

UHA Prior Authorization Grid

Effective for DOS on or after 6/01/2021

Important Information for ALL Providers

- Services not reflected on this authorization grid do not require a prior authorization.
- All services must be medically necessary, subject to OHP regulations. **If a service performed is non-funded by OHP (and is not an additional benefit offered by UHA), the claim will be denied as a non-covered service per OHP criteria (see Prioritized List).**
- Prioritized List: <http://www.oregon.gov/oha/HPA/CSI-HERC/Pages/Prioritized-List.aspx>
- **UHA requires a prior authorization for out-of-network services.**
- An approved authorization is not a guarantee of payment. Payment is based on benefits in effect at the time of service, member eligibility and medical necessity.

Authorization is required for the following services/procedures:

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|--|---|
| Inpatient Hospital | <ul style="list-style-type: none"> • Acute Care Hospital • Long Term Acute Care • Acute Physical Rehabilitation |
| Behavioral Health Inpatient and Residential Treatment | <ul style="list-style-type: none"> • PRTS • Acute Rehabilitation • Psychiatric Inpatient Hospital |
| Behavioral Health Outpatient | <ul style="list-style-type: none"> • Psychological Evaluations • Electroconvulsive Therapy (ECT) • Applied Behavior Analysis (ABA) • Transcranial Magnetic Stimulation (TMS) • Intensive In-Home Behavioral Health (IIBHT) |
| Substance Use Disorder | <ul style="list-style-type: none"> • Detox • Partial Hospitalization • Residential |
| Skilled Nursing Facility Services | All services. |
| Outpatient Hospital Ambulatory Surgery Center Services | All outpatient procedures provided in hospital outpatient setting or Ambulatory Surgery Center (including Hyperbaric Oxygen Therapy). |
| Physical Therapy Occupational Therapy Speech Therapy Services | After the first 8 visits per diagnosis/condition. |
| Chiropractic and Acupuncture | <ul style="list-style-type: none"> • Requires <u>initial</u> PCP evaluation to be submitted by specialist with PA request. • Subsequent visits for same condition are requested by Chiropractor/Acupuncturist. |

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| | <ul style="list-style-type: none"> • <u>Chiropractic</u> is a covered benefit ONLY for diagnoses of Scoliosis/Conditions of the Back & Spine (Prioritized List Lines 361, 402). |
| Outpatient Diagnostic and Therapeutic Radiology Services | <ul style="list-style-type: none"> • All MRI • See imaging exclusions in Appendix III |
| Durable Medical Equipment (DME) Prosthetics Medical Supplies | <p>PA required for ALL:</p> <ul style="list-style-type: none"> • DME rentals • Enteral/parenteral feeding supplies • Incontinence supplies • Wound care supplies • SFA requests and DME purchases/repairs if over \$500.00 DMAP rate per item. <p>No PA required for covered DME purchases/repairs if under \$500.00 DMAP rate per item with appropriate coding/modifiers.</p> |
| Diabetic Supplies | <p>PA is required for diabetic supplies that exceed the coverage guidelines below:</p> <ul style="list-style-type: none"> • Type I, Gestational, or Type II <u>using multiple short-acting insulin injections</u>: up to 100 test strips and lancets every month, and one (1) lancet device every six (6) months. • Type II: up to 100 test strips and lancets every three (3) months, and one (1) lancet device every 6 months. |
| Comprehensive Dental Services | <p>Facility fees and anesthesia services for dental services provided in an Ambulatory Surgery Center, Hospital or Office setting under general anesthesia.</p> |
| Dermatology | <ul style="list-style-type: none"> • Requires <u>initial</u> Primary Care Provider's evaluation to be submitted by specialist with PA request. • Subsequent visits for same condition are requested by Dermatologist. |
| Procedures Performed in Office/Outpatient Setting (CPT 10000-69999) | <p>See Appendix II for list of CPT codes <u>not requiring PA</u> when performed in-network for a diagnosis on a funded line of the Prioritized List.</p> |
| Genetic Testing | <p>All services. Exceptions of the codes in Appendix IV.</p> |
| Sleep Studies Performed in Facilities | <ul style="list-style-type: none"> • All facility based studies • <u>Home sleep studies</u> do NOT require PA. |
| Audiology | <ul style="list-style-type: none"> • Hearing Aids |
| Injectable and Infused Medications | <p>See Appendix I for list of J-codes <u>not requiring PA</u></p> |

Appendix I: CPT Codes Not Requiring Prior Authorization
Injectable & Infused Medications

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| J0120 | J0122 | J0130 | J0132 | J0133 | J0153 | J0171 | J0190 | J0200 | J0207 |
| J0210 | J0278 | J0280 | J0282 | J0285 | J0287 | J0288 | J0289 | J0290 | J0291 |
| J0295 | J0300 | J0330 | J0348 | J0360 | J0364 | J0380 | J0390 | J0395 | J0456 |
| J0461 | J0470 | J0475 | J0476 | J0500 | J0515 | J0520 | J0558 | J0561 | J0571 |
| J0572 | J0573 | J0574 | J0575 | J0583 | J0592 | J0594 | J0595 | J0600 | J0610 |
| J0620 | J0636 | J0637 | J0640 | J0670 | J0690 | J0692 | J0694 | J0695 | J0696 |
| J0697 | J0698 | J0702 | J0706 | J0710 | J0713 | J0715 | J0716 | J0720 | J0735 |
| J0740 | J0742 | J0743 | J0744 | J0745 | J0770 | J0780 | J0795 | J0834 | J0840 |
| J0841 | J0850 | J0875 | J0882 | J0895 | J0945 | J1000 | J1020 | J1030 | J1040 |
| J1050 | J1071 | J1094 | J1095 | J1096 | J1097 | J1100 | J1110 | J1120 | J1130 |
| J1160 | J1162 | J1165 | J1170 | J1180 | J1190 | J1200 | J1201 | J1205 | J1212 |
| J1230 | J1240 | J1245 | J1250 | J1260 | J1265 | J1267 | J1270 | J1320 | J1327 |
| J1330 | J1335 | J1364 | J1380 | J1410 | J1430 | J1436 | J1437 | J1439 | J1450 |
| J1453 | J1455 | J1457 | J1570 | J1571 | J1573 | J1580 | J1610 | J1620 | J1626 |
| J1640 | J1642 | J1644 | J1645 | J1650 | J1652 | J1655 | J1670 | J1700 | J1710 |
| J1720 | J1730 | J1738 | J1740 | J1742 | J1750 | J1756 | J1790 | J1800 | J1810 |
| J1815 | J1817 | J1835 | J1840 | J1850 | J1885 | J1890 | J1940 | J1953 | J1955 |
| J1956 | J1960 | J1980 | J1990 | J2001 | J2060 | J2150 | J2175 | J2180 | J2185 |
| J2186 | J2210 | J2248 | J2250 | J2260 | J2265 | J2270 | J2274 | J2278 | J2280 |
| J2300 | J2310 | J2315 | J2320 | J2354 | J2360 | J2370 | J2400 | J2405 | J2407 |
| J2410 | J2430 | J2501 | J2510 | J2515 | J2540 | J2543 | J2545 | J2550 | J2560 |
| J2590 | J2597 | J2650 | J2675 | J2690 | J2700 | J2704 | J2710 | J2720 | J2725 |
| J2730 | J2765 | J2770 | J2780 | J2783 | J2785 | J2788 | J2790 | J2791 | J2792 |
| J2795 | J2800 | J2805 | J2810 | J2910 | J2916 | J2920 | J2930 | J2950 | J2993 |
| J2995 | J2997 | J3000 | J3010 | J3030 | J3070 | J3090 | J3095 | J3101 | J3105 |
| J3230 | J3240 | J3250 | J3260 | J3265 | J3280 | J3300 | J3301 | J3302 | J3303 |
| J3305 | J3310 | J3320 | J3350 | J3360 | J3364 | J3365 | J3370 | J3396 | J3400 |
| J3410 | J3411 | J3415 | J3420 | J3430 | J3465 | J3475 | J3480 | J3485 | J3489 |
| J3535 | J7030 | J7040 | J7042 | J7050 | J7060 | J7070 | J7100 | J7110 | J7120 |
| J7121 | J7131 | J7296 | J7297 | J7298 | J7300 | J7301 | J7303 | J7304 | J7307 |
| J7308 | J7309 | J7315 | J7336 | J7500 | J7501 | J7502 | J7503 | J7505 | J7507 |
| J7508 | J7509 | J7510 | J7511 | J7512 | J7515 | J7516 | J7517 | J7518 | J7520 |
| J7525 | J7604 | J7605 | J7606 | J7607 | J7608 | J7609 | J7610 | J7611 | J7612 |
| J7613 | J7614 | J7615 | J7620 | J7622 | J7624 | J7626 | J7627 | J7631 | J7632 |
| J7633 | J7634 | J7635 | J7636 | J7637 | J7638 | J7639 | J7640 | J7641 | J7642 |
| J7643 | J7644 | J7645 | J7647 | J7648 | J7649 | J7650 | J7657 | J7658 | J7659 |
| J7660 | J7665 | J7667 | J7668 | J7669 | J7670 | J7674 | J7676 | J7680 | J7681 |
| J7682 | J7683 | J7684 | J8499 | J8501 | J8515 | J8520 | J8521 | J8530 | J8540 |
| J8560 | J8562 | J8600 | J8610 | J8700 | J8705 | J9000 | J9025 | J9027 | J9040 |

Appendix I: CPT Codes Not Requiring Prior Authorization
Injectable & Infused Medications

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| J9045 | J9060 | J9065 | J9070 | J9098 | J9100 | J9120 | J9130 | J9150 | J9151 |
| J9165 | J9175 | J9178 | J9181 | J9185 | J9190 | J9200 | J9201 | J9206 | J9208 |
| J9209 | J9211 | J9230 | J9250 | J9260 | J9263 | J9267 | J9270 | J9280 | J9293 |
| J9320 | J9340 | J9351 | J9360 | J9370 | J9390 | Q0144 | Q0162 | Q0163 | Q0164 |
| Q0166 | Q0169 | Q0180 | Q0239 | Q0243 | Q9968 | Q9992 | S0020 | S0028 | S0073 |
| S0077 | S0080 | S0109 | S0119 | S0190 | s0191 | S0199 | S4989 | S4993 | S9325 |
| S9326 | S9327 | S9328 | S9329 | S9330 | S9331 | S9335 | S9336 | S9338 | S9339 |
| S9341 | S9342 | S9343 | S9345 | S9346 | S9347 | S9348 | S9349 | S9351 | S9353 |
| S9355 | S9357 | S9359 | S9361 | S9363 | S9364 | S9365 | S9366 | S9367 | S9368 |
| S9370 | S9372 | S9373 | S9374 | S9375 | S9376 | S9377 | S9379 | S9494 | S9497 |
| S9500 | S9501 | S9502 | S9503 | S9504 | S9640 | | | | |

| Appendix II: CPT Codes Not Requiring PA: | | | | | | | | | |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Procedures Performed in Office/Outpatient Setting (CPT 10000 – 69999) | | | | | | | | | |
| 10004 | 10005 | 10006 | 10007 | 10008 | 10009 | 10010 | 10011 | 10012 | 10021 |
| 10060 | 10061 | 10120 | 10121 | 10140 | 10160 | 11102 | 11103 | 11104 | 11105 |
| 11106 | 11107 | 11201 | 11300 | 11301 | 11302 | 11303 | 11305 | 11306 | 11307 |
| 11308 | 11310 | 11311 | 11312 | 11313 | 11719 | 11720 | 11721 | 11730 | 11732 |
| 11740 | 11750 | 11976 | 11980 | 11981 | 11982 | 11983 | 12001 | 12002 | 12004 |
| 12005 | 12006 | 12007 | 12011 | 12013 | 12014 | 12015 | 12016 | 12017 | 12018 |
| 12020 | 12021 | 12031 | 12032 | 12034 | 12035 | 12036 | 12037 | 12041 | 12042 |
| 12044 | 12045 | 12046 | 12047 | 12051 | 12052 | 12053 | 12054 | 12055 | 12056 |
| 12057 | 13100 | 13101 | 13102 | 13120 | 13121 | 13132 | 13133 | 13151 | 13152 |
| 13153 | 13160 | 16000 | 16020 | 16025 | 16030 | 17000 | 17003 | 17004 | 17110 |
| 17111 | 17250 | 19000 | 19001 | 19030 | 19081 | 19082 | 19083 | 19084 | 19085 |
| 19086 | 20200 | 20205 | 20206 | 20220 | 20225 | 20500 | 20501 | 20526 | 20527 |
| 20550 | 20551 | 20552 | 20553 | 20600 | 20604 | 20605 | 20606 | 20610 | 20611 |
| 20612 | 20670 | 21310 | 21315 | 21320 | 21337 | 21345 | 21400 | 21431 | 21450 |
| 21480 | 21485 | 21820 | 23350 | 23500 | 23505 | 23520 | 23525 | 23540 | 23545 |
| 23570 | 23600 | 23605 | 23620 | 23625 | 23650 | 23655 | 23665 | 23675 | 24220 |
| 24500 | 24505 | 24530 | 24535 | 24560 | 24565 | 24576 | 24577 | 24600 | 24605 |
| 24620 | 24650 | 24655 | 24670 | 24675 | 25246 | 25500 | 25505 | 25520 | 25530 |
| 25535 | 25560 | 25565 | 25600 | 25605 | 25622 | 25624 | 25630 | 25635 | 25650 |
| 25660 | 25675 | 25680 | 25690 | 26010 | 26011 | 26600 | 26605 | 26641 | 26645 |
| 26670 | 26675 | 26700 | 26705 | 26720 | 26725 | 26740 | 26742 | 26750 | 26755 |
| 26770 | 26775 | 27093 | 27095 | 27096 | 27197 | 27220 | 27222 | 27230 | 27232 |
| 27238 | 27240 | 27246 | 27250 | 27252 | 27256 | 27257 | 27265 | 27266 | 27267 |
| 27268 | 27369 | 27500 | 27501 | 27502 | 27503 | 27508 | 27516 | 27520 | 27530 |
| 27532 | 27538 | 27550 | 27552 | 27560 | 27562 | 27648 | 27750 | 27752 | 27760 |
| 27767 | 27768 | 27780 | 27781 | 27786 | 27788 | 27808 | 27810 | 27816 | 27818 |
| 27824 | 27825 | 27830 | 27831 | 27840 | 28190 | 28400 | 28405 | 28430 | 28435 |
| 28470 | 28475 | 28490 | 28495 | 28510 | 28515 | 28665 | 28530 | 28540 | 28545 |
| 28570 | 28575 | 28600 | 28605 | 28630 | 28635 | 28660 | 29000 | 29010 | 29015 |
| 29035 | 29040 | 29044 | 29046 | 29049 | 29055 | 29058 | 29065 | 29075 | 29085 |
| 29086 | 29105 | 29125 | 29126 | 29130 | 29131 | 29200 | 29240 | 29260 | 29280 |
| 29305 | 29325 | 29345 | 29355 | 29358 | 29365 | 29405 | 29425 | 29435 | 29440 |
| 29445 | 29450 | 29505 | 29515 | 29520 | 29530 | 29540 | 29550 | 29580 | 29581 |
| 29584 | 29700 | 29705 | 29710 | 29720 | 29730 | 29740 | 29750 | 29799 | 30300 |
| 30901 | 30903 | 30905 | 30906 | 31231 | 31237 | 31238 | 31575 | 36400 | 36405 |
| 36406 | 36410 | 36415 | 36416 | 36591 | 36592 | 36593 | 36596 | 36600 | 38220 |
| 38221 | 38222 | 38505 | 38790 | 38792 | 40490 | 40800 | 40806 | 40808 | 40810 |
| 40830 | 40831 | 41000 | 41005 | 41006 | 41007 | | | | |

| Appendix II: CPT Codes Not Requiring PA: | | | | | | | | | |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Procedures Performed in Office/Outpatient Setting (CPT 10000 – 69999) | | | | | | | | | |
| 41008 | 41009 | 41100 | 41105 | 41108 | 41110 | 42100 | 42400 | 42550 | 42650 |
| 42660 | 42700 | 42720 | 42800 | 42804 | 42806 | 42809 | 42970 | 43200 | 43201 |
| 43202 | 43204 | 43205 | 43210 | 43211 | 43212 | 43213 | 43214 | 43215 | 43216 |
| 43217 | 43220 | 43226 | 43227 | 43229 | 43231 | 43232 | 43233 | 43235 | 43236 |
| 43237 | 43238 | 43239 | 43240 | 43241 | 43242 | 43243 | 43244 | 43245 | 43246 |
| 43247 | 43248 | 43249 | 43250 | 43251 | 43253 | 43254 | 43255 | 43259 | 43266 |
| 43270 | 43273 | 43450 | 44360 | 44361 | 44388 | 44389 | 44390 | 44391 | 44392 |
| 44394 | 44401 | 44402 | 44403 | 44404 | 44405 | 44406 | 44407 | 44408 | 45300 |
| 45303 | 45305 | 45307 | 45308 | 45309 | 45315 | 45317 | 45320 | 45321 | 45327 |
| 45330 | 45331 | 45332 | 45333 | 45334 | 45335 | 45337 | 45338 | 45340 | 45341 |
| 45342 | 45346 | 45347 | 45349 | 45350 | 45378 | 45379 | 45380 | 45381 | 45382 |
| 45384 | 45385 | 45386 | 45388 | 45389 | 45390 | 45393 | 46083 | 46600 | 46606 |
| 46900 | 46910 | 46916 | 47000 | 49320 | 49321 | 49322 | 49427 | 49450 | 49451 |
| 49452 | 49460 | 49465 | 50690 | 51100 | 51101 | 51102 | 51600 | 51700 | 51701 |
| 51702 | 51703 | 51705 | 51710 | 51728 | 51729 | 51736 | 51741 | 51784 | 51785 |
| 51792 | 51797 | 51798 | 52000 | 52001 | 52281 | 53600 | 53601 | 53605 | 53620 |
| 53621 | 53660 | 53661 | 54050 | 54055 | 54056 | 54100 | 54240 | 54250 | 54500 |
| 54800 | 55250 | 55700 | 56405 | 56420 | 56440 | 56442 | 56501 | 56515 | 56605 |
| 56606 | 56820 | 56821 | 57061 | 57065 | 57100 | 57105 | 57160 | 57170 | 57180 |
| 57420 | 57421 | 57452 | 57454 | 57455 | 57456 | 57460 | 57461 | 57500 | 57520 |
| 57522 | 57800 | 58100 | 58110 | 58120 | 58300 | 58301 | 58340 | 58345 | 58558 |
| 58660 | 58661 | 58662 | 59025 | 59120 | 59121 | 59130 | 59136 | 59140 | 59150 |
| 59151 | 59160 | 59200 | 59320 | 59325 | 59412 | 59425 | 59426 | 59430 | 59812 |
| 59820 | 59821 | 59830 | 59850 | 59851 | 59852 | 59855 | 59856 | 59857 | 59870 |
| 59871 | 60100 | 60300 | 59840 | 59841 | 61070 | 61215 | 62270 | 62272 | 62273 |
| 62284 | 62302 | 62304 | 62305 | 62367 | 62368 | 62369 | 65205 | 65210 | 65220 |
| 65222 | 65235 | 65410 | 65430 | 68100 | 69000 | 69005 | 69020 | 69100 | 69200 |
| 69209 | 69210 | 69220 | 69433 | 69433 | | | | | |

| Appendix III: Radiology Codes Not Requiring PA: | | | | | | | | | |
|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Radiology Services Allowed for In-Network & Out-of-Network Providers (CPT 70010 – 79999) | | | | | | | | | |
| Asterisk * Indicates That Other Coverage Limitations May Apply | | | | | | | | | |
| 70010 | 70015 | 70030 | 70100 | 70110 | 70120 | 70130 | 70134 | 70140 | 70150 |
| 70160 | 70170 | 70190 | 70200 | 70210 | 70220 | 70240 | 70250 | 70260 | 70300 |
| 70310 | 70320 | 70328 | 70330 | 70332 | 70350 | 70355 | 70360 | 70370 | 70371 |
| 70380 | 70390 | 70450 | 70460 | 70470 | 70480 | 70481 | 70482 | 70486 | 70487 |
| 70488 | 70490 | 70491 | 70492 | 71045 | 71046 | 71047 | 71048 | 71100 | 71101 |
| 71110 | 71111 | 71120 | 71130 | 71250 | 71260 | 71270 | 72020 | 72040 | 72050 |
| 72052 | 72070 | 72072 | 72074 | 72080 | 72081 | 72082 | 72083 | 72084 | 72100 |
| 72110 | 72114 | 72120 | 72125 | 72126 | 72127 | 72128 | 72129 | 72130 | 72131 |
| 72132 | 72133 | 72170 | 72190 | 72192 | 72193 | 72194 | 72200 | 72202 | 72220 |
| 72240 | 72255 | 72265 | 72270 | 72275 | 73000 | 73010 | 73020 | 73030 | 73040 |
| 73050 | 73060 | 73070 | 73080 | 73085 | 73090 | 73092 | 73100 | 73110 | 73115 |
| 73120 | 73130 | 73140 | 73200 | 73201 | 73202 | 73206 | 73501 | 73502 | 73503 |
| 73521 | 73522 | 73523 | 73525 | 73551 | 73552 | 73560 | 73562 | 73564 | 73565 |
| 73580 | 73590 | 73592 | 73600 | 73610 | 73615 | 73620 | 73630 | 73650 | 73660 |
| 73700 | 73701 | 73702 | 74018 | 74019 | 74021 | 74022 | 74150 | 74160 | 74170 |
| 74175 | 74176 | 74190 | 74210 | 74220 | 74221 | 74230 | 74235 | 74240 | 74246 |
| 74248 | 74250 | 74270 | 74280 | 74283 | 74290 | 74300 | 74301 | 74328 | 74329 |
| 74330 | 74340 | 74355 | 74360 | 74400 | 74410 | 74415 | 74420 | 74425 | 74430 |
| 74440 | 74445 | 74450 | 74455 | 74470 | 74485 | 74710 | 74713 | 74740 | 74775 |
| 75565 | 75600 | 75605 | 75625 | 75630 | 75705 | 75710 | 75716 | 75726 | 75731 |
| 75733 | 75736 | 75741 | 75743 | 75746 | 75756 | 75774 | 75801 | 75803 | 75809 |
| 75820 | 75822 | 75825 | 75827 | 75831 | 75833 | 75840 | 75842 | 75860 | 75870 |
| 75872 | 75880 | 75885 | 75887 | 75889 | 75891 | 75893 | 75901 | 75902 | 75984 |
| 75989 | 76000 | 76010 | 76080 | 76098 | 76100 | 76101 | 76102 | 76120 | 76125 |
| 76380 | 76390 | 76391 | 76506 | 76510 | 76511 | 76512 | 76513 | 76514 | 76516 |
| 76519 | 76529 | 76536 | 76604 | 76641 | 76642 | 76700 | 76705 | 76706 | 76770 |
| 76775 | 76776 | 76800 | 76801 * | 76802 * | 76805 * | 76810 * | 76811 * | 76812 * | 76813 * |
| 76814 * | 76815 * | 76816 * | 76817 * | 76818 * | 76819 * | 76820 * | 76821 * | 76825 * | 76826 * |
| 76827 * | 76828 * | 76830 * | 76831 * | 76856 | 76857 | 76870 | 76872 | 76873 | 76881 |
| 76882 | 76885 | 76886 | 76932 | 76936 | 76937 | 76940 | 76941 | 76942 | 76945 |
| 76946 | 76948 | 76965 | 76975 | 76977 | 76981 | 76982 | 76983 | 76998 | 77001 |
| 77002 | 77003 | 77011 | 77012 | 77013 | 77014 | 77022 | 77046 | 77047 | 77053 |
| 77054 | 77065 | 77066 | 77067 * | 77071 | 77072 | 77073 | 77074 | 77075 | 77076 |
| 77077 | 77078 | 77080 | 77081 | 77085 | 77261 | 77262 | 77263 | 77280 | 77300 |
| 77306 | 77316 | 77317 | 77321 | 77331 | 77332 | 77333 | 77334 | 77336 | 77370 |
| 77401 | 77417 | 77423 | 77427 | 77431 | 77470 | 77789 | 77790 | 78012 | 78013 |
| 78014 | 78015 | 78016 | 78020 | 78102 | 78103 | 78104 | 78110 | 78111 | 78120 |
| 78121 | 78122 | 78130 | 78140 | 78185 | 78191 | 78201 | 78202 | 78215 | 78216 |
| 78230 | 78231 | 78232 | 78258 | 78261 | 78262 | 78267 | 78268 | 78290 | 78300 |
| 78305 | 78350 | 78351 | 78428 | 78445 | 78457 | 78458 | 78466 | 78468 | 78469 |



| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 78472 | 78481 | 78483 | 78494 | 78496 | 78579 | 78580 | 78597 | 78600 | 78601 |
| 78605 | 78610 | 78650 | 78660 | 78700 | 78701 | 78707 | 78708 | 78725 | 78730 |
| 78740 | 78761 | 78800 | 78801 | 78835 | 79005 | 79101 | 79200 | 79403 | 79440 |

| Appendix IV: CPT Codes Not Requiring PA: | | | | | | | | | |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Other Codes | | | | | | | | | |
| 81420 | | | | | | | | | |
| Hearing | V5011 | V5014 | V5130 | V5200 | V5240 | V5241 | V5264 | V5266 | V5267 |
| | V5274 | V5266 | | | | | | | |

| Change Log | | |
|------------|--------------|--|
| Date | Page | Action Details |
| 5/23/2020 | 1 | Add: Psychological Evaluations and remove BRS services |
| 8/01/2020 | 3 | Add: J0571-J5075, 56820, 56821, 57420, 57421 |
| 9/01/2020 | 4-6 | Add: 30300, 69209, 69210 |
| 9/22/2020 | 5 | Add: 57522 |
| 9/22/2020 | 5 | Remove: Per Guideline Note 173 45391, 45392, 62290, 62291, 62292 |
| 10/16/2020 | 5 | Remove: Per Guideline Note 173 43206, 43252, 43257, 58565 |
| 12/14/2020 | 1 | Add: Behavioral Health Outpatient: Biofeedback / Electroconvulsive Therapy (ECT) / Applied Behavior Analysis (ABA) / Transcranial Magnetic Stimulation (TMS) / Intensive In-Home Behavioral Health (IIBHT) |
| 1/14/2021 | 3 | Add: J1738 (Injection, meloxicam, 1 mg) |
| 2/04/2021 | 3-5 | Removed: J0833, J9031, 0295T-0298T, 62290 |
| 3/16/2021 | Appendix III | Added. |
| 3/25/2021 | | New format |
| 5/11/2021 | Appendix IV | Added. |
| 5/11/2021 | 1 | Behavioral Health Outpatient: Remove Biofeedback (not covered). |
| 5/20/2021 | 2 | Audiology: Hearing |
| 5/20/2021 | Appendix IV | Hearing: V5011, V5014, V5160, V5200, V5240, V5241, V5264, V5266, V52267, V5274, V5266 |
| 6/01/2021 | 2 | DME: Added wound care supplies requirement. |