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	<p>01/01/2019 PA List (Updated 2/5/2019)</p> <p>* Indicates possible additional limitations beyond PA, verify on Medicaid billing guide, LCD, NCD, Medicare benefit and claims manuals.</p> <ul style="list-style-type: none"> ● All planned Inpatient Admission and Administrative Days (excluding Delivery) require Prior Authorization ● Services using unlisted/unclassified codes require PA, \$500.00 and over 		
PA Category	Name	Code(s)	Additional Notes
ABA	Applied Behavioral Analysis stage 3*	0373T H2020	Treatment provided to beneficiaries diagnosed with Autism Spectrum Disorder other Developmental Disorder between the ages of 0-21.
BEHAVIORAL HEALTH	Neuropsychological Testing	96116 96112 96113 96121 96130 96131 96132 96133 96136 96137 96138 96139 96146	
CHEMICAL DEPENDENCY	Chemical Dependency/Substance Abuse* (MA Only)	G0396 G0397 90785 90791 90792 90832 90833 90834 90836 90837 90838 90839 90840	<p><i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i></p> <p><i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i></p> <p><i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i></p> <p><i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i></p> <p><i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i></p> <p><i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i></p> <p><i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i></p> <p><i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i></p> <p><i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i></p> <p><i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i></p> <p><i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i></p> <p><i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i></p> <p><i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i></p> <p><i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i></p>

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CHEMICAL DEPENDENCY	Chemical Dependency/Substance Abuse* (MA Only)	90845	<i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i>
		90846	<i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i>
		90847	<i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i>
		90849	<i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i>
		90853	<i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i>
		90865	<i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i>
		90870	<i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i>
		90899	<i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i>
		96150	<i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i>
		96151	<i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i>
		96152	<i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i>
		96153	<i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i>
		96154	<i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i>
		96155	<i>ICD10 Mental, Behavioral and Neurodevelopmental disorders grouping, toxic effect of alcohol grouping.</i>
CLINICAL TRIALS	Clinical Trials	Not specific to codes, must be indicated on submitted request. May have 8 digit trial ID, or primary or secondary Dx of Z00.6	
DME	Bone growth stimulators	E0747 E0748 E0760	
	Chest compression devices	E0483	
	C-Pap*	E0561 E0562 E0601	
	Bi-Pap*	E0470 E0471 E0472	
	Enteral/Parenteral Feedings* For individuals 21 and over Enteral Nutrition Thickeners required for members under one year old.	B4100 B4102 B4103 B4149 B4150 B4152 B4153	

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DME	Enteral/Parenteral Feedings* For individuals 21 and over Enteral Nutrition Thickeners required for members under one year old.	B4154			
		B4155			
		B4157			
		B4158			
		B4159			
		B4160			
		B4161			
		B4162			
		B4164			
		B4168			
		B4172			
		B4176			
		B4178			
		B4180			
		B4185			
		B4189			
		B4193			
		B4197			
		B4199			
		B4216			
		B4220			
		B4222			
		B4224			
		B5000			
		B5100			
		B9000			
		B9002			
		B9004			
		B9006			
		B9998			
		B9999			
			Hospital beds & accessories*	E0193	
				E0194	
				E0250	
				E0251	
				E0255	
				E0256	
				E0260	
				E0261	
				E0266	
E0277					
E0290					
E0291					

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PA Category	Name	Code(s)	Additional Notes
DME	Hospital beds & accessories*	E0292	
		E0293	
		E0294	
		E0295	
		E0296	
		E0297	
		E0300	
		E0301	
		E0302	
		E0303	
		E0304	
		E0316	
		E0328	
		E0329	
		E0371	
	E0372		
	E0373		
	Oxygen*	E1390	
		E1391	
		E1392	
		E0441	
		E0442	
		E0443	
		E0444	
	E0445		
	Ventilators*	A4611	
		A4612	
		A4613	
		E0465	
		E0466	
	Wheelchair/Scooters*	E1002	
		E1007	
		E1008	
		E1010	
		E1029	
		E1030	
		E1031	
		E1060	
		E1070	
		E1161	
		E1229	
		E1230	
		E1231	
		E1232	
		E1233	
		E1234	
E1235			
E1236			
E1237			
E1238			

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PA Category	Name	Code(s)	Additional Notes
DME	Wheelchair/Scooters*	E1239	
		E2300	
		E2325	
		E2373	
		E8001	
		K0001	
		K0002	
		K0003	
		K0004	
		K0005	
		K0006	
		K0007	
		K0009	
		K0800	
		K0801	
		K0802	
		K0806	
		K0807	
		K0808	
		K0812	
		K0813	
		K0814	
		K0815	
		K0816	
		K0820	
		K0821	
		K0822	
		K0823	
		K0824	
		K0825	
		K0826	
		K0827	
		K0828	
		K0829	
		K0830	
		K0831	
		K0835	
		K0836	
		K0837	
		K0838	
		K0839	
		K0840	
		K0841	
		K0842	
		K0843	
		K0848	
		K0849	
		K0850	
		K0851	
		K0852	

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PA Category	Name	Code(s)	Additional Notes	
DME	Wheelchair/Scooters*	K0853		
		K0854		
		K0855		
		K0856		
		K0857		
		K0858		
		K0859		
		K0860		
		K0861		
		K0862		
		K0863		
		K0890		
		K0891		
	K0898			
	Wound Vac	A6550		
		E2402		
	All DME > \$500 allowed amount per line item or > \$1000 total allowed amount. For specific codes refer to the plan's fee schedule.			
	Prosthetics and Orthotics		L0170	
			L0456	
			L0464	
			L0480	
			L0482	
			L0486	
			L0631	
			L0637	
			L0640	
			L1005	
			L1200	
			L1300	
			L1499	
			L1730	
			L1834	
			L1844	
			L1845	
			L1846	
			L1945	
			L1950	
			L1970	
			L2020	
			L2034	
			L2036	
			L2037	
			L2038	
			L2108	
			L2136	
L2350				
L3230				
L3720				

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DME	Prosthetics and Orthotics	L3730	
		L3740	
		L3764	
		L3900	
		L3905	
		L5020	
		L5050	
		L5100	
		L5220	
		L5301	
		L5321	
		L5400	
		L5510	
		L5530	
		L5540	
		L5590	
		L5646	
		L5651	
		L5661	
		L5703	
		L5790	
		L5812	
		L5814	
		L5828	
		L5848	
		L5930	
		L5950	
		L5964	
		L5968	
		L5976	
		L5980	
		L5981	
		L5984	
		L5987	
		L5988	
		L6000	
		L6050	
		L6100	
		L6300	
		L6687	
		L6689	
		L6694	
		L6704	
		L6707	
		L6884	
		L7405	
		L8619	
		L8691	
L8692			
	Custom made Mandibular Advancement Devices (MAD)	EO486	

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DME MISC.	Speech Generating Device	E2510	
GENETIC TESTING	Pathology and Laboratory	0022U	
		0023U	
		0027U	
		0028U	
		0031U	
		0032U	
		0033U	
		0034U	
		0037U	
		0047U	
		0048U	
		0049U	
		0050U	
		0053U	
		0056U	
		0057U	
		0060U	
		81162	
		81163	
		81164	
		81165	
		81166	
		81167	
		81171	
		81172	
		81173	
		81174	
		81177	
		81178	
		81179	
		81180	
		81181	
		81182	
		81183	
		81184	
		81185	
		81186	
		81187	
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		81189	
81190			
81204			
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81234			
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GENETIC TESTING	Pathology and Laboratory	81274	
		81284	
		81285	
		81286	
		81289	
		81305	
		81306	
		81312	
		81320	
		81329	
		81333	
		81336	
		81337	
		81343	
		81344	
		81345	
		81443	
		81518	
		81201	
		81175	
		81176	
		81202	
		81203	
		81206	
		81207	
		81208	
		81209	
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GENETIC TESTING	Pathology and Laboratory	81261	
		81262	
		81263	
		81264	
		81267	
		81268	
		81269	
		81270	
		81275	
		81283	
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81371			
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GENETIC TESTING	Pathology and Laboratory	81379	
		81380	
		81381	
		81382	
		81383	
		81402	
		81403	
		81404	
		81405	
		81406	
		81407	
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		81440	
		81445	
		81448	
		81450	
		81455	
		81460	
		81465	
		81470	
		81471	
		81479	
		88240	
		88241	
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GENETIC TESTING	Pathology and Laboratory	81252	
		81302	
		81304	
		81519	
		88273	
		88274	
		88275	
		88280	
		88283	
		88285	
		88289	
		88291	
		88299	
		G9143	
HOME HEALTH / PRIVATE DUTY NURSING		T1000	
		T1030	
		T1031	
		92507	
		G0151	
		G0152	
		G0153	
		G0155	
INJECTABLE DRUGS	Abatacept (Orencia)	J0129	
	Adalimumab (Humira)	J0135	
	Ado-trastuzumab Emtansine (Kadcyla)	J9354	
	Alemtuzumab (Lemtrada)	J0202	
	Atezolizumab	J9022	
	Avelumab	J9023	
	Ziv-Afibercept (Zaltrap)	J9400	
	Belimumab (Benlysta)	J0490	
	Botulinum Toxin (Botox/Myobloc/Dysport/Xeomin)	J0585	
		J0586	
		J0587	
		J0588	
	Brentuximab (Adcetris)	J9042	
	Buprenorphine implant (Probuphine)	J0570	
	Buprenorphine xr subcutaneous injection	Q9991	
		Q9992	
	Canakinumab (Ilaris)	J0638	
	Cetuxumab (Erbix)	J9055	
	Denosumab (Prolia/ Xgeva)	J0897	
	Ecallantide (Kalbitor)	J1290	
	Epoprostenol (Flolan, Veletri)	J1325	
	Erythropoiesis-Stimulating Agents (Darbepoetin/Epoetin)	J0881	
		J0882	
J0885			
J0887			
J0888			
	Q4081		

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INJECTABLE DRUGS	Erythropoiesis-Stimulating Agents (Darbepoetin/Epoetin)	Q5105	
		Q5106	
	Filgrastim - biosimilar Zarxio	Q5101	
	GnRH Agonists (Lupron)	J1950	
	Golimumab (Simponi Aria)	J1602	
	Granisetron extended-release	J1627	
	Granulocyte-Colony Stimulating Factor (G-Csf) (e.g., Pegfilgrastim, Filgrastim, Sargramostim)	J1447	
		J1442	
		J2505	
		J2820	
		Q5108	
		Q5110	
	Growth Hormone (Somatropin)	J2941	
	Hyaluronic Acid Derivatives (Synvisc, Hyalgan)	J7320	
		J7321	
		J7322	
		J7323	
	Hyaluronic Acid Derivatives (Synvisc, Hyalgan)	J7324	
		J7325	
		J7326	
		J7327	
		J7328	
	Hydroxyprogesterone Caproate (Makena)	J1726	Medicaid: Pharmacy Benefit - Please direct prescription to Accredo Specialty Pharmacy, phone 1-800-903-8224. Medicare: Prior Authorization is required.
	Hydroxyprogesterone Caproate	J1729	Medicaid: Pharmacy Benefit - Please direct prescription to Accredo Specialty Pharmacy, phone 1-800-903-8224. Medicare: Prior Authorization is required.
	Ibandronate (Boniva)	J1740	
	Infliximab (Remicade)	J1745	
	Infliximab biosimilar, Inflectra	Q5103	
	Infliximab-abda, biosimilar, (Renflexis)	Q5104	
	Injection, somatrem, 1 mg	J2940	
	Intravenous Immunoglobulin	J0588	
		J1459	
		J1557	
		J1561	
		J1566	
		J1568	
		J1569	
		J1572	
		J7504	
		J1556	
		J1559	
J1555			
J1562			
J1599			
J1575			
Ipilimumab (Yervoy)	J9228		
Lymphocyte immune globulin, Atgam	J7504		

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PA Category	Name	Code(s)	Additional Notes
INJECTABLE DRUGS	Mempolizumab (Nacala)	J2182	
	Natalizumab (Tysabri)	J2323	
	Nivolumab (Opdivo)	J9299	
	Ocrelizumab, 1 mg	J2350	
	Omalizumab (Xolair)	J2357	
	Paclitaxel protein bound (Abraxane)	J9264	
	Paclitaxel (Taxol)	J9267	
	Palivizumab (Synagis)	90378	
	Panitumumab (Vectibix)	J9303	
	Pegloticase (Krystexxa)	J2507	
	Pembrolizumab (Keytruda)	J9271	
	Pemetrexed (Alimta)	J9305	
	Pertuzumab (Perjeta)	J9306	
	Ramucirumab (Cyramza)	J9308	
	Ranibizumab (Lucentis)	J2778	
	Reslizumab (Cinqair)	J2786	
	Trastuzumab (Herceptin)	J9355	
	Tocilizumab (Actemra)	J3262	
	Treprostinil (Remodulin)	J3285	
	Treprostinil (Remodulin)	J7686	
	Ustekinumab (Stelara)	J3357	
	Ustekinumab (Stelara)	J3358	
	Vedolizumab (Entyvio)	J3380	
	Zoledronic Acid (Zometa, Reclast)	J3489	
	Injection, dexamethasone 9%	C9034	
	Injection, aristada initio	C9035	
	Injection, patisiran	C9036	
	Injection, risperidone	C9037	
	Inj mogamulizumab-kpkc	C9038	
	Inj., Aprepitant, 1 mg	J0185	
	Inj., benralizumab, 1 mg	J0517	
	Inj., haegarda 10 units	J0599	
	Injection, dexamethasone 9%	J1095	
	Inj fosnetupitant, palonoset	J1454	
	Inj., guselkumab, 1 mg	J1628	
	Inj., ibalizumab-uiyk, 10 mg	J1746	
	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	J2787	
	Inj., rolapitant, 0.5 mg	J2797	
	Inj., tildrakizumab, 1 mg	J3245	
	Inj triamcinolone ace xr 1mg	J3304	
	Inj., triptorelin xr 3.75 mg	J3316	
	Inj., vestronidase alfa-vjbc	J3397	
	Esrd on dialysi drug/bio noc	J3591	
	Injection, Emicizumab-kxwh, 0.5 mg	J7170	
	Inj, durolane 1 mg	J7318	
	Inj, trivisc 1 mg	J7329	
	Inj., copanlisib, 1 mg	J9057	
	Inj daunorubicin, cytarabine	J9153	
	Inj., durvalumab, 10 mg	J9173	
	Inj inotuzumab ozogam 0.1 mg	J9229	

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PA Category	Name	Code(s)	Additional Notes
<p style="text-align: center;">INJECTABLE DRUGS</p>	Inj rituximab, hyaluronidase	J9311	
	Inj., rituximab, 10 mg	J9312	
	Injection, inflectra	Q5103	
	Injection, renflexis	Q5104	
	Inj retacrit esrd on dialysi	Q5105	
	Inj retacrit non-esrd use	Q5106	
	Injection, fulphila	Q5108	
	Injection, ixifi, 10 mg	Q5109	
	Nivestym	Q5110	
	Injection, udenyca 0.5 mg	Q5111	
	Buprenorph xr 100 mg or less	Q9991	
	Buprenorphine xr over 100 mg	Q9992	
	Romiplostim, 10 MCG (Medicaid only)	J2796	
	Corticotropin	J0800	
	Taliglucerase	J3060	
	Eculizumab	J1300	
	Unclassified Biologics	J3590	
	<p style="text-align: center;">OUTPATIENT SPECIALTY SERVICES</p>	Chiropractic* (greater than 12 visits MA and qualifying AH under age 20)	98940
		98941	
		98942	
Hyperbaric Oxygen Treatment		G0277	
		99183	
		99184	
Orthoptic/Pleoptic Training: therapy services associated with orthoptic and pleoptic will require a PA. See PT and OT therapy notes below.		92065	
		92499	
Physical Therapy* (after 12 visits MA; after 12 visits age 20 and under		97032	
WAH; after 6 hours (24 units) WAH age 21 and over)		97033	
**EXCEPTION TO THE ABOVE:		97034	
Optometrist billing for therapy services will require a PA		97035	
regardless of diagnosis before services begin.		97036	
		97039	
		97110	
		97112	
		97113	
		97116	
		97124	
		97139	
		97140	
		97150	
		97161	
		97162	
		97163	
		97164	
		97530	
		97533	
		97537	
		97542	
	97750		

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PA Category	Name	Code(s)	Additional Notes
<p>OUTPATIENT SPECIALTY SERVICES</p>	<p>Occupational Therapy* (after 12 visits MA; after 12 visits age 20 and under WAH; after 6 hours (24 units) WAH age 21 and over)</p> <p>**EXCEPTION TO THE ABOVE: <u>Optometrist billing for therapy services will require a PA regardless of diagnosis before services begin.</u></p>	<p>97032 97033 97034 97035 97039 97110 97112 97113 97127 97140 97150 97165 97166 97167 97168 97530 97532 97533 97537 97542 97750</p>	
<p>OTHER PSYCHIATRIC SERVICES</p>	<p>Electroconvulsive therapy/Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment (WAH only)</p>	<p>90867 90868 90869 90870</p>	
	<p>Mental Health (Medicine)</p>	<p>97151 97152 97153 97154 97155 97156 97157 97158</p>	
<p>IMAGING/RADIOLOGY</p>	<p>Medical Radiation Physics, dosimetry, treatment devices and special services (WAH only)</p>	<p>77301 77338 77370 77385 77386 G6016</p>	
	<p>MRI</p>	<p>70540 70542 70543 70551</p>	

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PA Category	Name	Code(s)	Additional Notes
IMAGING/RADIOLOGY	MRI	70552	
		70553	
		70554	
		70555	
		70557	
		70558	
		70559	
		71550	
		71551	
		71552	
		72141	
		72142	
		72146	
		72147	
		72148	
		72149	
		72156	
		72157	
		72158	
		72195	
		72196	
		72197	
		73218	
		73219	
		73220	
		73221	
		73222	
		73223	
		73718	
		73719	
		73720	
		73721	
		73722	
		73723	
		74181	
		74182	
		74183	
		75565	
		76390	
		76498	
		77021	
		77022	
		77046	
		77047	
		77048	
77049			
77084			
C8903			
C8904			
C8905			

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PA Category	Name	Code(s)	Additional Notes
IMAGING/RADIOLOGY	MRI	C8906	
		C8907	
		C8908	
	MRA	70544	
		70545	
		70546	
		70547	
		70548	
		70549	
		71555	
		72159	
		72198	
		73225	
		73725	
		74185	
		75557	
		75559	
		75561	
		75563	
		C8900	
		C8901	
		C8902	
		C8909	
		C8910	
		C8911	
		C8912	
		C8920	
		C8931	
		C8932	
		C8933	
	C8934		
	C8935		
	C8936		
	Proton Beam Treatment (WAH only)	77520	
		77522	
		77523	
77525			
58030			
SURGICAL PROCEDURES	Bariatric surgery	43644	
		43645	
		43770	
		43771	
		43772	
		43773	
		43774	
		43775	
		43842	
		43843	
		43845	
		43846	

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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Bariatric surgery	43847	
		43848	
		43886	
		43887	
		43888	
		43999	
	Cochlear implant	69714	
		69715	
		69717	
		69718	
		69930	
	Endovenous laser/Radiofrequency ablation	36473	
		36474	
		36475	
		36476	
		36478	
		36479	
	Hysterectomy	58150	
		58152	
		58180	
		58200	
		58210	
		58240	
		58260	
		58262	
		58263	
		58267	
		58270	
		58275	
		58280	
		58285	
		58290	
		58291	
		58292	
		58293	
		58294	
		58541	
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PA Category	Name	Code(s)	Additional Notes	
SURGICAL PROCEDURES	Knee Arthroscopy	29867		
	Mammoplasty (Augmentation/Reduction) **excludes ICD 10 cancer dx	11920		
		11921		
		11960		
		11970		
		11971		
		19301		
		19302		
		19303		
		19304		
		19316		
		19318		
		19324		
		19325		
		19340		
		19342		
		19350		
		19357		
		19361		
		19364		
		19366		
		19367		
		19368		
		19369		
		19370		
		19371		
		19380		
		19396		
		19499		
		S2066		
		S2067		
		S2068		
		Nervous system (facet neurotomy)	64633	
			64634	
	64635			
	64636			
	Reconstructive plastic surgery & supplies	21193		
		21194		
		21195		
		21196		
		21198		
		21199		
		21206		
		21208		
		21209		
21210				
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15823				

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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Reconstructive plastic surgery & supplies	15830	
		21246	
		21247	
		21248	
		21249	
		67900	
		67901	
		67903	
		67904	
		67908	
	Rhinoplasty and septoplasty	30400	
		30410	
		30420	
		30430	
		30435	
		30450	
		30460	
		30462	
		30465	
		30520	
	Sclerotherapy, leg veins	36468	
		36470	
		36471	
	Shoulder Arthroscopy	29805	
		29806	
		29807	
		29819	
		29820	
		29821	
		29822	
		29823	
		29824	
		29825	
	Spinal Injections	27096	
		62310	
		62311	
		62320	
		62321	
		62322	
		62323	
		62324	
		62325	
		62326	
	62327		
		62380	
		64479	
		64480	

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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Spinal Injections	64483	
		64484	
		64490	
		64491	
		64492	
		64493	
		64494	
		64495	
		64633	
		64634	
		64635	
	Spinal surgeries	64636	
		22100	
		22101	
		22102	
		22103	
		22110	
		22112	
		22116	
		22206	
		22207	
		22208	
		22210	
		22212	
		22214	
		22216	
		22220	
		22222	
		22224	
		22226	
		22305	
		22310	
		22315	
		22318	
		22319	
		22325	
		22326	
		22327	
		22328	
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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Spinal surgeries	22548	
		22551	
		22552	
		22554	
		22556	
		22558	
		22585	
		22590	
		22595	
		22600	
		22610	
		22612	
		22614	
		22630	
		22632	
		22633	
		22634	
		22800	
		22802	
		22804	
		22808	
		22810	
		22812	
		22818	
		22819	
		22830	
		22840	
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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Spinal surgeries	22867	
		22868	
		22869	
		22870	
		22899	
		63001	
		63003	
		63005	
		63011	
		63012	
		63015	
		63016	
		63017	
		63020	
		63030	
		63035	
		63040	
		63042	
		63043	
		63044	
		63045	
		63046	
		63047	
		63048	
		63050	
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		63066	
		63075	
		63076	
		63077	
		63078	
		63081	
		63082	
		63085	
		63086	
		63087	
63088			
63090			
63091			
63101			
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63172			
63173			
63180			

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PA Category	Name	Code(s)	Additional Notes
SURGICAL PROCEDURES	Spinal surgeries	63182	
		63185	
		63190	
		63191	
		63194	
		63195	
		63196	
		63197	
		63198	
		63199	
		63200	
		63250	
		63251	
		63252	
		63265	
		63266	
		63267	
		63268	
		63270	
		63271	
		63272	
		63273	
		63275	
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		63282	
		63283	
		63285	
		63286	
		63287	
		63290	
		63295	
		63300	
		63301	
		63302	
		63303	
		63304	
		63305	
		63306	
		63307	
63308			
17106			
43881			
64590			
	(Medicaid only)	27447	
	(Medicaid only)	27130	
	(Medicaid only)	27134	

<p>Note: This list is not intended to replace the use of the Prior Authorization list, nor is the list necessarily complete. Providers should only use this as a supplement to and after first consulting the Prior Authorization list. This list does not guarantee payment.</p>	<p align="center">2019 Prior Authorization Code List</p> <p align="center">To ensure codes on this list are covered, please verify by referring to either the National Coverage Guidelines, Local Coverage Guidelines, Noridian Fee Schedules or the HCA Fee Schedules for Medicaid based on the patient's plan.</p>		
<p align="center">PA Category</p>	<p align="center">Name</p>	<p align="center">Code(s)</p>	<p align="center">Additional Notes</p>
<p align="center">SURGICAL PROCEDURES</p>	<p>(Medicaid only)</p>	<p>27132</p>	
	<p>(Medicaid only)</p>	<p>21242</p>	
	<p>(Medicaid only)</p>	<p>29881</p>	
	<p>(Medicaid only)</p>	<p>29880</p>	
<p align="center">TRANSPLANTS</p>	<p>Transplant</p>	<p>32851 32852 32853 32854 33927 33928 33929 33935 33940 33945 38204 38205 38206 38230 38232 38240 38241 38242 44132 44135 44136 47133 47135 47140 47141 47142 48160 48554 48556 50300 50320 50360 50365 50380 50547 60512 0494T</p>	
	<p>Transplant Eval and WorkUp</p>	<p><i>Transplant evaluation and workup includes standard office visits for determining patients viability for services. Tests and treatments outside of the approved evaluation and treatment will be subject to review under the remainder of the PA List</i></p>	
		<p>86828</p>	
		<p>86829</p>	
		<p>86830</p>	

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	<p>01/01/2019 PA List</p> <p>* Indicates possible additional limitations beyond PA, verify on Medicaid billing guide, LCD, NCD, Medicare benefit and claims manuals.</p> <ul style="list-style-type: none"> ● All planned Inpatient Admission and Administrative Days (excluding Delivery) require Prior Authorization ● Services using unlisted/unclassified codes require PA, \$500.00 and over 		
PA Category	Name	Code(s)	Additional Notes
TRANSPLANTS	Transplant Eval and WorkUp	<p><i>Transplant evaluation and workup includes standard office visits for determining patients viability for services. Tests and treatments outside of the approved evaluation and treatment will be subject to review under the remainder of the PA List</i></p> <p>86831</p> <p>86832</p> <p>86833</p> <p>86834</p> <p>86835</p>	