

| Service Category | PA Rule | Services | Procedure Codes |
|-----------------------|--------------------------|---|---|
| Audiology | No PA Required | Pure tone audiometry | 0208T, 0209T |
| Behavioral Health | No PA Required | Alcohol and/or drug services | H0010, H0011, H0012, H0014, H0016, H0018 |
| | | Assertive community treatment, face-to-face | H0039 |
| | | BH and Community Support Services | H2001, H2012, H2016, H2018, H2020, H2022, H2030, H2034, H2036 |
| | | Crisis intervention mental health services, per hour | S9484, S9485 |
| | | Adaptive behavior treatment | 97157 |
| Breast Reconstruction | No PA Required | Repair and/or reconstruction | 19357, 19367, 19368, S2068 |
| Cardiovascular | PA Required | Coronary intravascular lithotripsy (IVL) procedure | 0715T |
| | | Pacemaker/cardioverter-defibrillator devices and procedures | C1899, G0448 |
| | No PA Required | Device interrogation and analysis | 0418T |
| | | Transcatheter valve and cardiac procedures | 0483T, 0569T, 0644T |
| DME & Supplies | PA Required | Hospital bed and mattress | E0302, E0372, E0462 |
| | | Respiratory systems and supplies | E0440, E0467 |
| | | Patient lifts | E0639 |
| | | Pneumatic & non-pneumatic compressor devices | E0657, E0665, E0666, E0669, E0670, E0672, K1024, K1033 |
| | | Ultraviolet light therapy | E0691, E0694 |
| | | Wheelchairs, power operated vehicles, and accessories | E0983, E0985, E0988, E1004, E1036, E1070, E1084, E1087, E1170, E1222, E1223, E1228, E1239, E1270, E1280, E1296, E1298, E2328, E2341, E2343, E2358, E2362, E2364, E2368, E2369, E2610, E2614, E2625, E2631, E2632, E2633, K0008, K0009, K0011, K0012, K0014, K0015, K0046, K0065, K0098, K0669, K0802, K0807, K0812, K0814, K0815, K0829, K0850, K0851, K0852, K0853, K0860, K0864, K0877, K0878, K0884, K0891, K0898, K0899 |
| | | Nerve stimulating device | K1018 |
| | | Speech generating device/accessory | E2502 |
| | | Automatic external defibrillator | K0606 |
| | Compression burn garment | A6507 | |

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| | No PA Required | Hospital bed, mattress, and supplies | E0181, E0182, E0189, E0305, E0310, E0316, E0328 |
| | | Electronic bowel irrigation system | E0350 |
| | | Delivery/installation charges for hemodialysis equipment | E1600 |
| | | Heat, cold, and light therapies | E0202, E0217, E0221 |
| | | Respiratory systems, devices and supplies | A7047, E0435, E0455, E0472, E0500 |
| | | Breast pump, hospital grade, electric | E0604 |
| | | Monitoring equipment | E0619, E0620 |
| | | Functional electrical stimulator | E0770 |
| | | Traction and other orthopedic devices | E0856, E0944 |
| | | Wheelchairs and accessories | E0968, E0969, E0980, E0994, E1014, E1029, E1092, E1093, E1160, E1229, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E2291, E2292, E2293, E2294, E2301, E2324, E2381, E2382, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0017, K0018, K0020, K0053, K0105, K0195 |
| Blood glucose monitor | E2100, E2102 | | |
| Evaluation & Management | No PA Required | Nursing facility care plan oversight | 99306, 99379 |
| | | Medication therapy management | 99605, 99606, 99607 |
| General Surgery | PA Required | Repair procedures on the nose | 30410, 30420, 30430, 30520 |
| | | Procedures on the stomach | 43881 |
| | | Procedures on the penis | 54400, 54401, 54405 |
| | | Phrenic nerve stimulation system procedure | 0435T |
| | | Benign thyroid nodule ablation | 0673T |
| | No PA Required, unless managed by a vendor in select markets | Removal of abdominal mesh | 11008 |
| | | Removal of skin tags procedures | 11200, 11201 |
| | | Skin color correction | 11920, 11921, 11922 |
| | | Tissue expanders | 11960, 11970, 11971 |
| | | Skin therapies | 15786, 15787, 17360 |
| Trigger point injections | 20552, 20553 | | |
| Cranial/facial repairs | 21175, 21181, 21183, 21193, 21230, 21256, 21280 | | |
| Repair procedures on the nose | 30460, 30462, 30560, 30630 | | |

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| | | Transplant related procedures | 32855, 32856, 33933, 33940, 33944, 38206, 38207, 38208, 38209, 38214, 38215, 38230, 47143, 48551, 48552, 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50370 |
| | | Repair procedures on the urethra | 52010, 52301, 52343, 53420 |
| | | Excision procedures on the endocrine system | 60212, 60505 |
| | | Procedures on the spine/spinal cord | 22527, 62367, 62368, 62370 |
| | | Procedures on the cardiovascular system | 33952, 36836, 36837 |
| | | Procedures on the spleen | 38129 |
| | | Procedures on the diaphragm | 39599 |
| | | Procedures on the digestive system | 43283, 43772, 43774, 44145, 64595 |
| | | Neurostimulator procedures on the peripheral nerves | 64585 |
| GI Services | No PA Required | Transnasal EGD | 0652T, 0653T |
| Gynecology | No PA Required | Excision/repair of the vulva, vagina | 56625, 57291, 57292 |
| | | Hysterectomy procedures | 58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58270, 58275, 58280, 58290, 58291, 58292, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956 |
| | | Myomectomy, ovarian/tubal resection | 58545, 58546, 58661, 58720, 58940, 58952 |
| Home Care | No PA Required | Home care services | S5145, S5150 |
| | | Contracted home health | T1022 |
| Injection Procedures | PA Required | Percutaneous lumbar intravertebral disc injection | 0627T, 0628T |
| | No PA Required | Injection of the spine/spinal cord | 62280, 62290, 62291, 62324, 62325, 62326, 62327 |
| Maternity | No PA Required | Maternity care | 59866, 59897 |
| Medicine Services & Procedures | No PA Required, unless managed by a vendor in select markets | Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg | C9088 |
| | | Immune globulins, serum or recombinant product | 90283 |
| | | Special otorhinolaryngologic procedures | 92512, 92516, 92520, 92546, 92597, 92607, 92608, 92609, 92610, 92700 |

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| | | Neurology testing | 95700, 95803 |
| | | Chiropractic treatment | 98940, 98941, 98942 |
| | | Education and training for patient self-management | 98960 |
| Nutrition | No PA Required | Medical nutrition therapy | 97804 |
| | | Enteral formulas and additives | B4157, B4158, B4159, B4162, B9006 |
| | | Medical foods for inborn errors of metabolism | S9435 |
| Orthopedics | PA Required | Insertion sinus tarsi implant | 0335T |
| | | Sacroiliac joint arthrodesis procedure | 0775T |
| Ophthalmology | No PA Required | Open-eye eyelid treatment device | 0563T |
| | | Other procedures on the cornea | 65765 |
| Orthotics and Prosthetics | PA Required | Spinal orthotics | L0458, L0468, L0480, L0484, L0632, L0638, L0639, L0640, L0651, L1200, L1300 |
| | | Lower extremity orthotics | E1830, L1690, L1840, L1904, L2000, L2005, L2030, L2034, L2038, L2525, L2627, L2628 |
| | | Upper extremity orthotics | E1802, E1818, E1840 |
| | | Lower extremity prosthetics | K1014, L5010, L5060, L5200, L5505, L5510, L5520, L5535, L5560, L5570, L5600, L5610, L5614, L5628, L5630, L5638, L5639, L5640, L5661, L5682, L5702, L5795, L5818, L5824, L5826, L5830, L5858, L5859, L5930, L5966, L5969, L5982, L5990 |
| | | Upper extremity prosthetics | L6000, L6010, L6020, L6200, L6250, L6320, L6400, L6623, L6628, L6638, L6646, L6647, L6692, L6697, L6704, L6711, L6712, L6883, L6885, L6895, L6900, L6905, L6910, L6920, L6925, L6940, L6945, L6950, L6965, L7405 |
| | | Cochlear device | L8614 |
| | | Orbital prosthetics | L8042 |
| | | Unlisted prosthetics | L8499 |
| | No PA Required | Penile devices | C2622, L7900 |
| | | Spinal orthotics | L0700, L0710 |
| | | Upper extremity orthotics | L0170, L0190, L3671, L3674, L3962 |
| | | Lower extremity orthotics | L0469, L0470, L1000, L1270, L1640, L1730, L1847, L1860, L2126, L2136, L2570, L2580 |

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| | | Cochlear implant device components | L8627, L8628, L8629 |
| | | Pretibial shell | L4130 |
| | | Prosthetic fitting, immediate post-surgical | L5400, L5420, L5430 |
| | | Nasal and facial prosthesis | L8040, L8046, V2629 |
| | | Finger prosthetics | L8659 |
| Pain Management | PA Required | Percutaneous cranial nerves stimulation | 0720T |
| | | Injection of anesthetic agent (nerve block) | 64450, 64451, 64494 |
| | | Destruction by neurolytic agent | 64624 |
| Pathology and Laboratory | PA Required | Genetic analysis | 81265, 81266 |
| | No PA Required | Multianalyte assays | 0014M |
| | | Proprietary laboratory analyses | 0035U, 0040U, 0219U, 0353U |
| | | Therapeutic drug assays | 80220 |
| | | Genetic analysis | 81224, 81239, 81262, 81316, 81341 |
| | | Multianalyte assays w/algorithmic analyses | 81508, 81511, 81512, 81513, 81514, 81528 |
| | | Chemistry procedures | 82077, 82105, 82397, 82657, 82677, 84163, 84702, 84704, 84999 |
| | | Qualitative or semiquantitative immunoassays | 86152, 86336 |
| | | Postmortem examination | 88025 |
| | | Flow cytometry, cytogenetic studies | 88182, 88230, 88233, 88235, 88237, 88263, 88269, 88291 |
| | | Surgical pathology | 88364, 88365, 88366, 88367, 88368, 88369, 88373, 88374, 88377, 88381 |
| Reproductive medicine | 89310, 89320, 89321 | | |
| Pharmacy | No PA Required | Pharmacy dispensing fee for inhalation drug(s) | Q0513, Q0514 |
| | | Pharmacy compounding and dispensing services | S9430 |
| Professional Services | No PA Required | Molecular pathology procedure; physician interpretation and report | G0452 |
| | | Hospital observation service and admission | G0378, G0379 |
| Radiology Services | No PA Required – except when managed by | PET imaging, any site, NOS | G0235 |
| | | ERCP with endomicroscopy | 0397T |
| | | Quantitative ultrasound tissue characterization | 0690T |
| | | Fetal MRI | 74713 |

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| | vendor in select markets | Endocrine system | 78012, 78013, 78014, 78018, 78070, 78071, 78072 |
| | | Bone marrow imaging | 78102 |
| | | Gastrointestinal system | 78201, 78202, 78215, 78216, 78226, 78227 |
| | | Cardiovascular system | 75565, 78434 |
| | | Radiopharmaceutical localization of tumor | 78800, 78804 |
| Radiopharmaceuticals | PA Required | Lutetium lu 177 vipivotide tetraxetan, therapeutic | A9607 |
| | No PA Required | Radiopharmaceutical, diagnostic, not otherwise classified | A4641 |
| | | Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose | A9552 |
| | | Rubidium Rb-82, diagnostic, per study dose | A9555 |
| Skin Substitute | PA Required | Skin substitute products | Q4199 |
| | No PA Required | Autograft suspension | C1832 |
| Specialty Medications | PA Required | Injectable Medication | J1950, J2182, J2786, J9214, J9044 |
| | | Intravitreal implant | J7313 |
| | | Hyaluronic injections | J7322, J7328 |
| | No PA Required | Inhalation medications | J7605, J7606, J7626 |
| | | Injectables | J0121, J0572, J0573, J0574, J1750, J1756, J2212, J2440, J1453, J3489, S0039, S0080 |
| Therapy Services | No PA Required, unless managed by a vendor in select markets | Physical medicine and rehab evaluations | 97164, 97168, 97169, 97170, 97172, 97750 |
| | | Occupational therapy services, qualified occupational therapist | G0129 |
| | | Speech, language, dysphagia screenings | V5362, V5363, V5364 |
| | | Electrical stimulation, (unattended) | G0281, G0282 |
| Wound Care | PA Required | Active wound care management – PA required after 12 combined wound care visits per calendar year | 97597, 97598, 97602 |
| | | Electrical stimulation and cutaneous wound healing | 0512T |
| | | Matrix for wound management | A2001, A2002, A2004, A2005, A2007, A2015 |

