E2628	K0815	K0841	K0868		
E0297	E0694	E1003	E1233	E2294	E2366	E2606	E2629	K0816	K0842	K0869		
E0300	E0747	E1004	E1234	E2295	E2367	E2607	E2630	K0820	K0843	K0870		
E0301	E0748	E1005	E1235	E2310	E2368	E2608	E2631	K0821	K0848	K0871		
E0302	E0749	E1006	E1236	E2311	E2369	E2609	K0008	K0822	K0849	K0877		

Clinical documentation is required with request for any of the above items



Experimental/Investigational

MEDICAID / MARKETPLACE						MEDICAID
0054T	0200T	0212T	0222T	0249T	0405T	0329T
0055T	0201T	0213T	0228T	0253T	82016	0333T
0085T	0202T	0214T	0229T	0254T	82017	
0188T	0205T	0215T	0230T	0295T	83987	
0189T	0206T	0216T	0231T	0296T	84145	
0190T	0207T	0217T	0234T	0297T	86316	
0191T	0208T	0218T	0235T	0298T	Q4161	
0195T	0209T	0219T	0236T	0352T	Q4162	
0196T	0210T	0220T	0237T	0354T	Q4163	
0198T	0211T	0221T	0238T	0403T	Q4164	

Clinical documentation is required with request for any of the above procedures

Genetic Counseling & Testing

MEDICAID / MARKETPLACE								MEDICAID	MARKETPLACE	
81105	81161	81215	81229	81266	81311	81364	81420	86152	S3800	S3854
81106	81170	81216	81230	81269	81314	81400	81519	86153	S3840	
81107	81175	81217	81231	81272	81317	81401	81520	88261	S3841	
81108	81176	81218	81232	81273	81319	81402	81521	88271	S3842	
81109	81201	81219	81235	81292	81321	81403	81528	88369	S3852	
81110	81203	81222	81238	81294	81323	81404	81535	88373	S3861	
81111	81210	81223	81243	81295	81346	81405	81536	88374	S3865	
81112	81211	81225	81244	81297	81361	81406	84999M*	88377	S3866	
81120	81212	81226	81258	81298	81362	81407	83006	S3722	S3870	
81121	81214	81228	81259	81300	81363	81408	86008			

Clinical documentation is required with request for any of the above tests



In-Patient Admissions

Acute Hospital, Skilled Nursing Facility (SNF), Inpatient Rehabilitation, Long Term Acute Care (LTAC), Pregnancy/Delivery

MEDICAID / MARKETPLACE	
All Codes	

Clinical documentation is required with request/notification of admission

Habilitative Therapy

MEDICAID / MARKETPLACE		
S9128	92507	92526
S9129	92508	

Clinical documentation is required with request for any of the above procedures

Home Health Care & Home Infusion

MEDICAID / MARKETPLACE				MARKETPLACE
G0151	G0158	G0299	G0495	G0155
G0152	G0159	G0300	G0496	
G0153	G0160	G0490	T1000	
G0156	G0161	G0493		
G0157	G0162	G0494		

Clinical documentation is required with request after the initial evaluation plus six (6) visits

PA may also be required for medications associated with home infusion

Hyperbaric Therapy

MEDICAID / MARKETPLACE	
99183	G0277

Clinical documentation is required with request for any of the above procedures



Imaging – Advanced

MEDICAID / MARKETPLACE														
70336	70492	70551	71550	72133	72192	73219	73720	74178	75561	76498	78466	78608	C8902	C8914
70450	70496	70552	71551	72141	72193	73220	73721	74181	75563	77058	78468	78609	C8903	C8918
70460	70498	70553	71552	72142	72194	73221	73722	74182	75565	77059	78469	78647	C8904	C8919
70470	70540	70554	71555	72146	72195	73222	73723	74183	75571	77084	78472	78710	C8905	C8920
70480	70542	70555	72125	72147	72196	73223	73725	74185	75572	78205	78473	78811	C8906	C8931
70481	70543	70557	72126	72148	72197	73225	74150	74261	75573	78206	78481	78812	C8907	C8932
70482	70544	70558	72127	72149	72198	73700	74160	74262	75574	78320	78483	78813	C8908	C8933
70486	70545	70559	72128	72156	73200	73701	74170	74263	75635	78451	78491	78814	C8909	C8934
70487	70546	71250	72129	72157	73201	73702	74174	74712	76376	78452	78492	78815	C8910	C8935
70488	70547	71260	72130	72158	73202	73706	74175	74713	76377	78453	78494	78816	C8911	C8936
70490	70548	71270	72131	72159	73206	73718	74176	75557	76380	78454	78496	C8900	C8912	G0288
70491	70549	71275	72132	72191	73218	73719	74177	75559	76497	78459	78607	C8901	C8913	G0297

Clinical documentation is required with request for any of the above procedures

Maternal Infant Health Program (MIHP)

MEDICAID
99402

Occupational Therapy (OT)

MEDICAID / MARKETPLACE					MEDICAID
92526	97018	97035	97124	97533	S9129
92610	97022	97110	97139	97535	
95851	97032	97112	97140	97542	
97016	97034	97116	97530	97760	

Clinical documentation with request is required after initial evaluation plus 36 visits per calendar year

Marketplace: Clinical documentation with request is required after evaluation plus 12 visits per calendar year



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

MEDICAID / MARKETPLACE																				MARKETPLACE	
10040	21159	22226	22810	27120	28102	28220	28304	29820	29895	33224	34710	37780	43843	55874	58545	59070	63011	63086	91122	C9739	55970
15730	21160	22505	22812	27122	28103	28222	28305	29821	29897	33225	34711	37785	43845	57288	58546	59072	63012	63087	93229	C9740	55980
15733	21172	22526	22818	27125	28104	28225	28306	29822	29898	33227	34712	38204	43846	57289	58548	59074	63015	63088	95249	C9746	
15786	21175	22527	22819	27130	28106	28226	28307	29823	29899	33228	34713	38207	43847	58150	58550	59076	63016	63090	95911	C9747	
15787	21240	22532	22830	27132	28107	28230	28308	29824	29914	33229	34714	38208	43848	58152	58552	59840	63017	63091	95912	S2095	
15819	21242	22533	22841	27134	28108	28232	28309	29825	29915	33230	34715	38209	43881	58180	58553	59841	63020	63101	95913		
15830	21243	22534	22842	27137	28110	28234	28310	29826	29916	33231	34716	38210	43882	58200	58554	59850	63030	63102	95950		
17004	21270	22548	22843	27138	28111	28238	28312	29827	30465	33240	36460	38211	43886	58210	58570	59851	63035	63103	95951		
17360	21280	22551	22844	27438	28112	28240	28313	29828	30520	33249	36465	38212	43887	58240	58571	59852	63040	63620	95953		
19294	21282	22552	22845	27440	28113	28250	28315	29873	30540	33251	36466	38213	43888	58260	58572	59855	63042	64553	95956		
20930	21295	22554	22846	27441	28114	28260	28320	29874	30545	33254	36468	38214	45499	58262	58573	59856	63043	64568	95957		
20939	21296	22556	22847	27442	28116	28261	28322	29875	31241	33261	36470	38215	47380	58263	58575	59857	63044	64569	95965		
21073	22100	22558	22848	27443	28118	28262	28340	29876	31253	33262	36471	38222	47381	58267	58660	59866	63045	64570	96570		
21120	22101	22585	22849	27445	28119	28264	28341	29877	31257	33263	36475	38232	47382	58270	58661	59899	63046	64590	96571		
21121	22102	22586	22850	27446	28120	28270	28344	29879	31259	33264	36476	38573	47605	58275	58662	61798	63047	64595	96573		

Codes in this section require PA if rendered in a Hospital Operating Room / Ambulatory Surgery Center (ASC) setting ONLY



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

MEDICAID / MARKETPLACE																			
21122	22103	22590	22852	27447	28122	28272	28345	29880	31295	33265	36478	43286	47610	58280	58673	61863	63048	64912	96574
21123	22110	22590	22855	27486	28124	28280	28360	29881	31296	33266	36479	43287	47612	58285	58700	61864	63050	64913	96910
21127	22112	22595	22856	27487	28126	28285	28705	29882	31297	33270	36482	43288	47620	58290	58720	61867	63051	65772	96912
21137	22114	22600	22857	28005	28130	28286	28715	29883	31298	33927	36483	43644	49255	58291	58740	61868	63055	65775	96920
21139	22116	22610	22861	28008	28140	28288	28725	29884	31660	33928	36514	43645	49904	58292	58770	61885	63056	67900	96921
21141	22206	22612	22862	28010	28150	28289	28730	29885	31661	33929	37191	43647	49905	58293	58940	61886	63057	67901	96931
21142	22207	22614	22864	28011	28153	28291	28735	29886	32491	34701	37243	43648	49906	58294	58943	62324	63064	67902	96932
21143	22208	22630	22865	28035	28160	28292	28737	29887	32994	34702	37700	43653	52441	58345	58950	62325	63066	67903	96933
21145	22210	22632	22867	28060	28171	28295	28740	29888	33206	34703	37718	43770	52442	58350	58951	62326	63075	67909	96934
21146	22212	22633	22868	28062	28173	28296	28750	29889	33207	34704	37722	43771	52649	58356	58952	62327	63076	67950	96935
21147	22214	22634	22869	28080	28175	28297	28755	28890	33208	34705	37735	43772	53850	58540	58953	62369	63077	69714	96936
21150	22216	22800	22870	28086	28200	28298	28760	28891	33212	34706	37760	43773	53852	58541	58954	62370	63078	69715	9001F
21151	22220	22802	23412	28090	28202	28299	29806	29892	33213	34707	37761	43774	53860	58542	58956	63001	63081	69717	C1889
21154	22222	22804	23470	28092	28208	28300	29807	29893	33214	34708	37765	43775	54401	58543	58957	63003	63082	69718	C2616
21155	22224	22808	25447	28100	28210	28302	29819	29894	33221	34709	37766	43842	54405	58544	58958	63005	63085	69930	C9738

Codes in this section require PA if rendered in a Hospital Operating Room / Ambulatory Surgery Center (ASC) setting ONLY

Pain Management Procedures

MEDICAID/MARKETPLACE						
G0260	62324	62361	63662	64463	64488	64495
27096	62325	62362	63663	64479	64489	64600
27279	62326	62367	63664	64480	64490	64633
62320	32327	62368	63685	64483	64491	64634
62321	62350	63650	63688	64484	64492	64635
62322	62351	63655	64461	64486	64493	64636
62323	62360	63661	64462	64487	64494	64640

PA required in any setting

*Anesthesia or moderate sedation services associated with pain management procedures are not payable for members over 18 years old



Prosthetics & Orthotics

MEDICAID / MARKETPLACE											MEDICAID
L0452	L0637	L1110	L1710	L1844	L1920	L1980	L2030	L2060	L2128	L5856	L8692
L0480	L0640	L1300	L1720	L1846	L1940	L1990	L2034	L2080	L2232	L6026	
L0482	L0650	L1640	L1730	L1860	L1945	L2000	L2036	L2090	L2800	L7259	
L0484	L0700	L1680	L1755	L1900	L1950	L2005	L2037	L2106	L3010	L8614	
L0486	L0710	L1685	L1834	L1904	L1960	L2010	L2038	L2108	L3020	L8694	
L0622	L1005	L1700	L1840	L1907	L1970	L2020	L2050	L2126	L4631		

Clinical documentation is required with request for any of the above items

Physical Therapy (PT)

MEDICAID / MARKETPLACE			
97012	97026	97036	97139
97014	97028	97039	97140
97016	97032	97110	97530
97018	97033	97112	97535
97022	97034	97116	97542
97024	97035	97124	97760

Clinical documentation with request is required after initial evaluation plus 36 visits per calendar year

Marketplace: Clinical documentation with request is required after evaluation plus 12 visits per calendar year

Psychological & Neuropsychological Testing

MEDICAID / MARKETPLACE					
96105	96113	96127	96132	96137	96146
96110	96121	96130	96133	96138	
96112	96125	96131	96136	96139	

Clinical documentation is required with request for any of the above procedures



Radiation Therapy & Radio Surgery

MEDICAID / MARKETPLACE			
61798	77385	77525	G6017
63620	77425	G0339	Q9950
77334	77520	G0340	
77372	77522	G6015	
77373	77523	G6016	

Clinical documentation is required with request for any of the above procedures

Sleep Studies

MEDICAID/MARKETPLACE			
95801	95805	95808	95811
95803	95807	95810	

Clinical documentation is required with request for any of the above procedures

Speech Therapy (ST)

MEDICAID/MARKETPLACE	
92507	92526
92508	S9128

Clinical documentation is required with request after the initial evaluation plus six (6) visits

*Pediatric Cochlear implants - up to 36 visits available with PA



Specialty Pharmacy

MEDICAID / MEDICARE / MARKETPLACE																	MEDICAID	
90281	C9399	J0401	J0695	J1324	J1572	J1830	J2505	J3262	J7182	J7210	J7527	J9041	J9178	J9229	J9311	Q2042	Q4202	J0883
90283	C9407	J0480	J0714	J1325	J1573	J1833	J2507	J3285	J7183	J7211	J7639	J9042	J9179	J9230	J9312	Q2043	Q4203	J0884
90284	C9408	J0485	J0717	J1428	J1575	J1930	J2562	J3304	J7185	J7308	J7682	J9043	J9181	J9245	J9315	Q2050	Q4204	J1130
90378	C9463	J0490	J0725	J1438	J1595	J1931	J2597	J3315	J7186	J7309	J7686	J9044	J9185	J9261	J9325	Q3027	Q5101	
A9513	C9484	J0517	J0775	J1439	J1599	J1950	J2724	J3316	J7187	J7310	J7999	J9045	J9190	J9262	J9328	Q3028	Q5103	
A9542	C9488	J0565	J0800	J1442	J1602	J1955	J2778	J3355	J7188	J7311	J8520	J9047	J9200	J9263	J9330	Q4074	Q5104	
A9543	C9489	J0567	J0833	J1447	J1627	J2020	J2783	J3357	J7189	J7312	J8521	J9050	J9201	J9264	J9340	Q4183	Q5107	
B4105	C9492	J0570	J0834	J1453	J1628	J2062	J2786	J3358	J7190	J7313	J8655	J9055	J9202	J9266	J9351	Q4184	Q5108	
C9014	C9493	J0584	J0841	J1454	J1640	J2170	J2787	J3380	J7191	J7316	J8670	J9057	J9203	J9267	J9352	Q4185	Q5109	
C9015	J0129	J0585	J0850	J1458	J1645	J2182	J2793	J3385	J7192	J7318	J8700	J9060	J9205	J9268	J9354	Q4188	Q5510	
C9016	J0135	J0586	J0875	J1459	J1650	J2186	J2796	J3396	J7193	J7320	J9000	J9065	J9206	J9271	J9355	Q4186	Q5511	
C9024	J0178	J0587	J0878	J1460	J1652	J2248	J2797	J3397	J7194	J7321	J9015	J9070	J9207	J9280	J9357	Q4187	Q9991	
C9028	J0180	J0588	J0881	J1555	J1675	J2315	J2820	J3398	J7195	J7322	J9017	J9098	J9208	J9285	J9360	Q4189	Q9992	
C9029	J0185	J0594	J0885	J1556	J1726	J2323	J2840	J3485	J7196	J7323	J9019	J9100	J9209	J9293	J9370	Q4190	Q9994	
C9030	J0202	J0596	J0888	J1557	J1729	J2326	J2860	J3489	J7197	J7324	J9022	J9120	J9211	J9295	J9371	Q4191	Q9995	
C9031	J0205	J0597	J0894	J1559	J1740	J2350	J2916	J3490	J7198	J7325	J9023	J9130	J9214	J9299	J9390	Q4192	S0017	
C9032	J0207	J0598	J0895	J1560	J1743	J2353	J2941	J3590	J7199	J7326	J9025	J9145	J9215	J9301	J9395	Q4193	S0073	
C9035	J0220	J0599	J0897	J1561	J1744	J2354	J3060	J7170	J7200	J7327	J9027	J9150	J9216	J9302	J9400	Q4194	S0122	
C9036	J0221	J0604	J1095	J1562	J1745	J2357	J3090	J7175	J7201	J7328	J9032	J9153	J9217	J9303	J9600	Q4195	S0126	
C9037	J0256	J0606	J1230	J1566	J1746	J2425	J3095	J7177	J7202	J7329	J9033	J9155	J9218	J9305	J9999	Q4196	S0128	
C9038	J0257	J0637	J1290	J1568	J1750	J2430	J3110	J7178	J7203	J7330	J9034	J9160	J9219	J9306	Q0138	Q4197	S0132	
C9039	J0287	J0638	J1300	J1569	J1756	J2469	J3145	J7179	J7205	J7340	J9035*	J9171	J9225	J9307	Q0139	Q4198	S0145	
C9132	J0289	J0640	J1301	J1570	J1786	J2502	J3240	J7180	J7207	J7504	J9039	J9173	J9226	J9308	Q2040	Q4200	S0148	
C9293	J0364	J0641	J1322	J1571	J1826	J2503	J3245	J7181	J7209	J7511	J9040	J9176	J9228	J9310	Q2041	Q4201	S0157	

Clinical documentation is required with request for any of the above medications

*C9257 no PA required for Ophthalmic diagnosis

*J9035 no PA required for Ophthalmic diagnosis with billable units one (1) and under for a single date of service



Transplant Services (Incl. solid organ & bone marrow)

MEDICAID / MARKETPLACE						
38205	44715	47142	48550	50323	50365	S2061
38206	44720	47143	48551	50325	50370	S2065
38230	44721	47144	48552	50327	50380	S2107
38240	47133	47145	48554	50328	S2053	S2140
38241	47135	47146	48556	50329	S2054	S2142
38242	47140	47147	50300	50340	S2055	S2150
38243	47141	48160	50320	50360	S2060	S2152

Clinical documentation is required with request for any of the above procedures

*Corneal transplants do not require prior authorization

Transportation Services

MEDICAID/MARKETPLACE		
A0430	A0431	A0999

Clinical documentation is required with request for Non-Emergent Air Transportation

Unlisted/Miscellaneous Codes

MEDICAID / MARKETPLACE
ALL CODES / HCPCS

Clinical documentation is required with request for any unlisted or miscellaneous item/procedure