PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020
(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 **=** **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 **=** **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
A4211			SUPPLIES FOR SELF ADMINISTERED	PA ALWAYS REQUIRED
A4222			INFUSION SUPPLIES FOR EXTERNAL	PA ALWAYS REQUIRED
A4224			SUPPLIES FOR MAINTENANCE OF IN	PA ALWAYS REQUIRED
A4225			SUPPLIES FOR EXTERNAL INSULIN	PA ALWAYS REQUIRED
A4230			INFUS. SET-EXT. INS.PUMP,CANUL	PA ALWAYS REQUIRED
A4231			INFUS.SET-EXT.INSULIN PUMP-NEE	PA ALWAYS REQUIRED
A4232			3CC STER.SYRINGE W/NEEDLE-EXT.	PA ALWAYS REQUIRED
A4281			TUBING FOR BREAST PUMP, REPLAC	PA ALWAYS REQUIRED
A4282			ADAPTER FOR BREAST PUMP, REPLA	PA ALWAYS REQUIRED
A4283			CAP FOR BREAST PUMP BOTTLE, RE	PA ALWAYS REQUIRED
A4284			BREAST SHIELD AND SPLASH PROTE	PA ALWAYS REQUIRED
A4285			POLYCARBONATE BOTTLE FOR USE W	PA ALWAYS REQUIRED
A4286			LOCKING RING FOR BREAST PUMP,	PA ALWAYS REQUIRED
A4305			DISP DRG DEL SYS AT 50ML OR GT	PA ALWAYS REQUIRED
A4306			DISP DRG DEL SYS AT 5ML OR LES	PA ALWAYS REQUIRED
A4326			MALE EXT CATH (INFLATE,FCPLTE)	PA ALWAYS REQUIRED
A4327			FEMALE EXTER URIN COLLECT DEV	PA ALWAYS REQUIRED
A4328			FEMALE EXT.URINARY COLLECT DEV	PA ALWAYS REQUIRED
A4337			INCONTINENCE SUPPLY, RECTAL IN	PA ALWAYS REQUIRED
A4338			INDWEL CATH.FOLEY TYP-2WAY LTX	PA ALWAYS REQUIRED
A4340			INDWEL CATH.SPECIALTY TYPE	PA ALWAYS REQUIRED
A4344			INDWELLING CATHETER FOLEY TYPE	PA ALWAYS REQUIRED
A4346			INDWELLING CATHETER FOLEY TYPE	PA ALWAYS REQUIRED
A4351			INTERMIT.URINARY CATH.STRAIGHT	PA ALWAYS REQUIRED
A4352			INTERMIT URINARY CATH.COUDE TI	PA ALWAYS REQUIRED
A4353			INTERMITTENT URINARY CATHETER	PA ALWAYS REQUIRED
A4354			INSERTION TRAY W/ DRAIN BAG	PA ALWAYS REQUIRED
A4355			3-WAY IRRIGATION SET FOR CATH	PA ALWAYS REQUIRED
A4356			INCONTINENCE CLAMP	PA ALWAYS REQUIRED
A4357			BEDSIDE DRAINAGE BAG	PA ALWAYS REQUIRED
A4358			URINARY LEG BAG W/OR W/O TUBE	PA ALWAYS REQUIRED
A4483			MOISTURE EXCHANGER, DISPOSABLE	PA ALWAYS REQUIRED
A4554			DISPOSABLE UNDERPADS-ALL SIZES	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   =   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   =   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
A4556			ELECTRODES (E.G. APNEA MONITOR	PA ALWAYS REQUIRED
A4557			LEAD WIRES (APNEA MONITOR)	PA ALWAYS REQUIRED
A4575			TOPICAL HYPERBARIC OXY.CHAMBER	PA ALWAYS REQUIRED
A4605			TRACHEAL SUCTION CATHETER, CLO	PA ALWAYS REQUIRED
A4606			OXYGEN PROBE FOR USE WITH OXIM	PA ALWAYS REQUIRED
A4611			HVY DTY BATTERY-PT.OWNED VENIT	PA ALWAYS REQUIRED
A4613			BATT CHARGER-REPLAE FOR PAT. O	PA ALWAYS REQUIRED
A4617			MOUTH PIECE	PA ALWAYS REQUIRED
A4618			BREATHING CIRCUITS	PA ALWAYS REQUIRED
A4619			FACE TENT	PA ALWAYS REQUIRED
A4620			VARIABLE CONCENTRATION MASK	PA ALWAYS REQUIRED
A4623			TRACHEOSTOMY,INNER CANNULA(REP	PA ALWAYS REQUIRED
A4624			TRACHEAL SUCTION CATHETER,EACH	PA ALWAYS REQUIRED
A4625			TRACHEOSTOMY CARE STARTER KIT	PA ALWAYS REQUIRED
A4626			TRACHEOSTOMY CLEANING BRUSH,EA	PA ALWAYS REQUIRED
A4627			INHALER SPACER BAG RESERVOIR/M	PA ALWAYS REQUIRED
A4640			REPLACE PAD ALTERNATING PRES P	PA ALWAYS REQUIRED
A4649			SURGICAL SUPPLIES--MISCELLAN	PA ALWAYS REQUIRED
A4913			MISCELLANEOUS DIALYSIS SUPPLI	PA ALWAYS REQUIRED
A4927			GLOVES, NON-STERILE, PER 100	PA ALWAYS REQUIRED
A4930			GLOVES--STERILE, PER PAIR	PA ALWAYS REQUIRED
A6530			GRADIENT COMPRESSION STOCKING,	PA ALWAYS REQUIRED
A6531			GRADIENT COMPRESSION STOCKING,	PA ALWAYS REQUIRED
A6532			GRADIENT COMPRESSION STOCKING,	PA ALWAYS REQUIRED
A6533			GRADIENT COMPRESSION STOCKING,	PA ALWAYS REQUIRED
A6534			GRADIENT COMPRESSION STOCKING,	PA ALWAYS REQUIRED
A6535			GRADIENT COMPRESSION STOCKING,	PA ALWAYS REQUIRED
A6536			GRADIENT COMPRESSION STOCKING,	PA ALWAYS REQUIRED
A6537			GRADIENT COMPRESSION STOCKING,	PA ALWAYS REQUIRED
A6538			GRADIENT COMPRESSION STOCKING,	PA ALWAYS REQUIRED
A6539			GRADIENT COMPRESSION STOCKING,	PA ALWAYS REQUIRED
A6540			GRADIENT COMPRESSION STOCKING,	PA ALWAYS REQUIRED
A6541			GRADIENT COMPRESSION STOCKING,	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   PROCEDURE CODE NUMBER

MOD 1   =   MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2   =   MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
A6544			GRADIENT COMPRESSION STOCKING,	PA ALWAYS REQUIRED
A6545			GRADIENT COMPRESSION WRAP, NON	PA ALWAYS REQUIRED
A6549			GRADIENT COMPRESSION STOCKING/	PA ALWAYS REQUIRED
A6550			WOUND CARE SET, FOR NEGATIVE P	PA ALWAYS REQUIRED
A7000			CANISTER, DISPOSABLE, USED WIT	PA ALWAYS REQUIRED
A7020			INTERFACE FOR COUGH STIMULAT D	PA ALWAYS REQUIRED
A7030			FULL FACE MASK USED WITH POSIT	PA ALWAYS REQUIRED
A7033			PILLOW FOR USE ON NASAL CANNUL	PA ALWAYS REQUIRED
A7034			NASAL INTERFACE (MASK OR CANNU	PA ALWAYS REQUIRED
A7035			HEADGEAR USED WITH POSITIVE AI	PA ALWAYS REQUIRED
A7036			CHINSTRAP USED WITH POSITIVE A	PA ALWAYS REQUIRED
A7037			TUBING USED WITH POSITIVE AIRW	PA ALWAYS REQUIRED
A7038			FILTER, DISPOSABLE, USED WITH	PA ALWAYS REQUIRED
A7039			FILTER, NON DISPOSABLE, USED W	PA ALWAYS REQUIRED
A7047			ORAL INTERFACE USED WITH RESPI	PA ALWAYS REQUIRED
A7048			VACUUM DRAINAGE COLLECTION UNI	PA ALWAYS REQUIRED
A7520			TRACHEOSTOMY/LARYNGECTOMY TUBE	PA ALWAYS REQUIRED
A7521			TRACHEOSTOMY/LARYNGECTOMY TUBE	PA ALWAYS REQUIRED
A7522			TRACHEOSTOMY/LARYNGECTOMY TUBE	PA ALWAYS REQUIRED
A7525			TRACHEOSTOMY MASK, EACH	PA ALWAYS REQUIRED
A7526			TRACHEOSTOMY TUBE COLLAR/HOLDE	PA ALWAYS REQUIRED
A9155			ARTIFICIAL SALIVA, 30 ML	PA ALWAYS REQUIRED
A9274			EXTERNAL AMBULATORY INSULIN DE	PA ALWAYS REQUIRED
A9276			SENSOR: INVASIVE (E.G. SUBCUTA	PA ALWAYS REQUIRED
A9277			TRANSMITTER: EXTERNAL, FOR USE	PA ALWAYS REQUIRED
A9278			RECEIVER (MONITOR): EXTERNAL,	PA ALWAYS REQUIRED
A9283			FOOT PRESSURE OFF LOADING/SUPP	PA ALWAYS REQUIRED
B4034			ENTERAL FEEDING SUPPLY KIT: SY	PA ALWAYS REQUIRED
B4035			ENTERAL FEEDING SUPPLY KIT: P	PA ALWAYS REQUIRED
B4036			ENTERAL FEEDING SUPPLY KIT: GR	PA ALWAYS REQUIRED
B4081			NASOGASTRIC TUBING WITH STYLET	PA ALWAYS REQUIRED
B4082			NASOGASTRIC TUBING WITHOUT STY	PA ALWAYS REQUIRED
B4083			STOMACH TUBE - LEVINE TYPE	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 = **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 = **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
B4087			GASTROSTOMY/JEJUNOSTOMY TUBE,	PA ALWAYS REQUIRED
B4088			GASTROSTOMY/JEJUNOSTOMY TUBE,	PA ALWAYS REQUIRED
B4150			ENTERAL FORMULA, NUTRITIONALLY	PA ALWAYS REQUIRED
B4152			ENTERAL FORMULA, NUTRITIONALLY	PA ALWAYS REQUIRED
B4153			ENTERAL FORMULA, NUTRITIONALLY	PA ALWAYS REQUIRED
B4154			ENTERAL FORMULA, NUTRITIONALLY	PA ALWAYS REQUIRED
B4155			ENTERAL FORMULA, NUTRITIONALLY	PA ALWAYS REQUIRED
B4157			ENTERAL FORMULA, NUTRITIONALLY	PA ALWAYS REQUIRED
B4158			ENTERAL FORMULA, FOR PEDIATRIC	PA ALWAYS REQUIRED
B4159			ENTERAL FORMULA, FOR PEDIATRIC	PA ALWAYS REQUIRED
B4160			ENTERAL FORMULA, FOR PEDIATRIC	PA ALWAYS REQUIRED
B4161			ENTERAL FORMULA, FOR PEDIATRIC	PA ALWAYS REQUIRED
B4162			ENTERAL FORMULA, FOR PEDIATRIC	PA ALWAYS REQUIRED
B4164			50% DEXTROSE SOLUTION, (500 ML	PA ALWAYS REQUIRED
B4168			AMINO ACID 3.5% HOMEMIX-500ML=	PA ALWAYS REQUIRED
B4172			AMINO ACID 5.5%TO7% HOMEMIX/50	PA ALWAYS REQUIRED
B4176			AMINO ACID 7%TO8.5% HOMEMIX/50	PA ALWAYS REQUIRED
B4178			AMINO ACID GREATER 8.5%-500ML/	PA ALWAYS REQUIRED
B4180			IV NUTR.SOL.CARBO.>50%--500ML	PA ALWAYS REQUIRED
B4185			PARENTERAL NUTRITION SOLUTION,	PA ALWAYS REQUIRED
B4189			PARENTERAL NUTR.SOL.COMPOUND 1	PA ALWAYS REQUIRED
B4193			PAREN NUTRI SOLN 52-73 GM PROT	PA ALWAYS REQUIRED
B4197			PAREN NUTRI SOLN 74 TO 100 GM-	PA ALWAYS REQUIRED
B4199			TPN SOL-PREMIX:>100GRAMS PROTI	PA ALWAYS REQUIRED
B4216			IV NUTRIT:ADDITIVES--HOMEMIX-P	PA ALWAYS REQUIRED
B4220			IV NUTRITIONAL SUPPLY KIT-1 MO	PA ALWAYS REQUIRED
B4222			IV NUTRITIONAL SUPPLY KIT-1MO-	PA ALWAYS REQUIRED
B4224			PARENTERAL NUTRI ADMIN KIT PER	PA ALWAYS REQUIRED
B5000			PARENTERAL NUTRITION SOLUTION	PA ALWAYS REQUIRED
B5100			PARENTERAL NUTRITION SOLUTION	PA ALWAYS REQUIRED
B5200			PARENTERAL NUTRITION SOLUTION	PA ALWAYS REQUIRED
B9002			ENTERAL NUTRITION INFUSION PUM	PA ALWAYS REQUIRED
B9004			PARENTERAL INFUSION PUMP PORTA	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   =   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   =   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
B9006			PARENTERAL INFUSION PUMP-STATI	PA ALWAYS REQUIRED
B9998			NOC FOR ENTERNAL SUPPLIES	PA ALWAYS REQUIRED
B9999			NOC FOR PARENTERAL SUPPLIES	PA ALWAYS REQUIRED
D0120			PERIODIC ORAL EVALUATION	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D0140			LIMITED ORAL EXAMINATION	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D0150			COMPREHENSIVE ORAL EXAMINATION	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D0160			DETAILED & EXTENSIVE ORAL EVAL	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D0170			RE-EVALUATION-LIMITED, PROB FO	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D0171			RE-EVALUATION - POST-OPERATIVE	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D0180			COMPREHENSIVE PERIODONTAL EVAL	PA ALWAYS REQUIRED
D0190			SCREENING OF A PATIENT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D0321			OTHER TEMPOROMANDIBULAR JOINT	PA ALWAYS REQUIRED
D0351			3D PHOTOGRAPHIC IMAGE	PA ALWAYS REQUIRED
D0364			CONE BEAM CT CAPTURE AND INTER	PA ALWAYS REQUIRED
D0365			CONE BEAM CT CAPTURE AND INTER	PA ALWAYS REQUIRED
D0366			CONE BEAM CT CAPTURE AND INTER	PA ALWAYS REQUIRED
D0367			CONE BEAM CT CAPTURE AND INTER	PA ALWAYS REQUIRED
D0368			CONE BEAM CT CAPTURE AND INTER	PA ALWAYS REQUIRED
D0380			CONE BEAM CT IMAGE CAPTURE WIT	PA ALWAYS REQUIRED
D0381			CONE BEAM CT IMAGE CAPTURE WIT	PA ALWAYS REQUIRED
D0382			CONE BEAM CT IMAGE CAPTURE WIT	PA ALWAYS REQUIRED
D0383			CONE BEAM CT IMAGE CAPTURE WIT	PA ALWAYS REQUIRED
D0384			CONE BEAM CT IMAGE CAPTURE FOR	PA ALWAYS REQUIRED
D0393			TREATMENT SIMULATION USING 3D	PA ALWAYS REQUIRED
D0394			DIGITAL SUBTRACTION OF TWO OR	PA ALWAYS REQUIRED
D0395			FUSION OF TWO OR MORE 3D IMAGE	PA ALWAYS REQUIRED
D0411			HBA1C IN-OFFICE POINT OF SERVI	PA ALWAYS REQUIRED
D0416			VIRAL CULTURE	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D0417			COLLECTION AND PREPARATION OF	PA ALWAYS REQUIRED
D0502			OTHER ORAL PROCEDURES	PA ALWAYS REQUIRED
D0601			CARIES RISK ASSESSMENT AND DOC	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D0602			CARIES RISK ASSESSMENT AND DOC	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D0603			CARIES RISK ASSESSMENT AND DOC	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 = **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 = **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
D0999			UNSPECIFIED DIAGNOSTIC PROCEDU	PA ALWAYS REQUIRED
D1110			PROPHYLAXIS - ADULT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D1120			PROPHYLAXIS - CHILD	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D1206			TOPICAL APPLICATION OF FLUORID	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D1354			INTERIM CARIES ARRESTING MEDIC	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D1516			SPACE MAINTAINER - FIXED - BIL	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D1517			SPACE MAINTAINER - FIXED - BIL	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D1526			SPACE MAINTAINER - REMOVABLE -	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D1527			SPACE MAINTAINER - REMOVABLE -	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D1551			RECEMENT OR REBOND BILATENAL S	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D1552			RECEMENT OR REBOND BILATENAL S	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D1553			RECEMENT OR REBOND UNILSTENAL	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D1556			REMOVAL OF FIXED UNILATERAL SP	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D1557			REMOVAL OF FIXED BILATERAL SPA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D1558			REMOVAL OF FIXED BILATERAL SPA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D1575			DISTAL SHOE SPACE MAINTAINER -	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D1999			UNSPECIFIED PREVENTIVE PROCEDU	PA ALWAYS REQUIRED
D2710			CROWN - RESIN-BASED COMPOSITE	PA REQUIRED IF A DENTAL CLAIM AND THE PATIENT AGE IS 21 OR OLDER
D2720			CROWN-RESIN WITH HIGH NOBLE ME	PA ALWAYS REQUIRED
D2721			CROWN-RESIN WITH PREDOMINATELY	PA ALWAYS REQUIRED
D2722			CROWN-RESIN WITH NOBLE METAL-A	PA ALWAYS REQUIRED
D2740			CROWN - PORCELAIN/CERAMIC	PA ALWAYS REQUIRED
D2750			CROWN-PORCELAIN FUSED TO HIGH	PA ALWAYS REQUIRED
D2751			CROWN-PORCELAIN FUSED TO BASE	PA ALWAYS REQUIRED
D2752			CROWN-PORCELAIN FUSED TO NOBLE	PA ALWAYS REQUIRED
D2790			CROWN-FULL CAST HIGH NOBLE MET	PA ALWAYS REQUIRED
D2791			CROWN-FULL CAST PREDOMINATELY	PA ALWAYS REQUIRED
D2792			CROWN-FULL CAST NOBLE METAL	PA ALWAYS REQUIRED
D2952			CAST POST AND CORE IN ADD. TO	PA REQUIRED IF A DENTAL CLAIM AND THE PATIENT AGE IS 21 OR OLDER
D2953			EACH ADDITIONAL CAST POST - S	PA ALWAYS REQUIRED
D2954			PREFAB. POST+CORE IN ADD. TO C	PA REQUIRED IF A DENTAL CLAIM AND THE PATIENT AGE IS 21 OR OLDER
D2955			POST REMOVAL	PA ALWAYS REQUIRED
D2957			EACH ADDITIONAL PREFABRICATED	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 **= MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 **= MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
D2971			ADDITIONAL PROCEDURES TO CONST	PA ALWAYS REQUIRED
D2975			COPING	PA ALWAYS REQUIRED
D2980			CROWN REPAIR NECESSITATED BY R	PA ALWAYS REQUIRED
D2981			INLAY REPAIR NECESSITATED BY R	PA ALWAYS REQUIRED
D2982			ONLAY REPAIR NECESSITATED BY R	PA ALWAYS REQUIRED
D2999			UNSPECIFIED RESTORATIVE PROCED	PA ALWAYS REQUIRED
D3310			ENDODONTIC THERAPY, ANTERIOR T	PA ALWAYS REQUIRED
D3320			ENDODONTIC THERAPY, PREMOLAR T	PA ALWAYS REQUIRED
D3330			ENDODONTIC THERAPY, MOLAR TOOT	PA ALWAYS REQUIRED
D3331			TREATMENT OF ROOT CANAL OBSTRU	PA ALWAYS REQUIRED
D3332			INCOMPLETE ENDODONTIC THERAPY:	PA ALWAYS REQUIRED
D3333			INTERNAL ROOT REPAIR OF PERFOR	PA ALWAYS REQUIRED
D3346			RETREATMENT PREV ROOT CANAL TH	PA ALWAYS REQUIRED
D3347			RETREATMENT OF PREVIOUS ROOT C	PA ALWAYS REQUIRED
D3348			RETREAT PREV ROOT CANAL THER M	PA ALWAYS REQUIRED
D3351			APEXIFICATION/RECALCIFICATION	PA ALWAYS REQUIRED
D3352			APEXIFICATION/RECALCIFICATION	PA ALWAYS REQUIRED
D3353			APEXIFICATION/RECALCIFICATION-	PA ALWAYS REQUIRED
D3428			BONE GRAFT IN CONJUNCTION WITH	PA ALWAYS REQUIRED
D3429			BONE GRAFT IN CONJUNCTION WITH	PA ALWAYS REQUIRED
D3910			SURGICAL PROCEDURE FOR ISOLATI	PA ALWAYS REQUIRED
D3999			UNSPECIFIED ENDODONTIC PROCEDU	PA ALWAYS REQUIRED
D4210			GINGIVECTOMY OR GINGIVOPLASTY	PA ALWAYS REQUIRED
D4211			GINGIVECTOMY OR GINGIVOPLASTY	PA ALWAYS REQUIRED
D4212			GINGIVECTOMY OR GINGIVOPLASTY	PA ALWAYS REQUIRED
D4240			GINGIVAL FLAP PROCEDURE, INCLU	PA ALWAYS REQUIRED
D4241			GINGIVAL FLAP PROCEDURE, INCLU	PA ALWAYS REQUIRED
D4245			APICALLY POSITIONED FLAP	PA ALWAYS REQUIRED
D4249			CLINICAL CROWN LENGTHENING-HAR	PA ALWAYS REQUIRED
D4260			OSSEOUS SURGERY (INCLUDING ELE	PA ALWAYS REQUIRED
D4261			OSSEOUS SURGERY (INCLUDING ELE	PA ALWAYS REQUIRED
D4263			BONE REPLACEMENT GRAFT - RETAI	PA ALWAYS REQUIRED
D4264			BONE REPLACEMENT GRAFT - RETAI	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   **=**   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   **=**   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
D4265			BIOLOGICAL MAT TO AID SOFT & O	PA ALWAYS REQUIRED
D4266			GUIDED TISSUE REGENERATION - R	PA ALWAYS REQUIRED
D4267			GUIDED TISSUE REGENERATION - N	PA ALWAYS REQUIRED
D4268			SURGICAL REVISION PROCEDURE, P	PA ALWAYS REQUIRED
D4270			PEDICLE SOFT TISSUE GRAFT PROC	PA ALWAYS REQUIRED
D4273			AUTOGENOUS CONNECTIVE TISSUE G	PA ALWAYS REQUIRED
D4274			MESIAL/DISTAL WEDGE PROCEDURE,	PA ALWAYS REQUIRED
D4275			NON-AUTOGENOUS CONNECTIVE TISS	PA ALWAYS REQUIRED
D4276			COMBINED CONNECTIVE TISSUE AND	PA ALWAYS REQUIRED
D4277			FREE SOFT TISSUE GRAFT PROCEDU	PA ALWAYS REQUIRED
D4278			FREE SOFT TISSUE GRAFT PROCEDU	PA ALWAYS REQUIRED
D4283			AUTOGENOUS CONNECTIVE TISSUE G	PA ALWAYS REQUIRED
D4285			NON-AUTOGENOUS CONNECTIVE TISS	PA ALWAYS REQUIRED
D4320			PROVISIONAL SPLINTING-INTRACOR	PA ALWAYS REQUIRED
D4341			PERIODONTAL SCALING AND ROOT P	PA ALWAYS REQUIRED
D4342			PERIODONTAL SCALING & ROOT PLA	PA ALWAYS REQUIRED
D4346			SCALING IN PRESENCE OF GENERAL	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D4355			FULL MOUTH DEBRIDEMENT TO ENAB	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D4381			LOCALIZED DELIVERY OF ANTIMICR	PA ALWAYS REQUIRED
D4910			PERIODONTAL MAINTENANCE	PA ALWAYS REQUIRED
D4999			UNSPECIFIED PERIODONTAL SERVIC	PA ALWAYS REQUIRED
D5110			COMPLETE DENTURE-MAXILLARY	PA ALWAYS REQUIRED
D5120			COMPLETE DENTURE-MANDIBULAR	PA ALWAYS REQUIRED
D5130			IMMEDIATE DENTURE-MAXILLARY	PA ALWAYS REQUIRED
D5140			IMMEDIATE DENTURE-MANDIBULAR	PA ALWAYS REQUIRED
D5211			MAXILLARY PARTIAL DENTURE - RE	PA ALWAYS REQUIRED
D5212			MANDIBULAR PARTIAL DENTURE - R	PA ALWAYS REQUIRED
D5213			MAXILLARY PARTIAL DENTURE - CA	PA ALWAYS REQUIRED
D5214			MANDIBULAR PARTIAL DENTURE - C	PA ALWAYS REQUIRED
D5225			MAXILLARY PARTIAL DENTURE - FL	PA ALWAYS REQUIRED
D5226			MANDIBULAR PARTIAL DENTURE - F	PA ALWAYS REQUIRED
D5710			REBASE COMPLETE MAXILLARY DENT	PA ALWAYS REQUIRED
D5711			REBASE COMPLETE MANDIBULAR DEN	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020
(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**
MOD 1   **=**   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**
MOD 2   **=**   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
D5720			REBASE MAXILLARY PARTIAL DENTU	PA ALWAYS REQUIRED
D5721			REBASE MANDIBULAR PARTIAL DENT	PA ALWAYS REQUIRED
D5850			TISSUE CONDITIONING, MAXILLARY	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D5851			TISSUE CONDITIONING, MANDIBULA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D5862			PRECISION ATTACHMENT	PA ALWAYS REQUIRED
D5863			OVERDENTURE - COMPLETE MAXILLA	PA ALWAYS REQUIRED
D5864			OVERDENTURE - PARTIAL MAXILLAR	PA ALWAYS REQUIRED
D5865			OVERDENTURE - COMPLETE MANDIBU	PA ALWAYS REQUIRED
D5866			OVERDENTURE - PARTIAL MANDIBUL	PA ALWAYS REQUIRED
D5867			REPLACE PART SEMI/PRECISION AT	PA ALWAYS REQUIRED
D5875			MODIFICATION OF REMOVABLE PROS	PA ALWAYS REQUIRED
D5899			UNSPECIFIED REMOVABLE PROSTHOD	PA ALWAYS REQUIRED
D5911			FACIAL MOULAGE (SECTIONAL)	PA ALWAYS REQUIRED
D5912			FACIAL MOULAGE (COMPLETE)	PA ALWAYS REQUIRED
D5913			NASAL PROSTHESIS	PA ALWAYS REQUIRED
D5914			AURICULAR PROSTHESIS	PA ALWAYS REQUIRED
D5915			ORBITAL PROSTHESIS	PA ALWAYS REQUIRED
D5916			OCULAR PROSTHESIS	PA ALWAYS REQUIRED
D5919			FACIAL PROSTHESIS	PA ALWAYS REQUIRED
D5922			NASAL SEPTAL PROSTHESIS	PA ALWAYS REQUIRED
D5923			OCULAR PROSTHESIS, INTERIM	PA ALWAYS REQUIRED
D5924			CRANIAL PROSTHESIS	PA ALWAYS REQUIRED
D5925			FACIAL AUGMENTATION IMPLANT PR	PA ALWAYS REQUIRED
D5926			NASAL PROSTHESIS, REPLACEMENT	PA ALWAYS REQUIRED
D5927			AURICULAR PROSTHESIS, REPLACEM	PA ALWAYS REQUIRED
D5928			ORBITAL PROSTHESIS, REPLACEMEN	PA ALWAYS REQUIRED
D5929			FACIAL PROSTHESIS, REPLACEMENT	PA ALWAYS REQUIRED
D5931			OBTURATOR PROSTHESIS, SURGICAL	PA ALWAYS REQUIRED
D5932			OBTURATOR PROSTHESIS, DEFINITI	PA ALWAYS REQUIRED
D5933			OBTURATOR PROSTHESIS, MODIFICA	PA ALWAYS REQUIRED
D5934			MANDIBULAR RESECTION PROSTHESI	PA ALWAYS REQUIRED
D5935			MANDIBULAR RESECTION PROSTHESI	PA ALWAYS REQUIRED
D5936			OBTURATOR PROSTHESIS, INTERIM	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**
MOD 1   **=**   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**
MOD 2   **=**   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
D5937			TRISMUS APPLIANCE	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D5951			FEEDING AID	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D5952			SPEECH AID PROSTHESIS, PEDIATR	PA ALWAYS REQUIRED
D5953			SPEECH AID PROSTHESIS, ADULT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D5954			PALATAL AUGMENTATION PROSTHESI	PA ALWAYS REQUIRED
D5955			PALATAL LIFT PROSTHESIS, DEFIN	PA ALWAYS REQUIRED
D5958			PALATAL LIFT PROSTHESIS, INTER	PA ALWAYS REQUIRED
D5959			PALATAL LIFT PROSTHESIS, MODIF	PA ALWAYS REQUIRED
D5960			SPEECH AID PROSTHESIS, MODIFIC	PA ALWAYS REQUIRED
D5982			SURGICAL STENT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D5983			RADIATION CARRIER	PA ALWAYS REQUIRED
D5984			RADIATION SHIELD	PA ALWAYS REQUIRED
D5985			RADIATION CONE LOCATOR	PA ALWAYS REQUIRED
D5986			FLUORIDE GEL CARRIER	PA ALWAYS REQUIRED
D5987			COMMISSURE SPLINT	PA ALWAYS REQUIRED
D5988			SURGICAL SPLINT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D5991			VESICULOBULLOUS DISEASE MEDICA	PA ALWAYS REQUIRED
D5993			MAINTENANCE AND CLEANING OF A	PA ALWAYS REQUIRED
D5999			UNSPECIFIED MAXILLOFACIAL PROS	PA ALWAYS REQUIRED
D6010			SURGICAL PLACEMENT ENDOSTEAL I	PA ALWAYS REQUIRED
D6055			DENTAL IMPLANT SUPPORTED CONNE	PA ALWAYS REQUIRED
D6056			PREFABRICATED ABUTMENT - INCLU	PA ALWAYS REQUIRED
D6080			IMPLANT MAINTENANCE PROCEDURES	PA ALWAYS REQUIRED
D6081			SCALING AND DEBRIDEMENT IN THE	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D6090			REPAIR IMPLANTSUPPORTED PROSTH	PA ALWAYS REQUIRED
D6091			REPLACEMENT OF SEMI-PRECISION	PA ALWAYS REQUIRED
D6092			RE-CEMENT OR RE-BOND IMPLANT/A	PA ALWAYS REQUIRED
D6095			REPAIR IMPLANT ABUTMENT, BY RE	PA ALWAYS REQUIRED
D6096			REMOVE BROKEN IMPLANT RETAININ	PA ALWAYS REQUIRED
D6100			IMPLANT REMOVAL, BY REPORT	PA ALWAYS REQUIRED
D6101			DEBRIDEMENT OF A PERI-IMPLANT	PA ALWAYS REQUIRED
D6102			DEBRIDEMENT AND OSSEOUS CONTOU	PA ALWAYS REQUIRED
D6103			BONE GRAFT FOR REPAIR OF PERI-	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 **=** **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 **=** **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
D6104			BONE GRAFT AT TIME OF IMPLANT	PA ALWAYS REQUIRED
D6110			IMPLANT/ABUTMENT SUPPORTED REM	PA ALWAYS REQUIRED
D6111			IMPLANT/ABUTMENT SUPPORTED REM	PA ALWAYS REQUIRED
D6190			RADIOGRAPHIC/SURGICAL IMPLANT	PA ALWAYS REQUIRED
D6199			UNSPECIFIED IMPLANT PROCEDURE	PA ALWAYS REQUIRED
D6210			PONTIC-CAST HIGH NOBLE METAL	PA ALWAYS REQUIRED
D6211			PONTIC-CAST PREDOMINANTLY BASE	PA ALWAYS REQUIRED
D6212			PONTIC-CAST NOBLE METAL	PA ALWAYS REQUIRED
D6240			PONTIC-PORCELAIN FUSED TO HIGH	PA ALWAYS REQUIRED
D6241			PONTIC-PORCELAIN FUSED TO PRED	PA ALWAYS REQUIRED
D6242			PONTIC-PORCELAIN FUSED TO NOBL	PA ALWAYS REQUIRED
D6250			PONTIC-RESIN WITH HIGH NOBLE M	PA ALWAYS REQUIRED
D6251			PONTIC-RESIN WITH PREDOMINANTL	PA ALWAYS REQUIRED
D6252			PONTIC-RESIN WITH NOBLE METAL	PA ALWAYS REQUIRED
D6545			RETAINER-CAST METAL RES BONDED	PA ALWAYS REQUIRED
D6720			RETAINER CROWN-RESIN WITH HIGH	PA ALWAYS REQUIRED
D6721			RETAINER CROWN-RESIN WITH PRED	PA ALWAYS REQUIRED
D6722			RETAINER CROWN - RESIN WITH NO	PA ALWAYS REQUIRED
D6750			RETAINER CROWN - PORCELAIN FUS	PA ALWAYS REQUIRED
D6751			RETAINER CROWN - PORCELAIN FUS	PA ALWAYS REQUIRED
D6752			RETAINER CROWN - PORCELAIN FUS	PA ALWAYS REQUIRED
D6790			RETAINER CROWN - FULL CAST HIG	PA ALWAYS REQUIRED
D6791			RETAINER CROWN - FULL CAST PRE	PA ALWAYS REQUIRED
D6792			RETAINER CROWN - FULL CAST NOB	PA ALWAYS REQUIRED
D6920			CONNECTOR BAR	PA ALWAYS REQUIRED
D6940			STRESS BREAKER	PA ALWAYS REQUIRED
D6950			PRECISION ATTACHMENT	PA ALWAYS REQUIRED
D6970			CAST POST AND CORE IN ADDITION	PA ALWAYS REQUIRED
D6972			PREFABRICATED POST AND CORE IN	PA ALWAYS REQUIRED
D6980			FIXED PARTIAL DENTURE REPAIR N	PA ALWAYS REQUIRED
D6985			PEDIATRIC PARTIAL DENTURE, FIX	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D6999			UNSPECIFIED FIXED PROSTHODONTI	PA ALWAYS REQUIRED
D7210			EXTRACTION, ERUPTED TOOTH REQU	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   =   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   =   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
D7220			REMOVAL OF IMPACTED TOOTH-SOFT	PA ALWAYS REQUIRED
D7230			REMOVAL OF IMPACTED TOOTH-PART	PA ALWAYS REQUIRED
D7240			REMOVAL OF IMPACTED TOOTH-COMP	PA ALWAYS REQUIRED
D7241			REMOVAL OF IMPACTED TOOTH-COMP	PA ALWAYS REQUIRED
D7250			REMOVAL OF RESIDUAL TOOTH ROOT	PA REQUIRED IF A DENTAL CLAIM AND THE PATIENT AGE IS 0 THRU 17 YEARS OLD
D7251			CORONECTOMY - INTENTIONAL PART	PA ALWAYS REQUIRED
D7290			SURGICAL REPOSITIONING OF TEET	PA ALWAYS REQUIRED
D7291			TRANSSEPTAL FIBEROTOMY/SUPRA C	PA ALWAYS REQUIRED
D7292			PLACEMENT OF TEMPORARY ANCHORA	PA ALWAYS REQUIRED
D7293			PLACEMENT OF TEMPORARY ANCHORA	PA ALWAYS REQUIRED
D7294			PLACEMENT OF TEMPORARY ANCHORA	PA ALWAYS REQUIRED
D7295			HARVEST OF BONE FOR USE IN AUT	PA ALWAYS REQUIRED
D7311			ALVEOLOPLASTY IN CONJUNCTION W	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D7321			ALVEOLOPLASTY NOT IN CONJUNCTI	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D7490			RADICAL RESECTION OF MAXILLA O	PA ALWAYS REQUIRED
D7511			INCISION AND DRAINAGE OF ABSCE	PA ALWAYS REQUIRED
D7521			INCISION AND DRAINAGE OF ABSCE	PA ALWAYS REQUIRED
D7856			MYOTOMY	PA ALWAYS REQUIRED
D7876			ARTHROSCOPY: DISCECTOMY	PA ALWAYS REQUIRED
D7880			OCCLUSAL ORTHOTIC DEVICE	PA ALWAYS REQUIRED
D7881			OCCLUSAL ORTHOTIC DEVICE ADJUS	PA ALWAYS REQUIRED
D7899			UNSPECIFIED TMD THERAPY	PA ALWAYS REQUIRED
D7940			OSTEOPLASTY - FOR ORTHOGNATHIC	PA ALWAYS REQUIRED
D7951			SINUS AUGMENTATION WITH BONE O	PA ALWAYS REQUIRED
D7952			SINUS AUGMENTATION VIA A VERTI	PA ALWAYS REQUIRED
D7955			REPAIR OF MAXILLOFACIAL SOFT A	PA ALWAYS REQUIRED
D7963			FRENULOPLASTY	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D7979			NON-SURGICAL SIALOLITHOTOMY	PA ALWAYS REQUIRED
D7995			SYNTHETIC GRAFT MANDIBLE/FACIA	PA ALWAYS REQUIRED
D7996			IMPLANT-MANDIBLE AUGMENTATION	PA ALWAYS REQUIRED
D7999			UNSPECIFIED ORAL SURGERY PROCE	PA ALWAYS REQUIRED
D8010			LIMIT ORTHODONTIC RX PRIM DENT	PA ALWAYS REQUIRED
D8020			LIMIT ORTHODINTIC RX TRANS DEN	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**
MOD 1   **=**   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**
MOD 2   **=**   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
D8030			LIMIT ORTHODONTIC RX ADOL DENT	PA ALWAYS REQUIRED
D8040			LIMIT ORTHODONTIC RX ADULT DEN	PA ALWAYS REQUIRED
D8050			INTERCEPTIVE ORTHO RX PRIM DEN	PA ALWAYS REQUIRED
D8060			INTERCEPTIVE ORTHO RX TRAN DEN	PA ALWAYS REQUIRED
D8080			COMPREHENS ORTHODONTIC APPLIAN	PA ALWAYS REQUIRED
D8210			REMOVABLE APPLIANCE THERAPY, H	PA ALWAYS REQUIRED
D8220			FIXED APPLIANCE THERAPY, HABIT	PA ALWAYS REQUIRED
D8660			PRE-ORTHODONTIC TREATMENT EXAM	PA ALWAYS REQUIRED
D8670			PERIODIC ORTHODONTIC TREATMENT	PA ALWAYS REQUIRED
D8680			ORTHODONTIC RETENTION (REMOVAL	PA ALWAYS REQUIRED
D8681			REMOVABLE ORTHODONTIC RETAINER	PA ALWAYS REQUIRED
D8695			REMOVAL OF FIXED ORTHODONTIC A	PA ALWAYS REQUIRED
D8696			REPAIR OF ORTHODONTIC APPLIANC	PA ALWAYS REQUIRED
D8697			REPAIR OF ORTHODONTIC APPLIANC	PA ALWAYS REQUIRED
D8698			RECEMENT OR REBOND FIXED RETAI	PA ALWAYS REQUIRED
D8699			RECEMENT OR REBOND FIXED RETAI	PA ALWAYS REQUIRED
D8701			REPAIRE OF FIXED RETAINER - IN	PA ALWAYS REQUIRED
D8702			REPAIR OF FIXED DETAINER - INC	PA ALWAYS REQUIRED
D8703			REPLACEMENT OF LOST OR BROKEN	PA ALWAYS REQUIRED
D8704			REPLACEMENT OF LOST OR BROKEN	PA ALWAYS REQUIRED
D8999			UNSPECIFIED ORTHODONTIC PROCED	PA ALWAYS REQUIRED
D9110			PALLIATIVE (EMERGENCY) TREATME	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D9311			CONSULTATION WITH A MEDICAL HE	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D9420			HOSPITAL DAY - SUBSEQUENT	PA ALWAYS REQUIRED
D9612			THERAPEUTIC PARENTERAL DRUGS,	PA ALWAYS REQUIRED
D9630			DRUGS OR MEDICAMENTS DISPENSED	PA ALWAYS REQUIRED
D9920			BEHAVIOR MANAGEMENT, BY REPORT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D9951			OCCLUSAL ADJUSTMENT - LIMITED	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D9952			OCCLUSAL ADJUSTMENT-COMPLETE	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D9974			INTERNAL BLEACHING - PER TOOTH	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
D9999			UNSPECIFIED ADJUNCTIVE PROCEDU	PA ALWAYS REQUIRED
E0148			WALKER, HEAVY DUTY, WITHOUT WH	PA ALWAYS REQUIRED
E0149			WALKER, HEAVY DUTY, WHEELED, R	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020
(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**
MOD 1 **=** **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**
MOD 2 **=** **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
E0168			COMMODE CHAIR, EXTRA WIDE AND/	PA ALWAYS REQUIRED
E0181			PRESSURE PAD, ALTERNAT.W/PUMP	PA ALWAYS REQUIRED
E0182			PUMP FOR ALTERNATING PRESSURE	PA ALWAYS REQUIRED
E0184			FLOTATION MATTRESS DRY (EGGCRA	PA ALWAYS REQUIRED
E0185			DECUBITUS CARE PAD, FLOTATION	PA ALWAYS REQUIRED
E0186			AIR PRESSURE MATTRESS	PA ALWAYS REQUIRED
E0187			WATER PRESSURE MATTRESS	PA ALWAYS REQUIRED
E0193			PWR AIR FLOAT LOW AIR LOSS BED	PA ALWAYS REQUIRED
E0194			AIR FLUIDIZED BED	PA ALWAYS REQUIRED
E0202			PHOTOTHERAPY (BILIRUBIN) LIGHT	PA ALWAYS REQUIRED
E0217			WATER CIRCULATING HEAT PAD WIT	PA ALWAYS REQUIRED
E0240			BATH/SHOWER CHAIR, WITH OR WIT	PA ALWAYS REQUIRED
E0250			HOSP.BED-RAIL,FIX.HGT.-W.MATTR	PA ALWAYS REQUIRED
E0251			HOSP.BED-RAILS,FIX.HGT.-NO MAT	PA ALWAYS REQUIRED
E0255			HOSPITAL BED,RAILS,VARY HAT,MA	PA ALWAYS REQUIRED
E0256			HOSP BED/VARIABLE HGT/RAILS/NO	PA ALWAYS REQUIRED
E0260			HOSP.BED-RAILS,W/MATT.SEMI-ELE	PA ALWAYS REQUIRED
E0261			HOSP BED SEMIELEC/RAILS/NO MAT	PA ALWAYS REQUIRED
E0265			TOTAL ELEC.HOSP.BED W/RAILS&MA	PA ALWAYS REQUIRED
E0266			TOTAL ELEC.HOSP.BED-RAILS-NO M	PA ALWAYS REQUIRED
E0270			INST.HOSP.BED/OSC,CIRC.&STRKW/	PA ALWAYS REQUIRED
E0277			ALTERNATING PRESSURE MATTRESS	PA ALWAYS REQUIRED
E0290			HOSP BED, FIXED HGT,NO RAILS,W	PA ALWAYS REQUIRED
E0291			HOSPITAL BED, FIXED W/NO RAIL	PA ALWAYS REQUIRED
E0292			HOS.BED,VARY HGT. NO RAIL W/MA	PA ALWAYS REQUIRED
E0293			HOSP BED VARIABLE HGT NO RAIL	PA ALWAYS REQUIRED
E0294			HOSP BED,SEMI-ELEC NO RAILS/WI	PA ALWAYS REQUIRED
E0295			HOSPITAL BED,SEMI-ELEC,NO RAIL	PA ALWAYS REQUIRED
E0296			HOSP BED,ALL ELEC,W/O RAILS, W	PA ALWAYS REQUIRED
E0297			HOS.BED,ALL ELEC.NO RAIL OR MA	PA ALWAYS REQUIRED
E0302			HOSPITAL BED, EXTRA HEAVY DUTY	PA ALWAYS REQUIRED
E0303			HOSPITAL BED, HEAVY DUTY, EXTR	PA ALWAYS REQUIRED
E0304			HOSPITAL BED, EXTRA HEAVY DUTY	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   **=**   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   **=**   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
E0371			NONPOWERED ADVANCED PRESSURE R	PA ALWAYS REQUIRED
E0372			POWERED AIR OVERLAY FOR MATTRE	PA ALWAYS REQUIRED
E0424			STAT.COMP.GAS SYS/INCLUD.CONTE	PA ALWAYS REQUIRED
E0431			PT GAS O2 INC.CONTENTS,REG.HUM	PA ALWAYS REQUIRED
E0434			PT. LIQ O2 SYS INC.CONTENTS,FL	PA ALWAYS REQUIRED
E0439			STAT.LIG 02 SYS.INCLUDING CONT	PA ALWAYS REQUIRED
E0441			STATIONARY OXYGEN CONTENTS, GA	PA ALWAYS REQUIRED
E0442			STATIONARY OXYGEN CONTENTS, LI	PA ALWAYS REQUIRED
E0443			PORTABLE OXYGEN CONTENTS, GASE	PA ALWAYS REQUIRED
E0444			PORTABLE OXYGEN CONTENTS, LIQU	PA ALWAYS REQUIRED
E0445			OXIMETER DEVICE FOR MEASURING	PA ALWAYS REQUIRED
E0447			PORTABLE OXYGEN CONTENTS, LIQU	PA ALWAYS REQUIRED
E0455			OXYGEN TENT EXCLUDING CROUP TE	PA ALWAYS REQUIRED
E0457			CHEST SHELL (CUIRASS)	PA ALWAYS REQUIRED
E0459			CHEST WRAP	PA ALWAYS REQUIRED
E0462			ROCKING BED WITH OR WITHOUT RA	PA ALWAYS REQUIRED
E0465			HOME VENTILATOR, ANY TYPE, USE	PA ALWAYS REQUIRED
E0466			HOME VENTILATOR, ANY TYPE, USE	PA ALWAYS REQUIRED
E0467			HOME VENTILATOR, MULTI-FUNCTIO	PA ALWAYS REQUIRED
E0470			RESPIRATORY ASSIST DEVICE, BI-	PA ALWAYS REQUIRED
E0471			RESPIRATORY ASSIST DEVICE, BI-	PA ALWAYS REQUIRED
E0472			RESPIRATORY ASSIST DEVICE, BI-	PA ALWAYS REQUIRED
E0480			PERCUSSOR, ELEC/PNEUMATIC,HOME	PA ALWAYS REQUIRED
E0482			COUGH STIMULATING DEVICE, ALTE	PA ALWAYS REQUIRED
E0483			HIGH FREQUENCY CHEST WALL OSCI	PA ALWAYS REQUIRED
E0485			ORAL DEVICE/APPLIANCE USED TO	PA ALWAYS REQUIRED
E0486			ORAL DEVICE/APPLIANCE USED TO	PA ALWAYS REQUIRED
E0500			IPPB MACHINE ALL TYPES	PA ALWAYS REQUIRED
E0550			HUMIDIFIER, DURABLE FOR EXTENS	PA ALWAYS REQUIRED
E0555			HUMIDIFIER, DURABLE, GLASS OR	PA ALWAYS REQUIRED
E0560			HUMIDIFIER, DURABLE FOR SUPPLE	PA ALWAYS REQUIRED
E0561			HUMIDIFIER, NON-HEATED, USED W	PA ALWAYS REQUIRED
E0565			COMPRESSOR (NOT OXYGEN OR IPPB	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 = **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 = **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
E0600			SUCTION PUMP, HOME MODEL, POR	PA ALWAYS REQUIRED
E0601			CONTINUOUS POSITIVE AIRWAY PRE	PA ALWAYS REQUIRED
E0603			BREAST PUMP, ELECTRIC (AC AND/	PA ALWAYS REQUIRED
E0604			BREAST PUMP, HOSPITAL GRADE, E	PA ALWAYS REQUIRED
E0610			PACEMAKER MTR.INC.AUDIBLE/VISU	PA ALWAYS REQUIRED
E0615			PACEMAKER/FULL MONITOR/DIG/VIS	PA ALWAYS REQUIRED
E0618			APNEA MONITOR, WITHOUT RECORDI	PA ALWAYS REQUIRED
E0619			APNEA MONITOR, WITH RECORDING	PA ALWAYS REQUIRED
E0630			PATIENT LIFT, HYDRAULIC OR MEC	PA ALWAYS REQUIRED
E0635			PATIENT LIFT, ELECTRIC WITH SE	PA ALWAYS REQUIRED
E0641			STANDING FRAME/TABLE SYSTEM, M	PA ALWAYS REQUIRED
E0642			STANDING FRAME/TABLE SYSTEM, M	PA ALWAYS REQUIRED
E0650			PNEUMATIC CPR NON-SEGMENTAL HO	PA ALWAYS REQUIRED
E0651			PNEUMATIC COMPRESSOR,SEGMENTAL	PA ALWAYS REQUIRED
E0652			PNEUMATIC COMPRESS,SEGMENTAL H	PA ALWAYS REQUIRED
E0655			PNEUMATIC APPLICANCE W/PNEU CO	PA ALWAYS REQUIRED
E0660			PNEUMATIC APPL WITH COMPRESSOR	PA ALWAYS REQUIRED
E0665			PNEUMATIC APPL W/PNEUCOMPR FUL	PA ALWAYS REQUIRED
E0666			PNEUMATIC APPL W/PNEUCOMPR HAL	PA ALWAYS REQUIRED
E0667			PNEUMATIC APPL W/SEGMPNEUCOMPR	PA ALWAYS REQUIRED
E0668			PNEUMATIC APPL W/SEGMPNEUCOMPR	PA ALWAYS REQUIRED
E0669			SEG PNEUMATIC APPL USE W/CPR 1	PA ALWAYS REQUIRED
E0670			SEG PNEU APPL W/PNEU CPR INTEG	PA ALWAYS REQUIRED
E0671			SEG.GRAD.PRESS.PNEU.APPL.,FULL	PA ALWAYS REQUIRED
E0672			SEG.GRAD.PRESS.PNEU.APPL.FULL	PA ALWAYS REQUIRED
E0673			SEG.GRAD.PRESS.PNEUM.APPL.HALF	PA ALWAYS REQUIRED
E0720			TENS, TWO LEAD, LOCALIZED STI	PA ALWAYS REQUIRED
E0730			TENS, FOUR LEAD, LARGER AREA/	PA ALWAYS REQUIRED
E0740			NON-IMPLANTED PELVIC FLOOR ELE	PA ALWAYS REQUIRED
E0744			NEUROMUSCULAR SCOLIOSIS STIMUL	PA ALWAYS REQUIRED
E0745			NEURO-MUSC STIM ELEC SHOCK UNI	PA ALWAYS REQUIRED
E0746			ELECTROMYOGRAPHY(EMG)BIOFEEDBA	PA ALWAYS REQUIRED
E0747			OSTEOGEN.STIM.NONINVASIVE,NON-	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   **=**   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   **=**   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
E0748			OSTEOGEN.STIM. NONINVASIVE-SPI	PA ALWAYS REQUIRED
E0755			ELECTRIC SAL. REFLEXT STIMULAT	PA ALWAYS REQUIRED
E0762			TRANSCUTANEOUS ELECTRICAL JOIN	PA ALWAYS REQUIRED
E0766			ELECTRICAL STIMULATION DEVICE	PA ALWAYS REQUIRED
E0780			AMBULATORY INFUSION PUMP, MECH	PA ALWAYS REQUIRED
E0781			EXTERNAL AMBULATORY INFUSION P	PA ALWAYS REQUIRED
E0784			EXT.AMBUL. INFUSION PUMP, INSU	PA ALWAYS REQUIRED
E0791			PARENTERAL INFUSION PUMP STATI	PA ALWAYS REQUIRED
E0911			TRAPEZE BAR, HEAVY DUTY, FOR P	PA ALWAYS REQUIRED
E0912			TRAPEZE BAR, HEAVY DUTY, FOR P	PA ALWAYS REQUIRED
E0920			FRACTURE FRAME, ATTACHED TO B	PA ALWAYS REQUIRED
E0930			FRACTURE FRAME,FREE STAND W/WE	PA ALWAYS REQUIRED
E0935			CONTINUOUS PASSIVE MOTION EXER	PA ALWAYS REQUIRED
E0940			TRAPEZE BAR, FREE STANDING, CO	PA ALWAYS REQUIRED
E0941			GRAVITY ASSIST TRACTION DEVICE	PA ALWAYS REQUIRED
E0946			FRAC FRM, DUAL W/X-BARS BED AT	PA ALWAYS REQUIRED
E0947			FRAC FRAME W/ATT COMPLEX PELVI	PA ALWAYS REQUIRED
E0948			FRAC FRM ATTACH FOR CPX CERV T	PA ALWAYS REQUIRED
E0953			WHEELCHAIR ACCESSORY, LATERAL	PA ALWAYS REQUIRED
E0954			WHEELCHAIR ACCESSORY, FOOT BOX	PA ALWAYS REQUIRED
E0955			WHEELCHAIR ACCESSORY, HEADREST	PA ALWAYS REQUIRED
E0956			WHEELCHAIR ACCESSORY, LATERAL	PA ALWAYS REQUIRED
E0957			WHEELCHAIR ACCESSORY, MEDIAL T	PA ALWAYS REQUIRED
E0958			WHEELCHAIR ATTACHMENT TO CONV	PA ALWAYS REQUIRED
E0960			WHEELCHAIR ACCESSORY, SHOULDER	PA ALWAYS REQUIRED
E0983			MANUAL WHEELCHAIR ACCESSORY, P	PA ALWAYS REQUIRED
E0984			MANUAL WHEELCHAIR ACCESSORY, P	PA ALWAYS REQUIRED
E0988			MANUAL WHEELCHAIR ACCESSORY, L	PA ALWAYS REQUIRED
E1002			WHEELCHAIR ACCESSORY, POWER SE	PA ALWAYS REQUIRED
E1012			WHEELCHAIR ACCESSORY, ADDITION	PA ALWAYS REQUIRED
E1028			WHEELCHAIR ACCESSORY, MANUAL S	PA ALWAYS REQUIRED
E1031			ROLLABOUT CHAIR ANYTYPE W/5"+	PA ALWAYS REQUIRED
E1038			TRANSPORT CHAIR, ADULT SIZE, P	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 **= MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 **= MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
E1039			TRANSPORT CHAIR, ADULT SIZE, H	PA ALWAYS REQUIRED
E1050			FULLY-RECLINING WHEELCHAIR, F	PA ALWAYS REQUIRED
E1060			RECLINING WC,DETACH ARMS,EL LE	PA ALWAYS REQUIRED
E1070			FULLY-RECLINING WHEELCHAIR, DE	PA ALWAYS REQUIRED
E1083			HEMI-WHEELCHAIR, FIXED FULL L	PA ALWAYS REQUIRED
E1084			HEMI-WHEELCHAIR, DETACHABLE A	PA ALWAYS REQUIRED
E1085			HEMI-WHEELCHAIR, FIXED FULL L	PA ALWAYS REQUIRED
E1086			HEMI-WHEELCHAIR DETACHABLE AR	PA ALWAYS REQUIRED
E1087			HIGH STRENGTH LIGHTWEIGHT WHE	PA ALWAYS REQUIRED
E1088			HIGH STRENGTH LIGHTWEIGHT WHE	PA ALWAYS REQUIRED
E1089			HIGH STRENGTH LIGHTWEIGHT WHE	PA ALWAYS REQUIRED
E1090			HI STR,LTWT WC DETACH ARMS/FT	PA ALWAYS REQUIRED
E1092			WIDE HEAVY DUTY WHEEL CHAIR,	PA ALWAYS REQUIRED
E1093			WIDE HEAVY DUTY WHEELCHAIR, D	PA ALWAYS REQUIRED
E1100			SEMI-RECLINING WHEELCHAIR, FI	PA ALWAYS REQUIRED
E1110			SEMI-RECLINING WHEELCHAIR, DET	PA ALWAYS REQUIRED
E1130			STANDARD WHEELCHAIR, FIXED FU	PA ALWAYS REQUIRED
E1140			STD WC,DETACH ARMS/FOOTREST	PA ALWAYS REQUIRED
E1150			WC,DETACH ARMS/ELEVATING LEGRE	PA ALWAYS REQUIRED
E1160			WC,FIX ARMS,DETACH ELEVATE LEG	PA ALWAYS REQUIRED
E1161			MANUAL ADULT SIZE WHEELCHAIR,	PA ALWAYS REQUIRED
E1170			AMPUTEE WHEELCHAIR, FIXED FUL	PA ALWAYS REQUIRED
E1171			AMPUTEE WHEELCHAIR, FIXED FUL	PA ALWAYS REQUIRED
E1172			AMPUTEE WC,DETACH ARMS W/O F/L	PA ALWAYS REQUIRED
E1180			AMPUTEE WHEELCHAIR, DETACHABL	PA ALWAYS REQUIRED
E1190			AMPUTEE WHEELCHAIR, DETACHABL	PA ALWAYS REQUIRED
E1195			HVY DUTY WC FIX ARMS DETACH EL	PA ALWAYS REQUIRED
E1200			AMPUTEE WHEELCHAIR, FIXED FULL	PA ALWAYS REQUIRED
E1220			SPECIALLY SIZED OR CONSTRUCTE	PA ALWAYS REQUIRED
E1221			WHEELCHAIR WITH FIXED ARM, FO	PA ALWAYS REQUIRED
E1222			WHEELCHAIR W/FIX ARM &ELEV.LE	PA ALWAYS REQUIRED
E1223			WHEELCHAIR W/DETACH.ARM,FOOTR	PA ALWAYS REQUIRED
E1224			WHEELCHAIR W/DETACH.ARM, ELEV	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 = **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 = **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
E1225			WHEELCHAIR ACCESSORY, MANUAL S	PA ALWAYS REQUIRED
E1226			WHEELCHAIR ACCESSORY, MANUAL F	PA ALWAYS REQUIRED
E1230			POWER VEHICLE/3-4WHEEL(NON-HIG	PA ALWAYS REQUIRED
E1231			WHEELCHAIR, PEDIATRIC SIZE, TI	PA ALWAYS REQUIRED
E1232			WHEELCHAIR, PEDIATRIC SIZE, TI	PA ALWAYS REQUIRED
E1233			WHEELCHAIR, PEDIATRIC SIZE, TI	PA ALWAYS REQUIRED
E1234			WHEELCHAIR, PEDIATRIC SIZE, TI	PA ALWAYS REQUIRED
E1235			WHEELCHAIR, PEDIATRIC SIZE, RI	PA ALWAYS REQUIRED
E1236			WHEELCHAIR, PEDIATRIC SIZE, FO	PA ALWAYS REQUIRED
E1237			WHEELCHAIR, PEDIATRIC SIZE, RI	PA ALWAYS REQUIRED
E1238			WHEELCHAIR, PEDIATRIC SIZE, FO	PA ALWAYS REQUIRED
E1239			POWER WHEELCHAIR, PEDIATRIC SI	PA ALWAYS REQUIRED
E1240			LGHT.WT. WHEELCH.DETACH ARM,EL	PA ALWAYS REQUIRED
E1250			LTWT WC FIX ARMS DETACH FOOTRE	PA ALWAYS REQUIRED
E1260			LTWT WC DETACH ARMS/FOOTREST	PA ALWAYS REQUIRED
E1270			LTWT WC FIX ARMS DETACH ELV LG	PA ALWAYS REQUIRED
E1280			HVY DUTY WC DETACH ARMS ELV LG	PA ALWAYS REQUIRED
E1285			HVY DTY WC FIX ARM DETACH FTRT	PA ALWAYS REQUIRED
E1290			HVY DTY WC DETACH ARM/FTRT	PA ALWAYS REQUIRED
E1295			HEAVY DUTY WHCH/FIX ARM,ELEV.	PA ALWAYS REQUIRED
E1298			SPEC. CONSTRUCT.WC SEAT/DEPTH-	PA ALWAYS REQUIRED
E1300			WHIRLPOOL,PORTABLE(OVERTUB)	PA ALWAYS REQUIRED
E1310			WHIRLPOOL,NON-PORTABLE(BUILT-I	PA ALWAYS REQUIRED
E1353			REGULATOR	PA ALWAYS REQUIRED
E1355			STAND/RACK FOR OXYGEN USE	PA ALWAYS REQUIRED
E1372			IMMERSION EXTERNAL HEATER FOR	PA ALWAYS REQUIRED
E1390			OXY. CONCENTRATOR EQUIV. NOT D	PA ALWAYS REQUIRED
E1399			DURABLE MEDICAL EQUIPMENT, NOT	PA ALWAYS REQUIRED
E1405			02&H20 VAPOR ENRICH SYS W/HEAT	PA ALWAYS REQUIRED
E1406			02&H20 VAPOR ENRICH SYS W/O HE	PA ALWAYS REQUIRED
E1592			AUTO INTERMIT PERITONEAL DIALY	PA ALWAYS REQUIRED
E1594			CYCLER MACHINE-PERITONEAL DIAL	PA ALWAYS REQUIRED
E1610			REVERSE OSMOSIS H20 PURIFICATI	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   =   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   =   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
E1615			DEIONIZER WATER PURIFICATION S	PA ALWAYS REQUIRED
E1630			RECIPROCATING PERITONEAL DIALY	PA ALWAYS REQUIRED
E1632			WEARABLE ARTIFICIAL KIDNEY	PA ALWAYS REQUIRED
E1699			DIALYSIS EQUIP-UNSPECIFIES-BY	PA ALWAYS REQUIRED
E1700			JAW MOTION REHABILITATION SYST	PA ALWAYS REQUIRED
E1701			REPLACE CUSION-JAW MOT. SYS.PK	PA ALWAYS REQUIRED
E1702			REPLACE SCALES-JAW MOTION SYS-	PA ALWAYS REQUIRED
E1800			DYNAMIC ADJ.ELBOW EXT/FLEXION	PA ALWAYS REQUIRED
E1805			DYNAMIC ADJ.WRIST EXTEN/FLEX.	PA ALWAYS REQUIRED
E1810			DYNAMIC ADJ.KNEE EXTEN/FLEX. D	PA ALWAYS REQUIRED
E1812			DYNAMIC KNEE, EXTENSION/FLEXIO	PA ALWAYS REQUIRED
E1815			DYNAMIC ADJ. ANKLE EXTEN/FLEX.	PA ALWAYS REQUIRED
E1820			SOFT INTERFACE,DYN.ADJ.EXTEN/F	PA ALWAYS REQUIRED
E1825			DYN.ADJ. FINGER EXTEN/FLEXION	PA ALWAYS REQUIRED
E1830			DYN.ADJ. TOE EXTENSION/FLEX. D	PA ALWAYS REQUIRED
E1902			AUGMENTIVE COMMUNICATION DEVIC	PA ALWAYS REQUIRED
E2100			BLOOD GLUCOSE MONITOR WITH INT	PA ALWAYS REQUIRED
E2208			WHEELCHAIR ACCESSORY, CYLINDER	PA ALWAYS REQUIRED
E2209			WHEELCHAIR ACCESSORY, ARM TROU	PA ALWAYS REQUIRED
E2210			WHEELCHAIR ACCESSORY, BEARINGS	PA ALWAYS REQUIRED
E2211			MANUAL WHEELCHAIR ACCESSORY, P	PA ALWAYS REQUIRED
E2212			MANUAL WHEELCHAIR ACCESSORY, T	PA ALWAYS REQUIRED
E2213			MANUAL WHEELCHAIR ACCESSORY, I	PA ALWAYS REQUIRED
E2214			MANUAL WHEELCHAIR ACCESSORY, P	PA ALWAYS REQUIRED
E2215			MANUAL WHEELCHAIR ACCESSORY, T	PA ALWAYS REQUIRED
E2216			MANUAL WHEELCHAIR ACCESSORY, F	PA ALWAYS REQUIRED
E2217			MANUAL WHEELCHAIR ACCESSORY, F	PA ALWAYS REQUIRED
E2218			MANUAL WHEELCHAIR ACCESSORY, F	PA ALWAYS REQUIRED
E2219			MANUAL WHEELCHAIR ACCESSORY, F	PA ALWAYS REQUIRED
E2220			MANUAL WHEELCHAIR ACCESSORY, S	PA ALWAYS REQUIRED
E2221			MANUAL WHEELCHAIR ACCESSORY, S	PA ALWAYS REQUIRED
E2222			MANUAL WHEELCHAIR ACCESSORY, S	PA ALWAYS REQUIRED
E2224			MANUAL WHEELCHAIR ACCESSORY, P	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 **= MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 **= MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
E2225			MANUAL WHEELCHAIR ACCESSORY, C	PA ALWAYS REQUIRED
E2226			MANUAL WHEELCHAIR ACCESSORY, C	PA ALWAYS REQUIRED
E2231			MANUAL WHEELCHAIR ACCESSORY, S	PA ALWAYS REQUIRED
E2310			POWER WHEELCHAIR ACCESSORY, EL	PA ALWAYS REQUIRED
E2311			POWER WHEELCHAIR ACCESSORY, EL	PA ALWAYS REQUIRED
E2312			POWER WHEELCHAIR ACCESSORY, HA	PA ALWAYS REQUIRED
E2313			POWER WHEELCHAIR ACCESSORY, HA	PA ALWAYS REQUIRED
E2358			POWER WHEELCHAIR ACCESSORY, GR	PA ALWAYS REQUIRED
E2359			POWER WHEELCHAIR ACCESSORY, GR	PA ALWAYS REQUIRED
E2368			POWER WHEELCHAIR COMPONENT, DR	PA ALWAYS REQUIRED
E2369			POWER WHEELCHAIR COMPONENT, DR	PA ALWAYS REQUIRED
E2370			POWER WHEELCHAIR COMPONENT, IN	PA ALWAYS REQUIRED
E2371			POWER WHEELCHAIR ACCESSORY, GR	PA ALWAYS REQUIRED
E2372			POWER WHEELCHAIR ACCESSORY, GR	PA ALWAYS REQUIRED
E2373			POWER WHEELCHAIR ACCESSORY, HA	PA ALWAYS REQUIRED
E2374			POWER WHEELCHAIR ACCESSORY, HA	PA ALWAYS REQUIRED
E2375			POWER WHEELCHAIR ACCESSORY, NO	PA ALWAYS REQUIRED
E2376			POWER WHEELCHAIR ACCESSORY, EX	PA ALWAYS REQUIRED
E2377			POWER WHEELCHAIR ACCESSORY, EX	PA ALWAYS REQUIRED
E2378			POWER WHEELCHAIR COMPONENT, AC	PA ALWAYS REQUIRED
E2381			POWER WHEELCHAIR ACCESSORY, PN	PA ALWAYS REQUIRED
E2382			POWER WHEELCHAIR ACCESSORY, TU	PA ALWAYS REQUIRED
E2383			POWER WHEELCHAIR ACCESSORY, IN	PA ALWAYS REQUIRED
E2384			POWER WHEELCHAIR ACCESSORY, PN	PA ALWAYS REQUIRED
E2385			POWER WHEELCHAIR ACCESSORY, TU	PA ALWAYS REQUIRED
E2386			POWER WHEELCHAIR ACCESSORY, FO	PA ALWAYS REQUIRED
E2387			POWER WHEELCHAIR ACCESSORY, FO	PA ALWAYS REQUIRED
E2388			POWER WHEELCHAIR ACCESSORY, FO	PA ALWAYS REQUIRED
E2389			POWER WHEELCHAIR ACCESSORY, FO	PA ALWAYS REQUIRED
E2390			POWER WHEELCHAIR ACCESSORY, SO	PA ALWAYS REQUIRED
E2391			POWER WHEELCHAIR ACCESSORY, SO	PA ALWAYS REQUIRED
E2392			POWER WHEELCHAIR ACCESSORY, SO	PA ALWAYS REQUIRED
E2394			POWER WHEELCHAIR ACCESSORY, DR	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 = **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 = **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
E2395			POWER WHEELCHAIR ACCESSORY, CA	PA ALWAYS REQUIRED
E2396			POWER WHEELCHAIR ACCESSORY, CA	PA ALWAYS REQUIRED
E2402			NEGATIVE PRESSURE WOUND THERAP	PA ALWAYS REQUIRED
E2605			POSITIONING WHEELCHAIR SEAT CU	PA ALWAYS REQUIRED
E2606			POSITIONING WHEELCHAIR SEAT CU	PA ALWAYS REQUIRED
E2607			SKIN PROTECTION AND POSITIONIN	PA ALWAYS REQUIRED
E2608			SKIN PROTECTION AND POSITIONIN	PA ALWAYS REQUIRED
E2611			GENERAL USE WHEELCHAIR BACK CU	PA ALWAYS REQUIRED
E2612			GENERAL USE WHEELCHAIR BACK CU	PA ALWAYS REQUIRED
E2613			POSITIONING WHEELCHAIR BACK CU	PA ALWAYS REQUIRED
E2614			POSITIONING WHEELCHAIR BACK CU	PA ALWAYS REQUIRED
E2615			POSITIONING WHEELCHAIR BACK CU	PA ALWAYS REQUIRED
E2616			POSITIONING WHEELCHAIR BACK CU	PA ALWAYS REQUIRED
E2619			REPLACEMENT COVER FOR WHEELCHA	PA ALWAYS REQUIRED
E2620			POSITIONING WHEELCHAIR BACK CU	PA ALWAYS REQUIRED
E2621			POSITIONING WHEELCHAIR BACK CU	PA ALWAYS REQUIRED
E2622			SKIN PROTECTION WHEELCHAIR SEA	PA ALWAYS REQUIRED
E2623			SKIN PROTECTION WHEELCHAIR SEA	PA ALWAYS REQUIRED
E2624			SKIN PROTECTION AND POSITIONIN	PA ALWAYS REQUIRED
E2625			SKIN PROTECTION AND POSITIONIN	PA ALWAYS REQUIRED
E2626			WHEELCHAIR ACCESSORY, SHOULDER	PA ALWAYS REQUIRED
E2627			WHEELCHAIR ACCESSORY, SHOULDER	PA ALWAYS REQUIRED
E2628			WHEELCHAIR ACCESSORY, SHOULDER	PA ALWAYS REQUIRED
E2629			WHEELCHAIR ACCESSORY, SHOULDER	PA ALWAYS REQUIRED
E2630			WHEELCHAIR ACCESSORY, SHOULDER	PA ALWAYS REQUIRED
E2631			WHEELCHAIR ACCESSORY, ADDITION	PA ALWAYS REQUIRED
E2632			WHEELCHAIR ACCESSORY, ADDITION	PA ALWAYS REQUIRED
E2633			WHEELCHAIR ACCESSORY, ADDITION	PA ALWAYS REQUIRED
E8000			GAIT TRAINER, PEDIATRIC SIZE,	PA ALWAYS REQUIRED
E8001			GAIT TRAINER, PEDIATRIC SIZE,	PA ALWAYS REQUIRED
E8002			GAIT TRAINER, PEDIATRIC SIZE,	PA ALWAYS REQUIRED
H0001	HA		ALCOHOL/DRUG ASSESSMENT(PRE-AD	PA ALWAYS REQUIRED
H0003	HA		ALCOHOL/DRUG SCREENING (URINE)	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 = **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 = **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
H0004	HI		BEHAVIORAL HLTH COUNSEL/TPY PE	PA ALWAYS REQUIRED
H0004	HI	22	BEH HLTH COUN & THERAPY/15MINU	PA ALWAYS REQUIRED
H0005	AJ	HA	ALCOHOL/DRUG SERV/GROUP THERAP	PA ALWAYS REQUIRED
H0006	HA		CASE MANAGEMENT	PA ALWAYS REQUIRED
H0006	HA	22	CARE MANAGEMENT (SA ONLY)	PA ALWAYS REQUIRED
H0007	HA		CRISIS INTERVENTION INDIVIDUAL	PA ALWAYS REQUIRED
H0010	HA		SUB ACUTE DETOXIFICATION RESID	PA ALWAYS REQUIRED
H0010	HF		DETOXIFICATION LEVEL III.7(PER	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
H0010	HV		RESID WITHDRAWAL MGT R & B	PA ALWAYS REQUIRED
H0015	HA		INTENSIVE OP (PARTIAL CARE)	PA ALWAYS REQUIRED
H0015	HF		INTENSIVE OP TX IN SA TX FACIL	PA ALWAYS REQUIRED
H0017	HI		MEN HLTH REHAB JCAHO-RTC/DDD	PA ALWAYS REQUIRED
H0018	HA		SHORT TERM RESID(BIO-PSYCHO AS	PA ALWAYS REQUIRED
H0018	HF		SHORT TERM RESIDENTIAL PER DIE	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
H0018	HF	U1	SH TERM RESIDENTIAL MAT METHAD	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
H0018	HF	U2	SH TERM RESIDENTIAL MAT NON-ME	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
H0018	HV		SHORT TERM RESIDENTIAL R & B	PA ALWAYS REQUIRED
H0018	TJ		CRISIS RESIDENTIAL BED	PA ALWAYS REQUIRED
H0018	TJ	U1	IIC ASSESSMENT-CLIN LICENSED P	PA ALWAYS REQUIRED
H0018	TJ	U2	IIC ASSESSMENT-MASTERS LEVEL P	PA ALWAYS REQUIRED
H0019	HA		BEHAV HLTH RES(OUT OF HOME TX	PA ALWAYS REQUIRED
H0019	HA	52	SHORT TERM ADOL OUT OF HOME TX	PA ALWAYS REQUIRED
H0019	HF		LONG TERM RESIDENTIAL SA TREAT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
H0019	HF	U1	LG TERM RESIDENTIAL MAT METHAD	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
H0019	HF	U2	LG TERM RESIDENTIAL MAT NON-ME	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
H0019	HF	U3	NON METHADONE/NON DISULFIRAM A	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
H0019	HV		LONG TERM RESIDENTIAL R & B	PA ALWAYS REQUIRED
H0020	HF		ALCOHOL AND/OR DRUG SERVICES:	PA ALWAYS REQUIRED
H0026	HM	HQ	ASSER COM TX FACE-FACE/15 MIN	PA ALWAYS REQUIRED
H0031	HA		MENTAL HEALTH ASSESSMENT(FUNCT	PA ALWAYS REQUIRED
H0031	HA	HP	ASSESSMENT CODE BCBBA DOC LEVE	PA ALWAYS REQUIRED
H0031	HA	22	MENTAL HEALTH ASSESSMENT(BCBA)	PA ALWAYS REQUIRED
H0032	TJ		MOBILE RESPONSE - STABILIZATIO	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**
MOD 1   =   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**
MOD 2   =   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
H0033	HF		ORAL MED ADMIN, NOT METHADONE	PA ALWAYS REQUIRED
H0035			MENTAL HEALTH PARTIAL CARE	PA ALWAYS REQUIRED
H0035	GT	UC	PARTIAL CARE TELEMEDICINE	PA ALWAYS REQUIRED
H0035	UC		PARTIAL CARE	PA ALWAYS REQUIRED
H0036			INTENSIVE IN COMMUN SERV PER 1	PA ALWAYS REQUIRED
H0036	HM		ASSER COM TX FACE-FACE/15 MIN	PA ALWAYS REQUIRED
H0036	HM	HQ	ASSER COM TX FACE-FACE/15MIN	PA ALWAYS REQUIRED
H0036	HQ		COMM SUPP SERV-HS GRAD LEV-GRO	PA ALWAYS REQUIRED
H0036	HQ	52	COMMUN SUPPORT SERV BY PEER LE	PA ALWAYS REQUIRED
H0036	TJ	U1	INTENS IN-COM INDIV CLIN LEVEL	PA ALWAYS REQUIRED
H0036	TJ	U2	INTENS IN-COMM PROF IND SERV M	PA ALWAYS REQUIRED
H0036	TJ	U3	INTENS IN-COMMUN SERV MIN BACH	PA ALWAYS REQUIRED
H0036	UN	U1	INTENS IN-COM GRP CLIN LEV 2 C	PA ALWAYS REQUIRED
H0036	UN	U2	INTENS IN-COM GRP SERV PROF LE	PA ALWAYS REQUIRED
H0036	UN	U3	INTENS IN-COMM GRP BEHAV SVC 2	PA ALWAYS REQUIRED
H0036	UP	U1	INTENS IN-COM GRP CLIN LEV 3 C	PA ALWAYS REQUIRED
H0036	UP	U2	INTENS IN-COM GRP SERV PROF LE	PA ALWAYS REQUIRED
H0036	UP	U3	INTENS IN-COMM GRP BEHAV SVC 3	PA ALWAYS REQUIRED
H0036	52		COMMUN SUPP SERV PEER LEV-INDI	PA ALWAYS REQUIRED
H0038	HA		SELF HELP/PEER SERV(EDUCAT ADV	PA ALWAYS REQUIRED
H0039	HE	HO	COMMUN SUPP SERV-MASTERS LEVEL	PA ALWAYS REQUIRED
H0039	HE	TD	COMMUN SUPPORT SERVICES BY AN	PA ALWAYS REQUIRED
H0039	HM		COMMUN SUPP SERV-ASSOC DEGREE-	PA ALWAYS REQUIRED
H0039	HM	HQ	COMM SUPP SERV-ASSOC DEGREE-GR	PA ALWAYS REQUIRED
H0039	HN		COMMUN SUPP SERV BS LEVEL - IN	PA ALWAYS REQUIRED
H0039	HN	HQ	COMMUNITY SUPPORT SERVICES BS	PA ALWAYS REQUIRED
H0039	HQ	TE	COMMUNITY SUPP SERVICES BY LPN	PA ALWAYS REQUIRED
H0039	TE		COMMUNITY SUPP SERV BY LPN IND	PA ALWAYS REQUIRED
H0043	HA	U1	SUPPORTED HOUSING(DD ROOM & BO	PA ALWAYS REQUIRED
H0045	HA		RESPITE CARE SERVICE(OVERNIGHT	PA ALWAYS REQUIRED
H0045	HA	TV	RESPITE CARE SERV(WEEKEND NOT	PA ALWAYS REQUIRED
H0045	TV	22	RESPITE CARE SERV(WEEKEND PER	PA ALWAYS REQUIRED
H0046			BEHAVIORAL HEALTH HOME-ACTIVE	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**
MOD 1 = **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**
MOD 2 = **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
H0046	22		BEHAVIORAL HEALTH HOME-ENGAGEM	PA ALWAYS REQUIRED
H0046	52		BEHAVIORAL HEALTH HOME-MAINTEN	PA ALWAYS REQUIRED
H0049	HA		ALCOHOL/DRUG SCREENING(ORAL SW	PA ALWAYS REQUIRED
H2000	AH	HE	COMMUNITY SUPP SERV BY PSYCHOL	PA ALWAYS REQUIRED
H2000	HE		COMMUN SUPP SERV BY PHYS/PSYCH	PA ALWAYS REQUIRED
H2000	HE	HO	COMM SUPP SERV-LIC PRAC HEALIN	PA ALWAYS REQUIRED
H2000	HE	SA	COMMUNITY SUPPORT SERVICES BY	PA ALWAYS REQUIRED
H2014	HI		SKILLS TRNG & DEVELOPMENT/15MI	PA ALWAYS REQUIRED
H2014	TJ		INDIVID BEHAVIOR ASSIST SERV 1	PA ALWAYS REQUIRED
H2014	TJ	UN	GRP BEHAV ASSIST SERV 2 CHILDR	PA ALWAYS REQUIRED
H2014	TJ	UP	GRP BEHAV ASSIST SERV 3 CHILDR	PA ALWAYS REQUIRED
H2015	AH	HE	COMPREHENSIVE MULTIDISCIPLINAR	PA ALWAYS REQUIRED
H2015	HA	HN	COMP COMM SUPP SERV(INDIV SUPP	PA ALWAYS REQUIRED
H2015	HA	HO	COMP COMMUN SUPP SERV(IND SUPP	PA ALWAYS REQUIRED
H2015	HE		COMPREHENSIVE MULTIDISPLINARY	PA ALWAYS REQUIRED
H2015	HE	HO	ASSER COM TX FACE-FACE/15 MIN	PA ALWAYS REQUIRED
H2015	HE	TD	ASSER COM TX FACE-FACE/15MIN	PA ALWAYS REQUIRED
H2015	HI	U1	COMPR COMM SUPPORT SERV PER 15	PA ALWAYS REQUIRED
H2015	HI	U2	COMPR COMM SUPPORT SERV PER 15	PA ALWAYS REQUIRED
H2015	HI	U3	COMPR COMM SUPPORT SERV PER 15	PA ALWAYS REQUIRED
H2015	HI	U4	COMPR COMM SUPPORT SERV PER 15	PA ALWAYS REQUIRED
H2015	HI	U5	COMPR COMM SUPPORT SERV PER 15	PA ALWAYS REQUIRED
H2015	HI	U7	COMPR COMM SUPP SERV PER 15 MI	PA ALWAYS REQUIRED
H2015	HM		COMP COMM SUPP SERV (INDIV SUP	PA ALWAYS REQUIRED
H2016	HA	HN	COMP COMM SUPP SERV(INDIV SUPP	PA ALWAYS REQUIRED
H2016	HA	HO	COMP COMM SUPP SERV(HAB IN HOM	PA ALWAYS REQUIRED
H2016	HI		COMPREHENSIVE COM SUP SERV/15	PA ALWAYS REQUIRED
H2016	HI	UN	COMPREHENSIVE COM SUP SERV PER	PA ALWAYS REQUIRED
H2016	HI	UP	COMPREHENSIVE COM SUP SERV PER	PA ALWAYS REQUIRED
H2016	HI	UQ	COMPREHENSIVE COM SUP SERV PER	PA ALWAYS REQUIRED
H2016	HI	UR	COMPREHENSIVE COM SUP SERV PER	PA ALWAYS REQUIRED
H2016	HI	US	COMPREHENSIVE COM SUP SERV PER	PA ALWAYS REQUIRED
H2016	HI	U1	COMPREHENSIVE COM SUP SERV PER	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   =   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   =   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
H2016	HI	U2	COMPREHENSIVE COM SUP SERV PER	PA ALWAYS REQUIRED
H2016	HI	U3	COMPREHENSIVE COM SUPP SERV PE	PA ALWAYS REQUIRED
H2016	HI	U4	COMPREHENSIVE COM SUP SERV PER	PA ALWAYS REQUIRED
H2016	HI	U5	COMPREHENSIVE COM SUP SERV PER	PA ALWAYS REQUIRED
H2016	HI	U7	COMPREHENSIVE COM SUP SERV PER	PA ALWAYS REQUIRED
H2016	HI	U8	COMPREHENSIVE COM SUP SERV PER	PA ALWAYS REQUIRED
H2016	HI	22	COMP COM SUP SERV PER 15 MINUT	PA ALWAYS REQUIRED
H2016	HI	52	COMPREHENSIVE COM SUP SERV PER	PA ALWAYS REQUIRED
H2019			BEHAV ASSIST SERV BY DYFS PROV	PA ALWAYS REQUIRED
H2020	HA		THERAPEUTIC LEAVE - RUNAWAY DA	PA ALWAYS REQUIRED
H2020	HA	22	THERAPEUTIC LEAVE-NO FAULT LOS	PA ALWAYS REQUIRED
H2020	HI		THERAPEUTIC LVE JCAHO RTC/DDD	PA ALWAYS REQUIRED
H2020	HI	22	HOSPITAL LEAVE JCAHO RTC/DDD	PA ALWAYS REQUIRED
H2021	HI		COM BASED WRAP SERVICES PER 15	PA ALWAYS REQUIRED
H2021	HI	22	COM BASED SUPP ACUITY DIFF 15	PA ALWAYS REQUIRED
H2021	HI	52	COM BASED WRAP SERVICES PER 15	PA ALWAYS REQUIRED
H2033			MULTISYSTEMIC THERAPY FOR JUVE	PA ALWAYS REQUIRED
H2036	HA		SHORT TERM ADOL OUT OF HOME TX	PA ALWAYS REQUIRED
H2036	HA	22	ALCOHOL/DRUG TX PROG(SA LONG T	PA ALWAYS REQUIRED
H2036	HF		PARTIAL CARE TX IN SA TX FACIL	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
K0001			STANDARD WHEELCHAIR	PA ALWAYS REQUIRED
K0002			STANDARD HEMI LOW SEAT WHEELC	PA ALWAYS REQUIRED
K0003			LIGHTWEIGHT WHEELCHAIR	PA ALWAYS REQUIRED
K0004			HIGH STRENGH, LIGHTWEIGHT WHEE	PA ALWAYS REQUIRED
K0005			ULTRALIGHTWEIGHT WHEELCHAIR	PA ALWAYS REQUIRED
K0006			HEAVY DUTY WHEELCHAIR	PA ALWAYS REQUIRED
K0007			EXTRA HEAVY DUTY WHEELCHAIR	PA ALWAYS REQUIRED
K0008			CUSTOM MANUAL WHEELCHAIR/BASE	PA ALWAYS REQUIRED
K0009			OTHER MANUAL WHEELCHAIR/BASE	PA ALWAYS REQUIRED
K0010			STD WGT FRM-MTR PWR WHEELCHAIR	PA ALWAYS REQUIRED
K0011			ST WGT FRM-MTR PWR WC PRG CTL	PA ALWAYS REQUIRED
K0012			LIGHTWEIGHT PORTABLE MOTOR POW	PA ALWAYS REQUIRED
K0013			CUSTOM MOTORIZED/PWR WHEELCHAI	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 **=** **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 **=** **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
K0014			OTHER MOTORIZED/PWR WHEELCHAIR	PA ALWAYS REQUIRED
K0108			OTHER ACCESSORIES	PA ALWAYS REQUIRED
K0553			SUPPLY ALLOWANCE FOR THERAPEUT	PA ALWAYS REQUIRED
K0554			RECEIVER (MONITOR), DEDICATED,	PA ALWAYS REQUIRED
K0606			AUTOMATIC EXTERNAL DEFIBRILLAT	PA ALWAYS REQUIRED
K0733			POWER WHEELCHAIR ASSESS 12-24A	PA ALWAYS REQUIRED
K0738			PORTABLE GASEOUS OXYGEN SYS, R	PA ALWAYS REQUIRED
K0739			REPAIR/SERVICE DME NON-OXYGEN	PA ALWAYS REQUIRED
K0800			POWER OPERATED VEH,GROUP 1 STA	PA ALWAYS REQUIRED
K0801			POWER OPERATED VEH, GROUP 1 HE	PA ALWAYS REQUIRED
K0802			POWER OPERATED VEH, GRP 1 VERY	PA ALWAYS REQUIRED
K0806			POWER OPERATED VEH,GROUP 2 STA	PA ALWAYS REQUIRED
K0807			POWER OPERATED VEH,GROUP 2 HEA	PA ALWAYS REQUIRED
K0808			POWER OPERATED VEH,GROUP 2 VER	PA ALWAYS REQUIRED
K0812			POWER OPERATED VEHICLE, NOS	PA ALWAYS REQUIRED
K0813			POWER WHEELCHAIR,GROUP 1 STD P	PA ALWAYS REQUIRED
K0814			POWER WHEELCHAIR,GROUP 1 STD	PA ALWAYS REQUIRED
K0815			POWER WHEELCHAIR GRP 1 STD SEA	PA ALWAYS REQUIRED
K0816			POWER WHEELCHAIR GRP 1 STD CAP	PA ALWAYS REQUIRED
K0820			POWER WHEELCHAIR,GRP 2 STD POR	PA ALWAYS REQUIRED
K0821			POWER WHEELCHAIR,GRP 2 STD POR	PA ALWAYS REQUIRED
K0822			POWER WHEELCHAIR,GRP 2 STD SEA	PA ALWAYS REQUIRED
K0823			POWER WHEELCHAIR,GRP 2 STD CAP	PA ALWAYS REQUIRED
K0824			POWER WHEELCHAIR,GRP 2 HD SEAT	PA ALWAYS REQUIRED
K0825			POWER WHEELCHAIR,GRP 2 HD CAP	PA ALWAYS REQUIRED
K0826			POWER WHEELCHAIR.GRP2 VHD SEAT	PA ALWAYS REQUIRED
K0827			POWER WHEELCHAIR.GRP 2 VHD CAP	PA ALWAYS REQUIRED
K0828			POWER WHEELCHAIR,GRP 2 XTRA HD	PA ALWAYS REQUIRED
K0829			POWER WHEELCHAIR,GRP2 XTRA HD	PA ALWAYS REQUIRED
K0830			POWER WHEELCHAIR,GRP2 STD SEAT	PA ALWAYS REQUIRED
K0831			POWER WHEELCHAIR,GRP2 STD SEAT	PA ALWAYS REQUIRED
K0835			POWER WHEELCHAIR,GRP2 STD,SING	PA ALWAYS REQUIRED
K0836			POWER WHEELCHAIR,GRP2 STD SING	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   =   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   =   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
K0837			POWER WHEELCHAIR, GRP2 HD SING	PA ALWAYS REQUIRED
K0838			POWER WHEELCHAIR,GRP2 HD SING	PA ALWAYS REQUIRED
K0839			POWER WHEELCHAIR.GRP2 VHD SING	PA ALWAYS REQUIRED
K0840			POWER WHEELCHAIR.GP2 XHD SING	PA ALWAYS REQUIRED
K0841			POWER WHEELCHAIR.GP2 STD MULT	PA ALWAYS REQUIRED
K0842			POWER WHEELCHAIR.GP2 STD,MULT	PA ALWAYS REQUIRED
K0843			POWER WHEELCHAIR.GP2 HD,MULT P	PA ALWAYS REQUIRED
K0848			POWER WHEELCHAIR.GP2 STD SEAT/	PA ALWAYS REQUIRED
K0849			POWER WHEELCHAIR.GP3,STD,CAP C	PA ALWAYS REQUIRED
K0850			POWER WHEELCHAIR.GP3 HD SEAT/B	PA ALWAYS REQUIRED
K0851			POWER WHEELCHAIR,GP3 HD SEAT/B	PA ALWAYS REQUIRED
K0852			POWER WHEELCHAIR,GP3 VHD,SEAT/	PA ALWAYS REQUIRED
K0853			POWER WHEELCHAIR,GP3,VHD,CAP C	PA ALWAYS REQUIRED
K0854			POWER WHEELCHAIR,GP3 XHD,SEAT/	PA ALWAYS REQUIRED
K0855			POWER WHEELCHAIR,GP3 XHD,CAP C	PA ALWAYS REQUIRED
K0856			POWER WHEELCHAIR,GP3 STD,SING	PA ALWAYS REQUIRED
K0857			POWER WHEELCHAIR,GP3 STD,CAP C	PA ALWAYS REQUIRED
K0858			POWER WHEELCHAIR,GP3 HD,SING S	PA ALWAYS REQUIRED
K0859			POWER WHEELCHAIR,GP3 HD SING C	PA ALWAYS REQUIRED
K0860			POWER WHEELCHAIR,GP3 VHD,SING	PA ALWAYS REQUIRED
K0861			POWER WHEELCHAIR,GP3 STD,MULT	PA ALWAYS REQUIRED
K0862			POWER WHEELCHAIR,GP3 HD,MULT S	PA ALWAYS REQUIRED
K0863			POWER WHEELCHAIR,GP3 VHD,MULT	PA ALWAYS REQUIRED
K0864			POWER WHEELCHAIR,GP3XHD,MULT S	PA ALWAYS REQUIRED
K0868			POWER WHEELCHAIR,GP4 STD,SEAT/	PA ALWAYS REQUIRED
K0869			POWER WHEELCHAIR,GP4 STD,CAP C	PA ALWAYS REQUIRED
K0870			POWER WHEELCHAIR,GP4 HD, SEAT/	PA ALWAYS REQUIRED
K0871			POWER WHEELCHAIR,GP4 VHD, SEAT	PA ALWAYS REQUIRED
K0877			POWER WHEELCHAIR,GP4 STD SING	PA ALWAYS REQUIRED
K0878			POWER WHEELCHAIR,GP4 STD,SING	PA ALWAYS REQUIRED
K0879			POWER WHEELCHAIR,GP4 HD SING S	PA ALWAYS REQUIRED
K0880			POWER WHEELCHAIR.GP4 VHD,SING	PA ALWAYS REQUIRED
K0884			POWER WHEELCHAIR,GP4 STD,MULT	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   =   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   =   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
K0885			POWER WHEELCHAIR,GP4 STD MULT	PA ALWAYS REQUIRED
K0886			POWER WHEELCHAIR,GP4 HD MULT S	PA ALWAYS REQUIRED
K0890			POWER WHEELCHAIR,GP5 PED SING	PA ALWAYS REQUIRED
K0891			POWER WHEELCHAIR,GP5 PED,MULT	PA ALWAYS REQUIRED
K0898			POWER WHEELCHAIR NOT OTHERWISE	PA ALWAYS REQUIRED
K0900			CUSTOMIZED DURABLE MEDICAL EQU	PA ALWAYS REQUIRED
L0113			CRANIAL CERVICAL ORTHOSIS, TOR	PA ALWAYS REQUIRED
L0700			CERVICAL-THORACIC-LUMBAR-SACRA	PA ALWAYS REQUIRED
L0710			CTLSO, ANTERIOR-POSTERIOR-LATE	PA ALWAYS REQUIRED
L0810			HALO PROCEDURES, CERVICAL HALO	PA ALWAYS REQUIRED
L0830			SPINAL BR MILW SCOL BR W/HALO	PA ALWAYS REQUIRED
L1000			CERVICAL-THORACIC-LUMBAR-SACRA	PA ALWAYS REQUIRED
L1200			THORACIC-LUMBAR-SACAL-ORTHOSES	PA ALWAYS REQUIRED
L1300			OTHER SCOLIOSIS PROCEDURES, BO	PA ALWAYS REQUIRED
L1310			OTHER SCOLIOSIS PROCEDURES, PO	PA ALWAYS REQUIRED
L1680			HO, ABDUCTION CONTROL OF HIP J	PA ALWAYS REQUIRED
L1700			LEGG PERTHES ORTHOSIS, TORONTO	PA ALWAYS REQUIRED
L1710			LEGG PERTHES ORTHOSIS, NEWINGT	PA ALWAYS REQUIRED
L1720			LEGG PERTHES ORTHOSIS, TRILATE	PA ALWAYS REQUIRED
L1730			LEGG PERTHES ORTHOSIS, SCOTTIS	PA ALWAYS REQUIRED
L1755			LEG PERTHES ORTHOSIS,PATTEN BO	PA ALWAYS REQUIRED
L1840			KO, DEROTATION, FABRICATED TO	PA ALWAYS REQUIRED
L1846			KNEE ORTHOSIS, DOUBLE UPRIGHT,	PA ALWAYS REQUIRED
L1851			KNEE ORTHOSIS (KO), SINGLE UPR	PA ALWAYS REQUIRED
L1852			KNEE ORTHOSIS (KO), DOUBLE UPR	PA ALWAYS REQUIRED
L1860			KO, MODIFICATION OF SUPRACONDY	PA ALWAYS REQUIRED
L1900			SHORT LEG BRACE, SPRING WIRE	PA ALWAYS REQUIRED
L1902			ANKLE ORTHOSIS, ANKLE GAUNTLET	PA ALWAYS REQUIRED
L1904			ANKLE ORTHOSIS, ANKLE GAUNTLET	PA ALWAYS REQUIRED
L1906			ANKLE FOOT ORTHOSIS, MULTILIGA	PA ALWAYS REQUIRED
L1910			SHORT LEG BRACE, SINGLE UPRIGH	PA ALWAYS REQUIRED
L1920			AFO, SINGLE UPRIGHT WITH STATI	PA ALWAYS REQUIRED
L1930			AFO, CUSTOM FITTED, PLASTIC	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 = **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 = **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
L1940			AFO, MOLDED TO PATIENT MODEL,	PA ALWAYS REQUIRED
L1945			AFO MOLDED TO PATIENT FLOOR RE	PA ALWAYS REQUIRED
L1950			AFO, SPIRAL, MOLDED TO PATIENT	PA ALWAYS REQUIRED
L1960			AFO, POSTERIOR SOLID ANKLE, MO	PA ALWAYS REQUIRED
L1970			AFO, PLASTIC MOLDED TO PATIENT	PA ALWAYS REQUIRED
L1980			AFO, SINGLE UPRIGHT FREE PLANT	PA ALWAYS REQUIRED
L1990			SHT LEG BR 2 BAR UP-RIGHT LOWE	PA ALWAYS REQUIRED
L2000			KNEE-ANKLE-FOOT-ORTHOSES (KAFO	PA ALWAYS REQUIRED
L2006			KNEE ANKLE FOOT DEVICE, ANY MA	PA ALWAYS REQUIRED
L2010			KAFO, SINGLE UPRIGHT, FREE KNE	PA ALWAYS REQUIRED
L2020			KAFO, DOUBLE UPRIGHT, FREE KNE	PA ALWAYS REQUIRED
L2030			LONG LEG BRACE, FULL-LENGTH W/	PA ALWAYS REQUIRED
L2036			KNEE ANKLE FOOT ORTHOSIS, FULL	PA ALWAYS REQUIRED
L2755			ADDITION TO LOWER EXTREMITY OR	PA ALWAYS REQUIRED
L2999			UNLISTED PROC.FOR LOWER EXTREM	PA ALWAYS REQUIRED
L3000			FT.INSERT/REMOVE/MOLD.BERKLEY,	PA ALWAYS REQUIRED
L3001			FT.INSERT/REMOVE/MOLD/SPENCO,	PA ALWAYS REQUIRED
L3002			FT.INSERT/REMOVE/MOLD/PLASTAZO	PA ALWAYS REQUIRED
L3003			FT.INSERT/REMOVE/MOLD/SILICONE	PA ALWAYS REQUIRED
L3010			FT.INSERT/REMOVE/MOLD/LONGIT.A	PA ALWAYS REQUIRED
L3020			FT.INSERT.REMOVE/MOLD/LONGIT/M	PA ALWAYS REQUIRED
L3030			FT.INSERT/REMOVE/FORMED TO PT.	PA ALWAYS REQUIRED
L3040			FT.ARCH SUPP,REMOVE/PREMOLD,LO	PA ALWAYS REQUIRED
L3050			FT.,ARCH SUPP/REMOVE/PREMOLD/M	PA ALWAYS REQUIRED
L3060			FT.ARCH SUPP.REMOVE/PREM.LONG/	PA ALWAYS REQUIRED
L3070			FT.ARCH SUPP.NON-REMOVE ATT.SH	PA ALWAYS REQUIRED
L3080			FT.ARCH SUP.NON-REM/META ATT.S	PA ALWAYS REQUIRED
L3090			FT.ARCH SUPP.NON-REMOV.SHOE/L&	PA ALWAYS REQUIRED
L3100			HALLUS-VALGUS NIGHT DYNAMIC SP	PA ALWAYS REQUIRED
L3140			FT.,ADDUC.ROTATE BARS ATT.SHOE	PA ALWAYS REQUIRED
L3150			FT.ABDUCT.ROTAT.BARS,CLAMP(D.B	PA ALWAYS REQUIRED
L3170			FOOT, PLASTIC, SILICONE OR EQU	PA ALWAYS REQUIRED
L3201			ORTH.SHOE,OXFORD W/SUP/PRONAT.	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 **= MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 **= MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
L3202			ORTH.SHOE,OXFORD W/SUP/PRONAT.	PA ALWAYS REQUIRED
L3203			ORTH.SHOE,OXFORD W/SUP/PRON.,J	PA ALWAYS REQUIRED
L3204			ORTH.SHOE,HIGHTOP W/SUP/PRO,IN	PA ALWAYS REQUIRED
L3206			ORTH.SHOE,HIGHTOP W/SUP/PRO, C	PA ALWAYS REQUIRED
L3207			ORTHO SHOE,HIGHTOP W/SUP/PRO,	PA ALWAYS REQUIRED
L3208			SURGICAL BOOT, EACH, INFANT	PA ALWAYS REQUIRED
L3209			SURGICAL BOOT, EACH, CHILD	PA ALWAYS REQUIRED
L3211			SURGICAL BOOT, EACH, JUNIOR	PA ALWAYS REQUIRED
L3212			BENESCH BOOT, PAIR, INFANT	PA ALWAYS REQUIRED
L3213			BENESCH BOOT, PAIR, CHILD	PA ALWAYS REQUIRED
L3214			BENESCH BOOT, PAIR, JUNIOR	PA ALWAYS REQUIRED
L3215			ORTHOPEDIC FOOTWEAR, LADIES SH	PA ALWAYS REQUIRED
L3216			ORTHOPEDIC FOOTWEAR, LADIES SH	PA ALWAYS REQUIRED
L3217			ORTHOPEDIC FOOTWEAR, LADIES SH	PA ALWAYS REQUIRED
L3219			ORTHOPEDIC FOOTWEAR, MENS SHOE	PA ALWAYS REQUIRED
L3221			ORTHOPEDIC FOOTWEAR, MENS SHOE	PA ALWAYS REQUIRED
L3222			ORTHOPEDIC FOOTWEAR, MENS SHOE	PA ALWAYS REQUIRED
L3230			ORTHOPEDIC FOOTWEAR, CUSTOM SH	PA ALWAYS REQUIRED
L3250			ORTH.FTWEAR.CUSTOM MOLD/REMOV/	PA ALWAYS REQUIRED
L3251			FT.SHOE/MOLD TO PATIENT,SILICO	PA ALWAYS REQUIRED
L3252			FT.SHOE,MOLD/PLASTIZ.CUSTOM MO	PA ALWAYS REQUIRED
L3253			FT.MOLD SHOE/PLASTAZ.CUSTOM FI	PA ALWAYS REQUIRED
L3254			ORTHO.FOOTWEAR,NON-STAND.SIZE	PA ALWAYS REQUIRED
L3255			ORTHO.FTWEAR/NON-STAND.SZ.OR L	PA ALWAYS REQUIRED
L3257			ORTHO FOOTWEAR,ADDIT CHARGE/SP	PA ALWAYS REQUIRED
L3260			AMBULATORY SURGICAL BOOT, EAC	PA ALWAYS REQUIRED
L3265			PLASTAZOTE SANDAL, EACH	PA ALWAYS REQUIRED
L3300			LIFTS,ELEV/HEEL/TAPER TO META.	PA ALWAYS REQUIRED
L3310			LIFT ELEV.HEEL&SOLE/NEOPRENE P	PA ALWAYS REQUIRED
L3320			LEFT, ELEV.HEEL&SOLE, CORK PER	PA ALWAYS REQUIRED
L3330			LIFT.ELEVATION/METAL EXTENSION	PA ALWAYS REQUIRED
L3332			LIFT,ELEV.INSIDE SHOE UP TO 1/	PA ALWAYS REQUIRED
L3334			LIFTS, ELEVATION, HEEL, PER IN	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   =   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   =   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
L3400			METATARSAL BAR WEDGE, ROCKER	PA ALWAYS REQUIRED
L3420			FULL SOLE & HEEL WEDGE, BETWEE	PA ALWAYS REQUIRED
L3430			HEEL, COUNTER, PLASTIC REINFOR	PA ALWAYS REQUIRED
L3510			MISCELL.SHOE ADDIT.,RUBBER, IN	PA ALWAYS REQUIRED
L3580			VELCRO STRAPS USED W/ ORTHOSIS	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
L3580	52		VELCRO STRAPS ATTACHED TO SHOE	PA ALWAYS REQUIRED
L3649			ORTHOPEDIC SHOE, MOD,ADD,TRANS	PA ALWAYS REQUIRED
L3761			ELBOW ORTHOSIS (EO), WITH ADJU	PA ALWAYS REQUIRED
L3927			FINGER ORTHOSIS, PROXIMAL INTE	PA ALWAYS REQUIRED
L4205			REPAIR OF ORTHOTIC DEVICE, LAB	PA ALWAYS REQUIRED
L4360			WALKING BOOT, PNEUMATIC AND/OR	PA ALWAYS REQUIRED
L5856			ADDITION TO LOWER EXTREMITY PR	PA ALWAYS REQUIRED
L5961			ADDITION, ENDOSKELETAL SYSTEM,	PA ALWAYS REQUIRED
L5969			ADDITION, ENDOSKELETAL ANKLE-F	PA ALWAYS REQUIRED
L7700			GASKET OR SEAL, FOR USE WITH P	PA ALWAYS REQUIRED
L8500			ARTIFICIAL LARYNX, ANY TYPE	PA ALWAYS REQUIRED
L8501			TRACHEOSTOMY SPEAKING VALVE	PA ALWAYS REQUIRED
L8605			INJ BULKING AGENT DEXTRAN/HYAL	PA ALWAYS REQUIRED
L8607			INJECTABLE BULKING AGENT FOR V	PA ALWAYS REQUIRED
L8619			COCHLEAR IMPLANT, EXTERNAL SPE	PA ALWAYS REQUIRED
L8625			EXTERNAL/RECHARGING, SYSTEM FO	PA ALWAYS REQUIRED
L8627			COCHLEAR IMPLANT, EXTERNAL SPE	PA ALWAYS REQUIRED
L8628			COCHLEAR IMPLANT, EXTERN CONTR	PA ALWAYS REQUIRED
L8629			TRANSMITTING COIL & CABLE, INT	PA ALWAYS REQUIRED
L8691			AUDITORY OSSEOINTEGRATED DEVIC	PA ALWAYS REQUIRED
L8692			AUDITORY OSSEOINTEGRATED DEVIC	PA ALWAYS REQUIRED
L8694			AUDITORY OSSEOINTEGRATED DEVIC	PA ALWAYS REQUIRED
L8696			ANTENNA (EXTERNAL) FOR USE WIT	PA ALWAYS REQUIRED
Q0477			POWER MODULE PATIENT CABLE FOR	PA ALWAYS REQUIRED
S0215	HA		NON-EMERG TRANSPORT(NON-MED WH	PA ALWAYS REQUIRED
S0215	HA	22	NON-EMERG TRANSPORT(AMBULANCE)	PA ALWAYS REQUIRED
S0215	HA	52	NON-MEDICAID TRANSPORT WC/LIVE	PA ALWAYS REQUIRED
S5102			MEDICAL DAY CARE VISIT	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   =   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   =   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
S5105	HA	52	DAY CARE SERVICES	PA ALWAYS REQUIRED
S5110	HA		HOME CARE TRAINING(NATURAL SUP	PA ALWAYS REQUIRED
S5110	HA	52	HOME CARE TRAINING(NATURAL SUP	PA ALWAYS REQUIRED
S5110	HI		HME CARE TRAINING,FAMILY:PER 1	PA ALWAYS REQUIRED
S5125	TJ		INDIV BEHAV ASSIST SERV NON TI	PA ALWAYS REQUIRED
S5125	TJ	UN	GRP BEHAV ASSIST SERV NON TITL	PA ALWAYS REQUIRED
S5125	TJ	UP	GRP BEHAV ASSIST SERV NON TITL	PA ALWAYS REQUIRED
S5130	HA	22	HOMEMAKER ASSISTANCE	PA ALWAYS REQUIRED
S5150	HA		UNSKILLED RESPITE (1:1 AIDE)	PA ALWAYS REQUIRED
S5160	HI		EMERG RESPONSE SYS/MO W/INST/T	PA ALWAYS REQUIRED
S5161	HI		EMERG RESPONSE SYS/MO NO INST/	PA ALWAYS REQUIRED
S5165	HA		HOME MODIFICATIONS(ASSIST TECH	PA ALWAYS REQUIRED
S5165	HI		HOME MODIFICATIONS PER SERVICE	PA ALWAYS REQUIRED
S8990	HI		MAINTENANCE PHYSICAL THERAPY	PA ALWAYS REQUIRED
S8990	HI	UN	MAINTENANCE PHYSICAL THERAPY	PA ALWAYS REQUIRED
S8990	HI	UP	MAINTENANCE PHYSICAL THERAPY	PA ALWAYS REQUIRED
S8990	HI	UQ	MAINTENANCE PHYSICAL THERAPYY	PA ALWAYS REQUIRED
S8990	HI	UR	MAINTENANCE PHYSICAL THERAPY	PA ALWAYS REQUIRED
S9122			HOME HEALTH AIDE OR CERTIFIED	PA ALWAYS REQUIRED
S9122	HA		HOME HEALTH AIDE	PA ALWAYS REQUIRED
S9122	TV		HOME HEALTH AIDE OR CERTIFIED	PA ALWAYS REQUIRED
S9123	EP		RN/HR/PDN/EPSDT	PA ALWAYS REQUIRED
S9123	EP	22	RN/HR/PDN/EPSDT/ENHANCED	PA ALWAYS REQUIRED
S9123	EP	52	RN/PDN/EPSDT PER 15 MINUTES	PA ALWAYS REQUIRED
S9124	EP		LPN/HR/PDN/EPSDT	PA ALWAYS REQUIRED
S9124	EP	52	LPN/PDN/EPSDT PER 15 MINUTES	PA ALWAYS REQUIRED
S9125	HA		RESPITE CARE IN HOME(OVERNIGHT	PA ALWAYS REQUIRED
S9125	HA	52	RESPITE CARE IN HOME (PER 15 M	PA ALWAYS REQUIRED
S9125	HI		RESPITE CARE,HOME,PER DIEM	PA ALWAYS REQUIRED
S9125	HI	22	CONTRACTED GROUP HOME RESPITE	PA ALWAYS REQUIRED
S9475	HA		AMBULATORY SUBST ABUSE TX(IOP)	PA ALWAYS REQUIRED
S9485	TJ		MOBILE RESPONSE - INITIAL	PA ALWAYS REQUIRED
S9970	HA		HEALTH CLUB MEMBERSHIP(RECREAT	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 = **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 = **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
T1005	HA	22	RESPITE CARE SERVICE (PER 15 M	PA ALWAYS REQUIRED
T1005	HI		RESPITE CARE SERVICES,UP TO 15	PA ALWAYS REQUIRED
T1005	HI	UN	RESPITE/DAY OOH OVNGT TIER F	PA ALWAYS REQUIRED
T1005	HI	UP	RESPITE/DAY OOH OVNGT TIER E	PA ALWAYS REQUIRED
T1005	HI	UQ	RESPITE/DAY OOH OVNGT TIER D	PA ALWAYS REQUIRED
T1005	HI	UR	RESPITE/DAY OOH OVNGT TIER C	PA ALWAYS REQUIRED
T1005	HI	US	RESPITE/DAY OOH OVNGT TIER B	PA ALWAYS REQUIRED
T1005	HI	U1	RESPITE/DAY OOH OVNGT TIER A A	PA ALWAYS REQUIRED
T1005	HI	U2	RESPITE/DAY OOH OVNGT TIER B A	PA ALWAYS REQUIRED
T1005	HI	U3	RESPITE/DAY OVNGT TIER C AC DI	PA ALWAYS REQUIRED
T1005	HI	U4	RESPITE/DAY OOH OVNGT TIER D A	PA ALWAYS REQUIRED
T1005	HI	U5	RESPITE/DAY OOH OVNGT TIER E A	PA ALWAYS REQUIRED
T1005	HI	U7	RESPITE/DAY OOH OVNGT TIER F A	PA ALWAYS REQUIRED
T1005	HI	U8	RESPITE SELF DIRECTED EMPLOYEE	PA ALWAYS REQUIRED
T1005	HI	52	RESPITE/DAY-OUT OF HME OVNG TI	PA ALWAYS REQUIRED
T1006	HA		FAMILY COUNSELING/EDUCATION AM	PA ALWAYS REQUIRED
T1013	HA		INTERPRETER SERV OTH SPOKE LNG	PA ALWAYS REQUIRED
T1013	HA	22	SIGN LANGUAGE/INTERPRETER SERV	PA ALWAYS REQUIRED
T1013	HA	52	INTERPRETER SERV SELF DIRECTED	PA ALWAYS REQUIRED
T1013	HI		SIGN LGE OR ORAL INTERP SERV/1	PA ALWAYS REQUIRED
T1013	HI	22	SIGN LGE OR ORAL INTERP SERV P	PA ALWAYS REQUIRED
T1013	HI	52	SIGN LGE OR ORAL INTERP SERV/1	PA ALWAYS REQUIRED
T1016	TJ		CASE MANAGEMENT PER 15 MIN CBH	PA ALWAYS REQUIRED
T1017	TJ		YOUTH CASE MANAGEMENT SERV PER	PA ALWAYS REQUIRED
T1028	HA		NON-LICENSED ASSESSMENT/15MINS	PA ALWAYS REQUIRED
T1028	HA	22	LICENSED ASSESSMENT/15MINS	PA ALWAYS REQUIRED
T1999	HI	22	MISC THER ITEM PURCHASES NOC	PA ALWAYS REQUIRED
T2001			NON-EMERG TRANSP 1 WAY(REPLACE	PA ALWAYS REQUIRED
T2013	HA	UG	HABILITATION EDUC(AFTER SCHOOL	PA ALWAYS REQUIRED
T2013	HA	22	HABILITATION EDUC(AFTER SCHOOL	PA ALWAYS REQUIRED
T2015	HI	UN	HABILITATION,PREVOC,WAIVER PER	PA ALWAYS REQUIRED
T2015	HI	UP	HABILITATION,PREVOC,WAIVER PER	PA ALWAYS REQUIRED
T2015	HI	UQ	HABILITATION,PREVOC,WAIVER PER	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   =   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   =   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
T2015	HI	UR	HABILITATION,PREVOC,,WAIVER PE	PA ALWAYS REQUIRED
T2015	HI	US	HABILITATION,PREVOC,WAIVER PER	PA ALWAYS REQUIRED
T2015	HI	22	HABILITATION,PREVOC,WAIVER PER	PA ALWAYS REQUIRED
T2016	HA	U1	HABILITATION RES(DDD OUT OF HO	PA ALWAYS REQUIRED
T2016	HA	U2	HABILITATION RES(DDD OUT OF HO	PA ALWAYS REQUIRED
T2016	HA	U3	HABILITATION RES(DDD OUT OF HO	PA ALWAYS REQUIRED
T2016	HA	U4	HABILITATION RES(DDD OUT OF HO	PA ALWAYS REQUIRED
T2016	HA	U5	HABILITATION RES(DDD OUT OF HO	PA ALWAYS REQUIRED
T2019	HI		HABILITATION,SUPEMPLOY,WAIVER,	PA ALWAYS REQUIRED
T2019	HI	UN	HABILITATION,SUP EMPLOY,WAIVER	PA ALWAYS REQUIRED
T2019	HI	UP	HABILITATION,SUP EMPLOY,WAIVER	PA ALWAYS REQUIRED
T2019	HI	UQ	HABILITATION,SUP,EMPLOY WAIVER	PA ALWAYS REQUIRED
T2019	HI	UR	HABILITATION,SUP EMPLOY,WAIVER	PA ALWAYS REQUIRED
T2019	HI	US	HABILITATION,SUP EMPLOY,WAIVER	PA ALWAYS REQUIRED
T2021	HA	HN	COMM BASED WRAP AROUND(II HABI	PA ALWAYS REQUIRED
T2021	HA	HO	COMM BASED WRAP AROUND SERV(II	PA ALWAYS REQUIRED
T2021	HA	22	COMMUN BASED WRAP AROUND SERV(	PA ALWAYS REQUIRED
T2021	HI	UN	DAY HABILITATION WAIVER/ 15 MI	PA ALWAYS REQUIRED
T2021	HI	UP	DAY HABILITATION WAIVER/ 15 MI	PA ALWAYS REQUIRED
T2021	HI	UQ	DAY HABILITATION WAIVER/ 15 MI	PA ALWAYS REQUIRED
T2021	HI	UR	DAY HABILITATION WAIVER/15 MIN	PA ALWAYS REQUIRED
T2021	HI	US	DAY HABILITATION WAIVER PER 15	PA ALWAYS REQUIRED
T2021	HI	U1	DAY HABILITATION WAIVER/ 15 MI	PA ALWAYS REQUIRED
T2021	HI	U2	DAY HABILITATION WAIVER PER/15	PA ALWAYS REQUIRED
T2021	HI	U3	DAY HABILITATION WAIVER/15 MIN	PA ALWAYS REQUIRED
T2021	HI	U4	DAY HABILITATION WAIVER/15 MIN	PA ALWAYS REQUIRED
T2021	HI	U5	DAY HABILITATION WAIVER/15 MIN	PA ALWAYS REQUIRED
T2021	HI	U7	DAY HABILITATION WAIVER/15 MIN	PA ALWAYS REQUIRED
T2021	HI	22	DAY HABILITATION WAIVER PER 15	PA ALWAYS REQUIRED
T2021	HO	52	COMM BASED WRAP AROUND SERV(II	PA ALWAYS REQUIRED
T2022	HA		CARE MANAGEMENT	PA ALWAYS REQUIRED
T2024	HI		SERV ASSESS/POC,DVLP,WAIVER	PA ALWAYS REQUIRED
T2024	HI	52	SERV ASSESS/POC,DVLP,WAIVER	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 = **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 = **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
T2028	HA		SPECIALIZED SUPPLY(ASSIST TECH	PA ALWAYS REQUIRED
T2028	HA	22	SPECIALIZED SUPPLY(ASSESS FOR	PA ALWAYS REQUIRED
T2028	HI		SPECIALIZED SUPPLY NOC WAIVER	PA ALWAYS REQUIRED
T2028	HI	22	SPECIALIZED SUPPLY NOC WAIVER	PA ALWAYS REQUIRED
T2029	HA		SPEC MED EQUIPMENT(ASSIST TECH	PA ALWAYS REQUIRED
T2029	HI		SPEC MED EQUIP NOC WAIVER	PA ALWAYS REQUIRED
T2033	HA	U1	RES CARE NOS(DD OUT OF HOME SE	PA ALWAYS REQUIRED
T2033	HA	U2	RES CARE NOS(DDD OUT OF HOME S	PA ALWAYS REQUIRED
T2033	HA	U3	RES CARE NOS(DDD OUT OF HOME S	PA ALWAYS REQUIRED
T2033	HA	U4	RES CARE NOS(DDD OUT OF HOME S	PA ALWAYS REQUIRED
T2033	HA	U5	RES CARE NOS(DDD OUT OF HOME S	PA ALWAYS REQUIRED
T2036	HA		THERAPEUTIC CAMPING OVERNIGHT	PA ALWAYS REQUIRED
T2036	HI		RESPITE DAY OVERNIGHT CAMP	PA ALWAYS REQUIRED
T2036	HI	22	DAY CAMP ONLY UP TO 6 HRS PER	PA ALWAYS REQUIRED
T2037	HA		THERAPEUTIC CAMPING PER DAY	PA ALWAYS REQUIRED
T2038			COMMUNITY TRANSITION, WAIVER:	PA ALWAYS REQUIRED
T2038	HA		COMMUN TRANSIT(YOUTH SUPP/TRAI	PA ALWAYS REQUIRED
T2038	HA	22	COMM TRANSIT(YOUTH LIFE SKILL	PA ALWAYS REQUIRED
T2038	HI	22	COMMUNITY TRANSITION WAIVER/SE	PA ALWAYS REQUIRED
T2039	HA		VEHICLE MODIFICATION(ASSIST TE	PA ALWAYS REQUIRED
T2039	HI		VEHICLE MOD,WAIVER:PER SERVICE	PA ALWAYS REQUIRED
T2040	HI	22	FINANCIAL MGT SELF-DIRECTED WA	PA ALWAYS REQUIRED
T2041	HI	U7	SUPPORTS BROKE,SELF-DIR,WVR,15	PA ALWAYS REQUIRED
T2041	HI	22	SUPPORTS BROKE,SELF-DIR,WVR,15	PA ALWAYS REQUIRED
T4521			ADULT SIZED DISPOSABLE INCONTI	PA ALWAYS REQUIRED
T4522			ADULT SIZED DISPOSABLE INCONTI	PA ALWAYS REQUIRED
T4523			ADULT SIZED DISPOSABLE INCONTI	PA ALWAYS REQUIRED
T4524			ADULT SIZED DISPOSABLE INCONTI	PA ALWAYS REQUIRED
T4525			ADULT SIZED DISPOSABLE INCONTI	PA ALWAYS REQUIRED
T4526			ADULT SIZED DISPOSABLE INCONTI	PA ALWAYS REQUIRED
T4527			ADULT SIZED DISPOSABLE INCONTI	PA ALWAYS REQUIRED
T4528			ADULT SIZED DISPOSABLE INCONTI	PA ALWAYS REQUIRED
T4529			PEDIATRIC SIZED DISPOSABLE INC	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   **=**   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   **=**   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
T4530			PEDIATRIC SIZED DISPOSABLE INC	PA ALWAYS REQUIRED
T4531			PEDIATRIC SIZED DISPOSABLE INC	PA ALWAYS REQUIRED
T4532			PEDIATRIC SIZED DISPOSABLE INC	PA ALWAYS REQUIRED
T4533			YOUTH SIZED DISPOSABLE INCONTI	PA ALWAYS REQUIRED
T4534			YOUTH SIZED PROTECT UNDERWEAR/	PA ALWAYS REQUIRED
T4535			DISPOSABLE LINER/SHIELD/GUARD/	PA ALWAYS REQUIRED
V2106			SPHEROCYLINDER SIN VIS PL TO T	PA ALWAYS REQUIRED
V2110			SPHEROCYLINDER SINGLE VISION P	PA ALWAYS REQUIRED
V2118			ANISEIKONIA LENS SINGLE VISION	PA ALWAYS REQUIRED
V2199			NOT OTHERWISE CLASSIFIED SINGL	PA ALWAYS REQUIRED
V2206			SPHEROCYLINDER, BIFOCAL, PLANO	PA ALWAYS REQUIRED
V2210			SPHEROCYLINDER BIFOCAL PLUS OR	PA ALWAYS REQUIRED
V2218			ANISEKONIA PER LENS BIFOCAL	PA ALWAYS REQUIRED
V2219			BIFOCAL SEG WIDTH OVER 28MM	PA ALWAYS REQUIRED
V2299			SPECIALTY BIFOCAL	PA ALWAYS REQUIRED
V2307			SPHEROCYLINDER, TRIFOCAL, PLUS	PA ALWAYS REQUIRED
V2308			SPHEROCYLINDER, TRIFOCAL, PLUS	PA ALWAYS REQUIRED
V2309			SPHEROCYLINDER, TRIFOCAL, PLUS	PA ALWAYS REQUIRED
V2310			SPHEROCYLINDER, TRIFOCAL, PLUS	PA ALWAYS REQUIRED
V2311			SPHEROCYLINDER, TRIFOCAL, PLUS	PA ALWAYS REQUIRED
V2312			SPHEROCYLINDER, TRIFOCAL, PLUS	PA ALWAYS REQUIRED
V2313			SPHEROCYLINDER, TRIFOCAL, PLUS	PA ALWAYS REQUIRED
V2314			SPHEROCYLINDER, TRIFOCAL, SPHE	PA ALWAYS REQUIRED
V2315			LENTICULAR MYODISC PER LENS TR	PA ALWAYS REQUIRED
V2318			ANISEIKONIA PER LENS TRIFOCAL	PA ALWAYS REQUIRED
V2319			TRIFOCAL SEG WIDTH OVER 28MM	PA ALWAYS REQUIRED
V2321			LENTICULAR LENS, PER LENS, TRI	PA ALWAYS REQUIRED
V2399			SPECIALTY TRIFOCAL	PA ALWAYS REQUIRED
V2410			VARIABLE SPHERICITY LENS SINGL	PA ALWAYS REQUIRED
V2430			VARIABLE SPHERICITY LENS BIFOC	PA ALWAYS REQUIRED
V2499			VARIABLE SPHERICITY LENS OTHER	PA ALWAYS REQUIRED
V2500			CONTACT LENS, PMMA, SPHERICAL,	PA ALWAYS REQUIRED
V2501			CONTACT LENS, PMMA, TORIC OR P	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   =   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   =   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
V2502			CONTACT LENS PMMA, BIFOCAL, PE	PA ALWAYS REQUIRED
V2503			CONTACT LENS PMMA, COLOR VISIO	PA ALWAYS REQUIRED
V2511			CONTACT LENS, GAS PERMEABLE, T	PA ALWAYS REQUIRED
V2512			CONTACT LENS, GAS PERMEABLE, B	PA ALWAYS REQUIRED
V2521			CONTACT LENS HYDROPHILIC, TORI	PA ALWAYS REQUIRED
V2522			CONTACT LENS HYDROPHILLIC, BI	PA ALWAYS REQUIRED
V2530			CONTACT LENS, SCLERAL, PER LEN	PA ALWAYS REQUIRED
V2599			NOT OTHERWISE CLASSIFIED, CONT	PA ALWAYS REQUIRED
V2615			TELESCOPIC AND OTHER COMPOUND	PA ALWAYS REQUIRED
V2625			ENLARGEMENT OF OCULAR PROSTHES	PA ALWAYS REQUIRED
V2626			REDUCTION OF OCULAR PROSTHESIS	PA ALWAYS REQUIRED
V2627			SCLERAL COVERED SHELL	PA ALWAYS REQUIRED
V2628			FABRICATION OF FITTING OF CONF	PA ALWAYS REQUIRED
V2629			PROSTHETIC EYE,INTRAOCULAR LEN	PA ALWAYS REQUIRED
V2710			SLAB OFF PRISM, GLASS OR PLAST	PA ALWAYS REQUIRED
V2718			PRESS ON LENS FRESNELL PRISM P	PA ALWAYS REQUIRED
V2730			SPECIAL BASE CURVE GLASS OR PL	PA ALWAYS REQUIRED
V2785			PROCESSING PRESERUING AND TRAN	PA ALWAYS REQUIRED
V2799			VISION ITEM OR SERVICE, MISCEL	PA ALWAYS REQUIRED
X3680			TRAVEL TIME PER TRIP PEDORTH/P	PA ALWAYS REQUIRED
X8334			PARENTERAL INFUSION BY GRAVITY	PA ALWAYS REQUIRED
X8335			PARENTERAL INFUSION-DISPOSABLE	PA ALWAYS REQUIRED
X8336			PAR INFUSION W/EXT AMB INF PMP	PA ALWAYS REQUIRED
X8337			PARENTERAL LINE MAINTENANCE	PA ALWAYS REQUIRED
X8434			PAR INFUSION W/EXT STA INF PMP	PA ALWAYS REQUIRED
Y8363			TO AND/OR FROM A CLINIC,	PA ALWAYS REQUIRED
Y8370			LOAD CHARGE-LIVERY SERVICE	PA ALWAYS REQUIRED
Y9931			MEN HLTH REHAB TEEN ADOL PREG	PA ALWAYS REQUIRED
Y9932			MH RHAB IN TREATMENT HOMES / D	PA ALWAYS REQUIRED
Y9933			MH RHAB NON-RTC COMM PSYCH RES	PA ALWAYS REQUIRED
Y9935			MEN HLTH REHAB GROUP HOME/DYFS	PA ALWAYS REQUIRED
Y9936			MH RHAB TRANSITIONAL LIVNG HOM	PA ALWAYS REQUIRED
Y9938			MEN HLTH REHAB TREATMENT HOME/	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   **=**   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   **=**   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
Y9943			MH RHB NON-RTC RESIDENTIAL CAR	PA ALWAYS REQUIRED
Y9944			MEN HLTH REHAB ROOM&BOARD/DYFS	PA ALWAYS REQUIRED
Y9945			MEN HLTH REHAB ROOM&BOARD/DMHS	PA ALWAYS REQUIRED
Y9946			MEN HLTH REHAB ROOM&BRD / ALL	PA ALWAYS REQUIRED
Y9947			MEN HLTH REHAB JCAHO RTC/DMHS	PA ALWAYS REQUIRED
Y9948			MEN HLTH REHAB JCAHO RTC/DYFS	PA ALWAYS REQUIRED
Y9949			THERAPEUTIC LVE JCAHO RTC/DMHS	PA ALWAYS REQUIRED
Y9950			HOSPITAL LEAVE JCAHO RTC/DMHS/	PA ALWAYS REQUIRED
Y9951			THERAPEUTIC LEAVE JCAHO RTC/DY	PA ALWAYS REQUIRED
Y9952			HOSPITAL LEAVE JCAHO RTC/DYFS	PA ALWAYS REQUIRED
Y9992			THERAPEUT LEAVE REHAB NON-JCAH	PA ALWAYS REQUIRED
Y9993			THERAPEUT LEAVE RM&BD NON-JCAH	PA ALWAYS REQUIRED
Y9994			HOSPITAL LEAVE REHAB NON-JCAHO	PA ALWAYS REQUIRED
Y9995			HOSPITAL LEAVE RM&BD NON-JCAHO	PA ALWAYS REQUIRED
Y9996			THERAPEUT LEAVE REHAB NON-JCAH	PA ALWAYS REQUIRED
Y9997			THERAPEUT LEAVE RM&BD NON-JCAH	PA ALWAYS REQUIRED
Y9998			HOSPITAL LEAVE REHAB NON-JCAHO	PA ALWAYS REQUIRED
Y9999			HOSPITAL LEAVE RM&BD NON-JCAHO	PA ALWAYS REQUIRED
Z0170			PARTIAL CARE,PER HOUR AS OF 7/	PA ALWAYS REQUIRED
Z1600	UC		INDIVIDUAL RATE PER HOUR PCA/D	PA ALWAYS REQUIRED
Z1605			PCA PER HOUR/WEEKDAY/GROUP	PA ALWAYS REQUIRED
Z1605	UC		GROUP RATE PER HOUR PCA/DMHH	PA ALWAYS REQUIRED
Z1611			PCA PER 1/2 HR/WEEKDAY/INDIVID	PA ALWAYS REQUIRED
Z1611	UC		INDIVIDUAL RATE BY 1/2 HOUR PC	PA ALWAYS REQUIRED
Z1612			PCA PER 1/2 HR/WEEKDAY/GROUP	PA ALWAYS REQUIRED
Z1612	UC		GROUP RATE PER 1/2 HOUR PC/DMH	PA ALWAYS REQUIRED
Z1616			PCA PER HOUR/WEEKEND/HOLIDAY/G	PA ALWAYS REQUIRED
Z1617			PCA PER 1/2 HR/WEEKEND/HOLIDAY	PA ALWAYS REQUIRED
Z1710			RN/HR/PDN	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
Z1715			LPN/HR WEEKDAY	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
Z1720			RN/HR WEEKEND/EVENING/HOLIDAY	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
Z1725			LPN/HR WEEKEND/EVENING/HOLIDAY	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
Z1730			SPECIALTY RN PER HOUR/WEEKDAY	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020
(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 **= MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 **= MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
Z1735			SPECIALTY LPN PER HOUR/WEEKDAY	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
Z1740			RN/HR SPECIALTY WEEKEND/EVE/HO	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
Z1745			LPN/HR SPECIALTY WEEKEND/EVE/H	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
Z1810			HOSPICE PER DAY ACCAP	PA ALWAYS REQUIRED
Z1863			MDC TECHNOLOGY DEPENDENT CHILD	PA ALWAYS REQUIRED
Z1864			MDC MEDICALLY UNSTABLE CHILDRN	PA ALWAYS REQUIRED
Z2000			FAMILY THERAPY RENDERED IN A N	PA ALWAYS REQUIRED
Z2001			FAMILY CONFERENCE RENDERED IN	PA ALWAYS REQUIRED
Z2004			GROUP THERAPY RENDERED IN A NA	PA ALWAYS REQUIRED
Z2005			PSYCHOLOGICAL TESTING RENDERED	PA ALWAYS REQUIRED
Z2006			METHADONE TREATMENT RENDERED I	PA ALWAYS REQUIRED
Z3333			COMPREHENSIVE INTAKE EVALUATIO	PA ALWAYS REQUIRED
Z3334			SUB ACUTE RESIDENTIAL DETOXIFI	PA ALWAYS REQUIRED
Z3335			SHORT TERM RESIDENTIAL SA TREA	PA ALWAYS REQUIRED
Z3336			SHORT TERM RESIDENT SA - CHILD	PA ALWAYS REQUIRED
Z3337			THERAPEUTIC COMMUNITY SA TREAT	PA ALWAYS REQUIRED
Z3338			THERAPEUTIC COMMUNITY SA - CHI	PA ALWAYS REQUIRED
Z3339			SA HALFWAY HOUSE	PA ALWAYS REQUIRED
Z3343			SA HALFWAY HOUSE - CHILD	PA ALWAYS REQUIRED
Z3344			SA PARTIAL CARE	PA ALWAYS REQUIRED
Z3345			SA PARTIAL CARE - CHILD	PA ALWAYS REQUIRED
Z3346			INTENSIVE OUTPATIENT SA	PA ALWAYS REQUIRED
Z3347			INTENSIVE OUTPATIENT SA - CHIL	PA ALWAYS REQUIRED
Z3348			FAMILY THERAPY IN SA CENTER	PA ALWAYS REQUIRED
Z3349			FAMILY CONFERENCE IN SA CENTER	PA ALWAYS REQUIRED
Z3355			GROUP THERAPY IN SA CENTER / P	PA ALWAYS REQUIRED
Z3356			PSYCH TEST IN DRUG CENTER	PA ALWAYS REQUIRED
Z3357			METHADONE TREATMENT IN DRUG CE	PA ALWAYS REQUIRED
Z3359			URINALYSIS FOR DRUG ADDICTION	PA ALWAYS REQUIRED
Z3363			CASE MANAGEMENT SERVICES	PA ALWAYS REQUIRED
Z5006			CLINICAL CASE MANAGEMENT SERVI	PA ALWAYS REQUIRED
15780			SKIN ABRASION TOTAL FACE	PA ALWAYS REQUIRED
15781			ABRASION OF SKIN FOR REMOVAL O	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   =   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   =   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
15782			ABRASION OF SKIN FOR REMOVAL O	PA ALWAYS REQUIRED
15783			DERMABRASION SUPERFICIAL ANY S	PA ALWAYS REQUIRED
15786			ABRASION SINGLE LESION	PA ALWAYS REQUIRED
15787			ABRASION EA ADD 4 LESION OR LE	PA ALWAYS REQUIRED
15788			CHEMICAL PEEL, FACIAL: EPIDERM	PA ALWAYS REQUIRED
15789			CHEMICAL PEEL, DERMAL, FACIAL	PA ALWAYS REQUIRED
15792			CHEMICAL PEEL, NONFACIAL, EPID	PA ALWAYS REQUIRED
15793			CHEMICAL PEEL, NONFACIAL: DERM	PA ALWAYS REQUIRED
15819			CERVICOPLASTY	PA ALWAYS REQUIRED
15820			BLEPHAROPLASTY,LOWER EYELIDS	PA ALWAYS REQUIRED
15821			BLEPHAROPLASTY HERNIATED FAT P	PA ALWAYS REQUIRED
15822			BLEPHAROPLASTY,UPPER EYELID	PA ALWAYS REQUIRED
15823			BLEPHAROPLASTY,UPPER:EXCESSIVE	PA ALWAYS REQUIRED
19318			REDUCTION MAMMAPLASTY	PA ALWAYS REQUIRED
19318	50		REDUCTION MAMMAPLASTY	PA ALWAYS REQUIRED
19324			MAMMAPLASTY W/OUT PROSTHETIC	PA ALWAYS REQUIRED
19325			MAMMAPLASTY WITH PROSTHETIC	PA ALWAYS REQUIRED
19325	50		MAMMAPLASTY WITH PROSTHETIC	PA ALWAYS REQUIRED
21120			GENIOPLASTY:AUGMENTATION(AUTO,	PA ALWAYS REQUIRED
21121			GENIOPLASTY:SLIDING OSTEOTOMY,	PA ALWAYS REQUIRED
21122			GENIOPLASTY:SL OSTEO,2ORMORE O	PA ALWAYS REQUIRED
21123			GENIOPLASTY:SLIDING,AUGME W IN	PA ALWAYS REQUIRED
21125			AUGMENTTION,MANDIB BODY/ANGLE:	PA ALWAYS REQUIRED
21127			AUGMENTATION,MANDI BODY/ANGLE:	PA ALWAYS REQUIRED
21137			REDUCTION FOREHEAD:CONTOURING	PA ALWAYS REQUIRED
21138			RED FOREHEAD:CONTO&APP PROS MA	PA ALWAYS REQUIRED
21139			REDU FOREHEAD:CONTOUR&SETBACK	PA ALWAYS REQUIRED
21145			LEFORT1:SINGLE PIECE WITH BONE	PA ALWAYS REQUIRED
21146			LEFORT1:TWO PIECES W BONE GRAF	PA ALWAYS REQUIRED
21147			RECON MIDFACE,LEFORT1:3OR>..W	PA ALWAYS REQUIRED
21150			RECON MIDFACE,LEFORT11:ANTERIO	PA ALWAYS REQUIRED
21151			RECON MIDFACE,LEFORT2:REQ BONE	PA ALWAYS REQUIRED
21154			RECON MFACE.LEFORT3 REQ BO GFT	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020
(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**

MOD 1   =   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2   =   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
21155			RECON MIDFACE,LEF1 REQ BONE GF	PA ALWAYS REQUIRED
21159			RECON MIDFACE,LEFORT3...WO LEF	PA ALWAYS REQUIRED
21160			RECON MIDFACE,LEFORT3...W LEFO	PA ALWAYS REQUIRED
21172			RECON SUP-LAT ORB...W/WO GRAFT	PA ALWAYS REQUIRED
21175			RECON BIFR SUP-LAT ...W/WO GRA	PA ALWAYS REQUIRED
21179			RECON ENT/MAJ FOREHEAD...W GRA	PA ALWAYS REQUIRED
21180			RECON ENT/MAJ .....W AUTOGRAFT	PA ALWAYS REQUIRED
21181			REMOV/CONTO BENIGN TMR CRAN BO	PA ALWAYS REQUIRED
21182			RECONSTRUCTION OF BONY DEFECT	PA ALWAYS REQUIRED
21183			RECONSTRUCTION OF BONY DEFECT	PA ALWAYS REQUIRED
21184			RECONSTRUCTION OF BONY DEFECT	PA ALWAYS REQUIRED
21188			REPAIR OF BONY DEFECT OF MIDFA	PA ALWAYS REQUIRED
21193			RECON MANDI RAMOS...WO BONE GR	PA ALWAYS REQUIRED
21194			RECON MANDI RAMOS...W BONE GRA	PA ALWAYS REQUIRED
21195			RECON MANDI RAMOS,SAGITTAL SPL	PA ALWAYS REQUIRED
21196			RECON MANDI RAMOS...W INTERNAL	PA ALWAYS REQUIRED
21198			OSTEOTOMY,MANDIBLE,SEGMENTAL	PA ALWAYS REQUIRED
30400			RECONSTRUCTION OF NOSE	PA ALWAYS REQUIRED
30410			RESHAPING OF BONE, CARTILAGE,	PA ALWAYS REQUIRED
30420			RECONSTRUCTION OF NOSE	PA ALWAYS REQUIRED
30430			REVISION OF NOSE	PA ALWAYS REQUIRED
30435			REVISION WORK WITH OSTEOTOMIES	PA ALWAYS REQUIRED
30450			REVISION OF NOSE	PA ALWAYS REQUIRED
30460			RHINOPLASTY,CONGENITAL DEFORMI	PA ALWAYS REQUIRED
30462			RHINOPLASTY, TIP, SEPTUM,OSTEO	PA ALWAYS REQUIRED
30520			REPAIR OF NASAL SEPTUM	PA ALWAYS REQUIRED
65770			KERATOPROSTHESIS	PA ALWAYS REQUIRED
67445			ORBITOTOMY WO BONEFLAP-LATERAL	PA ALWAYS REQUIRED
69300			REVISE EXTERNAL EAR	PA ALWAYS REQUIRED
69300	50		OTOPLASTY,PROTRUD EAR/W/WO/SZ	PA ALWAYS REQUIRED
86580	HA		TUBERCULOSIS TEST, INTRADERMAL	PA ALWAYS REQUIRED
90791			PSYCHIATRIC DIAGNOSTIC EVALUAT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90791	AJ		PSYCHIATRIC DIAG EVAL(LICENSED	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT =   **PROCEDURE CODE NUMBER**
MOD 1   =   **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**
MOD 2   =   **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
90791	AJ	52	PSYCHIATRIC DIAG EVAL(NON-LICE	PA ALWAYS REQUIRED
90791	HA		PSYCHIATRIC DIAG EVAL(COMP INT	PA ALWAYS REQUIRED
90791	HF		COMP ASSESS IN SA TX FAC - 1 H	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90791	SA		PSYCHIATRIC DIAGNOSTIC EVALUAT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90791	SA	26	PSYCHIATRIC DIAGNOSTIC EVALUAT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90791	UC		PSYCHIATRIC DIAGNOSTIC EVALUAT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90791	26		PSYCHIATRIC DIAGNOSTIC EVALUAT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90792			PSYCHIATRIC DIAGNOSTIC EVALUAT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90792	HA		PSYCHIATRIC EVALUATION	PA ALWAYS REQUIRED
90792	HF		COMP ASSESS IN SA FAC 1 HR W/M	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90792	SA		PSYCHIATRIC DIAGNOSTIC EVALUAT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90792	SA	26	PSYCHIATRIC DIAGNOSTIC EVALUAT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90792	UC		PSYCHIATRIC DIAGNOSTIC EVALUAT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90792	26		PSYCHIATRIC DIAGNOSTIC EVALUAT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90832			PSYCHOTHERAPY, 30 MINUTES	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90832	HA		INDIVIDUAL PSYCHOTHERAPY PER 3	PA ALWAYS REQUIRED
90832	HA	22	PSYCHOTHERAPY 30 MINUTES	PA ALWAYS REQUIRED
90832	HF		PSYCHOTHERAPY, 30 MINUTES W/PA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90832	HV		PSYCHOTHERAPY, 30 MINUTES W/PA	PA ALWAYS REQUIRED
90832	SA		PSYCHOTHERAPY, 30 MINUTES W/PA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90832	SA	26	PSYCHOTHERAPY, 30 MINUTES W/PA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90832	UC		PSYCHOTHERAPY, 30 MINUTES W/PA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90832	26		PSYCHOTHERAPY, 30 MINUTES W/PA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90833			PSYCHOTHERAPY, 30 MINUTES	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90833	HF		INDIVIDUAL THERAPY (20-30 MINU	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90833	SA		PSYCHOTHERAPY, 30 MINUTES W/PA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90833	SA	26	PSYCHOTHERAPY, 30 MINUTES W/PA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90833	UC		PSYCHOTHERAPY, 30 MINUTES W/PA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90833	26		PSYCHOTHERAPY, 30 MINUTES W/PA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90834			PSYCHOTHERAPY, 45 MINUTES	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90834	HF		PSYCHOTHERAPY, 45 MINUTES W/PA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90834	HV		PSYCHOTHERAPY, 45 MINUTES W/PA	PA ALWAYS REQUIRED
90834	SA		PSYCHOTHERAPY, 45 MINUTES W/PA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020

(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

MOD 1 = **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

MOD 2 = **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
90834	SA	26	PSYCHOTHERAPY, 45 MINUTES W/PA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90834	UC		PSYCHOTHERAPY, 45 MINUTES W/PA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90834	26		PSYCHOTHERAPY, 45 MINUTES W/PA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90836			PSYCHOTHERAPY, 45 MINUTES	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90836	HF		INDIVIDUAL THERAPY (45-50 MINU	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90836	SA		PSYCHOTHERAPY, 45 MINUTES W/PA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90836	UC		PSYCHOTHERAPY, 45 MINUTES W/PA	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90837	HA	22	PSYCHOTHERAPY 60 MINUTES	PA ALWAYS REQUIRED
90846	HA	22	FAMILY PSYCHOTHERAPY W/O PATIE	PA ALWAYS REQUIRED
90847			FAMILY PSYCHOTHERAPY INCLUDING	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90847	HA	22	FAMILY THERAPY	PA ALWAYS REQUIRED
90847	HF		OP FAM COUNSEL/EDUC IN SA FAC	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90847	SA		SPECIAL FAMILY THERAPY	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90847	SA	22	SPECIAL FAMILY THERAPY	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90847	UC		SPECIAL FAMILY THERAPY	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90847	UC	22	SPECIAL FAMILY THERAPY	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90847	22		SPECIAL FAMILY THERAPY	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90853			GROUP MEDICAL PSYCHOTHERAPY...	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90853	HA		GROUP PSYCHOTHERAPY (CO-OCCURR	PA ALWAYS REQUIRED
90853	HF		GROUP THERAPY (90 MINUTES)	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90853	SA		PSYCHOTHERAPY, GROUP(MAX 8 PAT	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90853	UC		GROUP MEDICAL PSYCHOTHERAPY	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90863	HA		PHARMOCOLOGIC MANAGEMENT	PA ALWAYS REQUIRED
90870			ELECTROCONVULSIVE THERAPY	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90887			EXPLANATION OF PSYCHIATRIC, ME	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90887	HA		CLINICAL CONSULTATION(NON-LICE	PA ALWAYS REQUIRED
90887	HF		FAMILY CONFERENCE (25 MINUTES)	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90887	SA		CONSULTATION WITH FAMILY	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
90887	UC		CONSULTATION WITH FAMILY	PA SOMETIMES REQUIRED, USED TO OVERRIDE SERVICE LIMIT
92065			ORTHOPTIC/PLEOPTIC TRAINING	PA ALWAYS REQUIRED
92065	22		VISION TRAINING WORKUP AND WRI	PA ALWAYS REQUIRED
92326			REPLACEMENT OF CONTACT LENS	PA ALWAYS REQUIRED
92507	HI		SPEECH THERAPY,IN HOME, PER DI	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

PROCEDURES REQUIRING PRIOR AUTHORIZATION: UPDATE DECEMBER 1, 2020
(UNLESS OTHERWISE INDICATED)

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**
MOD 1 **=** **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**
MOD 2 **=** **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

CPT/HCPCS/CDT	Mod 1	Mod 2	Procedure Code Desc	PA Desc
92507	HI	UN	SPEECH THERAPY IN HOME PER DIE	PA ALWAYS REQUIRED
92507	HI	UP	SPEECH THERAPY IN HOPE PER DIE	PA ALWAYS REQUIRED
92507	HI	UQ	SPEECH THERAPY IN HOME PER DIE	PA ALWAYS REQUIRED
92507	HI	UR	SPEECH THERAPY,IN HOME,PER DIE	PA ALWAYS REQUIRED
96152	HA		IIH-HABILITATION BCBA-D	PA ALWAYS REQUIRED
96158	HA		HLTH BHV IVNTJ INDIV 1ST 30	PA ALWAYS REQUIRED
96159	HA		HLTH BHV IVNTJ INDIV EA ADDL	PA ALWAYS REQUIRED
97127	HI		ONE-ON-ONE THERAPEUTICA INTER	PA ALWAYS REQUIRED
97535	HI		SELF-CARE/HME HGT TRAINING/15	PA ALWAYS REQUIRED
97535	HI	UN	OCCUPATIONAL THERAPY 15 MINS	PA ALWAYS REQUIRED
97535	HI	UP	OCCUPATIONAL THERAPIST GRP 3 S	PA ALWAYS REQUIRED
97535	HI	UQ	OCCUPATIONAL THERAPY 15 MINS	PA ALWAYS REQUIRED
97535	HI	UR	SELF-CARE/HME MGT TRAINING/15	PA ALWAYS REQUIRED
99082			UNUSUAL TRAVEL	PA ALWAYS REQUIRED
99211	HV		PRESCRIPTION VISIT IN SA CENTE	PA ALWAYS REQUIRED

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.