



## Prior Authorization Grid

Effective for DOS on or after 05/27/2026

### Important Information for Providers

- Prior authorization is not required for Medicare Primary members unless services are not covered by Medicare.
  - Please submit a prior authorization to Advanced Health for *non-covered* Medicare Services.
- Prior Authorization is not required for
  - Urgent & Emergent Services
  - **\*\*Family Planning**
  - HIV Treatments and related services
  - Pharmacy prescribed & dispensed tobacco cessation products.
- IN-NETWORK Providers
  - Prior Authorization is not required for diagnostics with these exceptions:
    - Non-Funded (BTL) diagnosis (submit for prior authorization if diagnostic is not funded)
    - Diagnostic conditions (ICD is Diagnostic) are also acceptable for diagnostic procedures without prior authorization
    - MRIs, and PETs-require prior authorization
    - Labs: Genetic Testing & Vitamin D
- OUT OF NETWORK Providers
  - Prior Authorization is required with exception for
    - Diagnostics with an approved referral on file
      - Please submit the diagnostic request to Advanced Health for processing
- **Additional Information**
  - **\*\* As defined in OARs 410-130-0585 and 410-130-0587.**
  - All services must be medically necessary and medically appropriate, subject to OHP regulations. If a non-funded OHP service is performed (and is not an additional benefit offered by Advanced Health), the claim will be denied as a non-covered service per OHP criteria. See the Prioritized List <http://www.oregon.gov/oha/HPA/CSI-HERC/Pages/Prioritized-List.aspx>.
  - EPSDT <https://advancedhealth.com/wp-content/uploads/2023/09/EPSTD-notice.pdf>
  - Tubal ligations and vasectomies claim submissions require a valid signed member consent form
  - Services not reflected on the grid below may require authorization.
  - An approved authorization is not a guarantee of payment. Payment is based on benefits in effect at the time of service, member eligibility, medical necessity, medical appropriateness.



**Authorization is required unless otherwise specified**

<p><b>Behavioral Health IP &amp; Residential TX</b></p>	<ul style="list-style-type: none"> <li>• PRTS</li> <li>• Psychiatric Inpatient Hospital</li> </ul>
<p><b>Behavioral Health OP</b></p>	<ul style="list-style-type: none"> <li>• Psychological Evaluations PA required when out of network</li> <li>• Electroconvulsive Therapy (ECT)</li> <li>• Applied Behavior Analysis (ABA)</li> <li>• Transcranial Magnetic Stimulation (TMS) PA required when out of network</li> </ul>
<p><b>SUD/Residential</b></p>	<ul style="list-style-type: none"> <li>• Detox</li> <li>• Partial Hospitalization</li> <li>• Residential</li> <li>• Acute Residential</li> </ul>
<p><b>Gender Dysphoria Services</b></p>	<ul style="list-style-type: none"> <li>• Hormone Therapy</li> <li>• Top Surgery</li> <li>• Bottom Surgery</li> <li>• Voice Therapy</li> <li>• Facial Reconstruction</li> <li>• Electrolysis</li> <li>• Pelvic Physical Therapy</li> </ul>
<p><b>OP Hospital/ ASC Services</b></p>	<ul style="list-style-type: none"> <li>• Services require prior authorization unless otherwise specified in Appendix II</li> </ul>
<p><b>PT/OT/ST/SLT</b></p>	<ul style="list-style-type: none"> <li>• No PA required for <u>evaluations</u>, for any diagnosis (in network)</li> <li>• No PA required for 30 visits habilitative and 30 visits rehabilitative annually with funded diagnosis (in network); PA required for 31+ visits with a funded and paired diagnosis. Applies to each modality/diagnosis/condition</li> </ul>
<p><b>Chiropractic/Massage Therapy/Acupuncture</b></p>	<ul style="list-style-type: none"> <li>• No PA required for first 20 visits when in network and diagnosis is funded/paired.</li> <li>• PA required for 21+ visits</li> </ul>
<p><b>Comprehensive Dental Services</b></p>	<ul style="list-style-type: none"> <li>• General Anesthesia facility fees and anesthesia services for dental services provided in an Ambulatory Surgery Center, Hospital or Office setting require PA</li> <li>• Moderate Sedation <b>does not</b> require PA</li> </ul>
<p><b>Dermatology (cont'd next page)</b></p>	<ul style="list-style-type: none"> <li>• No referral required for <b>initial</b> evaluation when referred to <b>In-Network Dermatologist</b></li> <li>• Subsequent Dermatologist visits and procedures require PA</li> <li>• PCP's initial evaluation and Dermatology documentation required AFTER initial dermatology visit</li> <li>• Subsequent visits for the same condition require PA; to be submitted by Dermatologist.</li> </ul>



<b>Procedures Performed in Office/Outpatient Setting (CPT 10000-69999)</b>	<ul style="list-style-type: none"> <li>See Appendix II for list of CPT codes not requiring PA when performed in-network for a diagnosis on a funded line of the Prioritized List.</li> </ul>
<b>Genetic Testing</b>	<ul style="list-style-type: none"> <li>All services require prior authorization</li> </ul>
<b>Labs</b>	<ul style="list-style-type: none"> <li>Vitamin D testing requires prior authorization</li> <li>Genetic Testing requires prior authorization</li> </ul>
<b>Sleep Studies Performed in Facilities</b>	<ul style="list-style-type: none"> <li>Out of Network facility-based studies require prior authorization</li> <li>No PA required for <b>Home</b> sleep studies</li> </ul>
<b>Audiology</b>	<ul style="list-style-type: none"> <li>Hearing Aids</li> <li>Repair of hearing aids, including ear mold replacement</li> <li>Hearing aid dispensing and fitting fees</li> <li>Cochlear Implants, batters and repairs</li> <li>Bone anchored hearing aid (BAHA) replacement components</li> <li>Assistive listening devices</li> </ul>
<b>Injectable and Infused Medications</b>	<ul style="list-style-type: none"> <li>See Appendix I for codes not requiring prior authorization</li> </ul>
<b>Outpatient Diagnostic &amp; Therapeutic Radiology Services</b>	<ul style="list-style-type: none"> <li>MRI</li> <li>Pet Scan</li> </ul>
<b>Skilled Nursing Facility Services</b>	<ul style="list-style-type: none"> <li>All services require prior authorization and concurrent review</li> </ul>
<b>Inpatient Hospital</b>	<ul style="list-style-type: none"> <li>Acute Care Hospital requires prior authorization and concurrent review</li> <li>Long Term Acute Care require prior authorization and concurrent review</li> <li>Acute Physical Rehabilitation require prior authorization and concurrent review</li> </ul>
<b>Dialysis</b>	<ul style="list-style-type: none"> <li>No Prior Authorization is required In or Out of network for ESRD services provided by physicians</li> </ul>
<b>Fractures</b> <b>Wound Care</b> <b>Excisions</b> <b>EGD</b> <b>Colonoscopy</b>	<ul style="list-style-type: none"> <li>See Appendix VI for codes indicating prior authorization is not required when conducted In-Network</li> </ul>



**Durable Medical Equipment (DME)  
Prosthetics  
Medical Supplies**

Prior Authorization required except when indicated.

**\* Indicates exception**

- DME rentals
  - \*CPAP rentals following OAR [410-122-0202](#) (3month trial & accessories do not require authorization)
  - Wheelchairs
- Wheelchair repairs are reviewed in EXPEDITED timeframes
- Enteral/parenteral feeding supplies
- Wound care supplies
- Continuous Glucose Monitors
- Glasses/Contacts for members >18 years old
- DME
  - \*except items dispensed/billed by a physician's office
- Diabetic Shoes and inserts
  - \*except when a contracted vendor utilized
- Infusion Pumps
- Incontinence, Ostomy & Urological supplies require authorization **after exceeding coverage limits**

Supply	Coverage Limits
Briefs, Pull-Ups, Panty Liners	Any combination not to exceed 200/month
Washable under pad -OR- disposable under pad	8/year  100/month
Gloves	200/month
Ostomy & Urological	Refer to Tables in OARs Ostomy <a href="#">410-122-0540</a> & Urological <a href="#">410-122-0560</a>

**Diabetic Supplies**

Prior Authorization is required for diabetic supplies **exceeding coverage limits:**

Supply	Coverage Limits	Unit Size
Test Strips	100/month	50/box
Lancets	100/month	100/box
Alcohol Wipes	100/month	100/box
Insulin Syringe w/attached needles	200/month	100/box
Pen Needles	200/month	100/box



## Appendix I: Injectable and Infused Medications CPT Codes

### Not Requiring Prior Authorization In-Network

#### Injectable & Infused Medications

J0132	J1071	J2360	J7060	M0246	S0021	S9326	J7050	M0244	S0020
J0133	J1094	J2370	J7070	M0247	S0023	S9327	S9235		
J0153	J1100	J2405	J7120	M0248	S0028	S9328			
J0171	J1170	J2469	J7121	P9046	S0030	S9329			
J0185	J1200	J2543	J7298	P9047	S0032	S9330			
J0282	J1450	J2550	J7300	Q0081	S0034	S9331			
J0290	J1453	J2560	J7307	Q0085	S0039	S9336			
J0295	J1454	J2590	J7510	M0245	S0040	S9341			
J0330	J1610	J2704	J7512	Q0162	S0073	S9342			
J0360	J1626	J2765	J7611	Q0163	S0074	S9348			
J0456	J1630	J2780	J7613	Q0164	S0077	S9351			
J0461	J1631	J2785	J7620	Q0166	S0078	S9355			
J0500	J1642	J2790	J7644	Q0169	S0080	S9359			
J0515	J1644	J2795	J9040	Q0173	S0081	S9363			
J0558	J1650	J2920	J9045	Q0174	S0091	S9364			
J0561	J1720	J2930	J9060	Q0175	S0092	S9365			
J0561	J1750	J2950	J9070	Q0177	S0093	S9366			
J0571	J1729	J2997	J9100	Q0180	S0142	S9367			
J0574	J1756	J3010	J9130	Q0181	S0148	S9368			
J0575	J1815	J3230	J9150	Q0220	S0156	S9373			
J0595	J1885	J3300	J9181	Q0221	S0164	S9374			
J0610	J1940	J3301	J9190	Q0222	S0166	S9375			
J0640	J1953	J3360	J9250	Q0239	S0170	S9376			
J0690	J1956	J3410	J9260	Q0249	S0171	S9377			
J0692	J2001	J3411	J9280	Q0515	S0174	S9451			
J0694	J2060	J3420	J9360	Q2009	S0175	S9470			
J0696	J2150	J3430	J9370	Q2033	S0178	S9494			
J0702	J2175	J3475	M0220	Q2034	S0182	S9497			
J0713	J2210	J3480	M0221	Q2035	S0183	S9500			
J0744	J2250	J3486	M0222	Q2036	S0187	S9502			
J0780	J2270	J3489	M0223	Q2037	S0190	S9503			
J0834	J2272	J7030	M0240	Q2038	S0191	S9504			
J1030	J2274	J7040	M0241	Q2039	S4989	J1050			
J1040	J2310	J7042	M0243	S0017	S4993	J2315			



**Appendix II: CPT Codes Not Requiring Prior Authorization  
In-Network**

when performed in-network for a diagnosis on a funded line of the Prioritized List  
diagnostic conditions are also acceptable for these diagnostic procedures with no PA  
required

**Procedures Performed in Office/Outpatient Setting (CPT 10000 – 69999)**

10009	19083	19101	11001	20200	20205	20206	20220	20225	20606
20501	23350	24420	25246	27093	27095	42400	42800	42804	42806
31231	31575	33285	36620	36561	36556	43235	43236	43237	43238
38505	40808	41100	41105	41108	42100	43266	44360	44361	44388
43200	43202	43211	43231	43232	43233	45385	45380	45330	45331
43239	43241	43242	43253	43254	43259	46900	46910	46961	47000
44389	44403	44406	44407	45300	45305	51600	51728	51729	51726
45349	45378	45380	45390	46600	46606	52000	52005	19084	57160
49320	49321	49082	49083	49084	50690	55250	55700	58301	58600
51741	51784	51785	51792	51797	51798	58607	58608	58609	58610
54161	58670	58671	54100	54800	58558	62284	62302	62304	62305
58601	58602	58603	58604	58605	58606	58611	58612	58613	58614
58615	59000- 59899	62270	65410	65430	68100	69100	36415	36592	20600
20604	20605	20606	20610	20611	11719	11720	11721	11055	11056
11057	11730	11732	11750	11042	69209	69210	58300	58100	



## Appendix III: CPT Codes **Not** Requiring Prior Authorization In-Network

when performed in-network for a diagnosis on a funded line of the Prioritized List diagnostic conditions are also acceptable for these diagnostic procedures with no PA required

### Radiology Services (CPT 70010 – 79999)

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	74328	74329
74330	74340	74270	74360	74400	74290	74300	74301	74425	74430
74440	74445	74355	74455	74470	74410	74415	74420	74740	74775
75733	75600	74450	75625	75630	74485	74710	75716	75726	75731
75820	75736	75605	75743	75746	75705	75710	75801	75803	75809
75872	75822	75741	75827	75831	75756	75774	75842	75860	75870
75989	75880	75825	75887	75889	75833	75840	75901	75902	75984
76380	76000	75885	76080	76098	75891	75893	76102	76120	76125
76519	76529	76010	76506	76510	76100	76101	76513	76514	76516



76775	76776	76536	76604	76641	76511	76512	76705	76706	76770
76814	76815	76800	76801	76802	76642	76700	76811	76812	76813
76827	76828	76816	76817	76818	76805	76810	76821	76825	76826
76882	76885	76830	76831	76856	76819	76820	76872	76873	76881
76946	76948	76886	76932	76936	76857	76870	76941	76942	76945
77002	77003	76965	76975	76977	76937	76940	76983	76998	77001
77054	77065	77011	77012	77013	76981	76982	77074	77075	77053
77077	77078	77066*	77067	77071	77014	77073	77263	77280	77076
77306	77316	77080	77081	77085	77072	77262	77334	77336	77300
77401	77417	77317	77321	77331	77261	77333	77790	78012	77370
78014	78015	77423	77427	77431	77332	77789	78110	78111	78013
78121	78122	78016	78020	78102	77470	78104	78202	78215	78120
78230	78231	78130	78140	78185	78103	78201	78268	78290	78216
78305	78350	78232	78258	78261	78191	78267	78466	78468	78300
78472	78481	78351	78428	78445	78262	78458	78597	78600	78469
78605	78610	78483	78494	78496	78457	78580	78708	78725	78601
78740	78761	78650	78660	78700	78579	78707	79200	79403	78730
		78800	78801	78835	78701	79101	79005		79440

\*Ultrasounds needed for medical reasons do not require a PA. Two screening ultrasounds with each pregnancy are allowed without a PA.

\*No PA required for 3D mammograms when the following criteria is met: 1) age 40 and older, allowed one every 12 months, OR; age 35-39, one baseline mammogram allowed; 3) PA required if under the age of 35, must have an appropriate medical diagnosis.



## Appendix IV: Codes **Not** Requiring Prior Authorization In Network

when performed in-network for a diagnosis on a funded line of the Prioritized List; diagnostic conditions are also acceptable for these diagnostic procedures with no PA required

### Hearing and Other Codes Services

V5274	93241	93242	93243	93244	93245	93246	93247	93248	93018
92550	92551	92552	92553	92555	92556	92557	92567	92579	92582
92583	92587	92588	92558	92559	92560	92561	92562	92563	92564
92565	92568	92570	92571	92572	92575	92576	92577	92584	92587
92588	92590	92591	92592	92593	92594	92595	92596	92650	92651
92652	92653	93798	90715	93798	93296	93282	94060	94727	94729
96366	96368	96375	96377	96367	90834	93308	94762	95911	95886
94726	99396	99195	95811	97802	99220	99227	99228	99229	99230
99231	99232	99233	99234	99235	99236	99237	99238	99239	99221
99222	99223	99224	99225	99226	99291	99292	99357	99460	99461
99462	99463	99464	99465	99466	99467	99468	99469	99470	99471
99472	99473	99474	99475	99476	99477	99478	99479	99480	96365
93010	93306	92690	93320	93321	93325	99201	99202	99203	99204
99205	99206	99207	99208	99209	99210	99211	99212	99213	99214
99215	93005	96361	99281	99282	99283	99284	99285	90832	90837
96413	96414	96415	96416	96417	96372	95806	95810	95811	96360
96361	36430	93016	93017	93018	96523	95800	95801	90935- 90999	97597
97598	A4627	A6257 (limits)	A4362 (limits)	A9270	B4150	B4157- B4158	B4160- B4162	97803	A6412



## Appendix V: CPT Codes **Not** Requiring Prior Authorization In Network

when performed in-network for a diagnosis on a funded line of the Prioritized List diagnostic conditions are also acceptable for these diagnostic procedures with no PA required

### Laboratory Codes (CPT 82030 – 89230 & misc.)

82030	82040	82042	82043	82044	82045	82075	82135	82136	82139
82104	82105	82108	82120	82127	82128	82131	82164	82172	82175
82140	82143	82150	82154	82157	82160	82163	82252	82261	82270
82180	82190	82232	82239	82240	82247	82248	82310	82330	82331
82271	82272	82274	82286	82300		82308	82375	82376	82378
82340	82355		82365	82370	82373	82374	82397	82415	82435
82379	82380	82382	82383	82384	82387	82390	82495	82507	82523
82436	82438	82441	82465	82480	82482	82485	82552	82553	82554
82525	82528	82530	82533	82540	82542	82550	82608	82615	82626
82565	82570	82575	82585	82595	82600	82607	82658	82664	82668
82627	82633	82634	82638	82652	82656	82657	82710	82715	82725
82670	82671	82677	82679	82693	82696	82705	82760	82775	82776
82726	82728	82731	82735	82746	82747	82759	82820	82930	82938
82784	82785	82787	82800	82803	82805	82810	82951	82952	82955
82941	82943	82945	82946	82947	82948	82950	82985	83001	83002
82960	82962	82963	82965	82977	82978	82979	83018	83026	83030
83003	83009	83010	83012	83013	83014	83015	83069	83070	83080
83036	83045	83050	83051	83060	83065	83068	83500	83505	83516
83088	83090	83150	83491	83497	83498	83499	83550	83570	83582
83518	83519	83520	83525	83527	83528	83540	83633	83655	83661
83586	83593	83605	83615	83625	83630	83632	83721	83727	83735
83662	83663	83664	83670	83690	83718	83719	83872	83873	83874
83775	83785	83789	83825	83835	83857	83864	83919	83921	83930
83876	83880	83883	83885	83915	83916	83918	84066	84075	84078
83935	83937	83945	83950	83986	84035	84060	84110	84112	84119
84080	84081	84085	84087	84100	84105	84106	84140	84143	84144
84120	84126	84132	84133	84134	84135	84138	84157	84160	84163
84146	84150	84152	84153	84154	84155	84156	84207	84210	84220
84165	84166	84181	84182	84202	84203	84206	84255	84260	84270
84228	84233	84234	84235	84238	84244	84252	84311	84315	84375
84275	84285	84295	84300	84302	84305	84307	84425	84430	84432
84376	84377	84378	84379	84392	84402	84403	84449	84450	84460
84436	84437	84439	84442	84443	84445	84446	84485	84488	84490
84466	84478	84479	84480	84481	84482	84484	84560	84577	84578
84510	84512	84520	84525	84540	84545	84550	84597	84600	84620



84580	84583	84585	84586	84588	84590	84591	85007	85008	85009
84630	84681	84702	84703	84704	85002	85004	85044	85045	85046
85013	85014	85018	85025	85027	85032	85041	85175	85210	85220
85048	85049	85055	85060	85097	85130	85170	85260	85270	85280
85230	85240	85244	85245	85246	85247	85250	85303	85305	85306
85290	85291	85292	85293	85300	85301	85302	85362	85366	85370
85307	85335	85337	85345	85347	85348	85360	85397	85400	85410
85378	85379	85380	85384	85385	85390	85396	85475	85520	85525
85415	85420	85421	85441	85445	85460	85461	85576	85597	85610
85530	85536	85540	85547	85549	85555	85557	85670	85675	85705
85611	85612	85613	85635	85651	85652	85660	86023	86038	86039
85730	85732	85810	86000	86003	86021	86022	86146	86147	86148
86060	86063	86077	86078	86079	86140	86141	86185	86200	86215
86155	86156	86157	86160	86161	86162	86171	86294	86300	86301
86225	86226	86235	86255	86256	86277	86280	86320	86327	86329
86304	86308	86309	86310	86316	86317	86318	86341	86343	86344
86331	86332	86334	86335	86336	86337	86340	86367	86376	86382
86352	86353	86355	86357	86359	86360	86361	86486	86490	86510
86384	86403	86406	86430	86431	86480	86485	86609	86611	86612
86580	86590	86592	86593	86602	86603	86606	86631	86632	86635
86615	86617	86618	86619	86622	86625	86628	86653	86654	86658
86638	86641	86644	86645	86648	86651	86652	86677	86682	86684
86663	86664	86665	86666	86668	86671	86674	86698	86701	86702
86687	86688	86689	86692	86694	86695	86696	86710	86711	86713
86703	86704	86705	86706	86707	86708	86709	86741	86744	86747
86717	86720	86723	86727	86732	86735	86738	86768	86771	86774
86750	86753	86756	86757	86759	86762	86765	86790	86793	86800
86777	86778	86780	86784	86787	86788	86789	86813	86816	86817
86803	86804	86805	86806	86807	86808	86812	86832	86833	86834
86821	86825	86826	86828	86829	86830	86831	86890	86900	86901
86835	86850	86860	86870	86880	86885	86886	86940	86941	86965
86902	86904	86905	86906	86920	86921	86922	87073	87075	87076
87003	87015	87040	87045	87046	87070	87071	87103	87106	87107
87077	87081	87084	87086	87088	87101	87102	87149	87150	87152
87109	87110	87116	87118	87140	87143	87147	87176	87177	87181
87153	87158	87164	87166	87168	87169	87172	87205	87206	87207
87184	87185	87186	87187	87188	87190	87197	87254	87255	87260
87209	87210	87220	87230	87250	87252	87253	87274	87275	87276
87265	87267	87269	87270	87271	87272	87273	87290	87299	87300
87277	87278	87279	87280	87281	87283	87285	87332	87335	87336
87301	87305	87320	87324	87327	87328	87329	87385	87389	87390
87337	87338	87339	87340	87341	87350	87380	87451	87471	87472



87391	87400	87420	87425	87427	87430	87449	87487	87490	87491
87475	87476	87480	87481	87482	87485	87486	87501	87502	87503
87492	87493	87495	87496	87497	87498	87500	87517	87520	87521
87505	87506	87507	87510	87511	87512	87516	87531	87532	87533
87522	87525	87526	87527	87528	87529	87530	87541	87542	87550
87534	87535	87536	87537	87538	87539	87540	87562	87580	87581
87551	87552	87555	87556	87557	87560	87561	87631	87632	87633
87582	87590	87591	87592	87623	87624	87625	87661	87797	87798
87640	87641	87650	87651	87652	87653	87660	87807	87808	87809
87799	87800	87801	87802	87803	87804	87806	87904	87906	88104
87810	87850	87880	87899	87900	87901	87902	88143	88147	88148
88106	88108	88112	88130	88140	88141	88142	88164	88165	88166
88150	88152	88153	88155	88160	88161	88162	88184	88185	88187
88167	88172	88173	88174	88175	88177	88182	88240	88241	88245
88188	88189	88230	88233	88235	88237	88239	88307	88309	88311
88248	88249	88261	88300	88302	88304	88305	88329	88331	88332
88312	88313	88314	88319	88321	88323	88325	88350	88355	88356
88333	88334	88341	88342	88344	88346	88348	88366	88367	88368
88358	88360	88361	88362	88363	88364	88365	88387	88388	88720
88369	88371	88372	88373	88374	88377	88381	81420	A4351	G0108
A4561	A4562								



## Appendix VI: CPT Codes **Not** Requiring Prior Authorization In Network

when performed in-network for a diagnosis on a funded line of the Prioritized List

### Fractures, Wound Care, Malignant Excisions, EGD, Colonoscopy

The following table are procedure codes by category that do not require a pa when conducted In Network with a funded dx

#### FRACTURES

Code	Description
24500	Closed treatment of humeral shaft fracture; without manipulation
24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension
24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension
24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension
24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation
24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed
24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation
24577	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation
24579	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation



- 24586 Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);
- 24587 Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty
- 24600 Treatment of closed elbow dislocation; without anesthesia
- 24605 Treatment of closed elbow dislocation; requiring anesthesia
- 24615 Open treatment of acute or chronic elbow dislocation
- 24620 Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
- 24635 Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed
- 24640 Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation
- 24650 Closed treatment of radial head or neck fracture; without manipulation
- 24655 Closed treatment of radial head or neck fracture; with manipulation
- 24665 Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;
- 24666 Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement
- 24666 Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement
- 24670 Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation
- 24675 Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation
- 24685 Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed

**COLONOSCOPY, EGD**

Code	Description
45382	Colonoscopy, flexible; with control of bleeding, any method
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	Colonoscopy, flexible; with transendoscopic balloon dilation
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices



- 43248 Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire
- 43249 Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)
- 43251 Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
- 43255 Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method
- 43270 Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)

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**WOUND CARE**

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- | Code  | Description  |
|-------|--|
| 11042 | Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less   |
| 11043 | Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less  |
| 11044 | Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less  |
| 11045 | Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)  |
| 11046 | Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)   |
| 11047 | Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)   |
| 17250 | Chemical cauterization of granulation tissue (ie, proud flesh)   |
| 29445 | Application of rigid total contact leg cast  |
| 29580 | Strapping; Unna boot   |
| 29581 | Application of multi-layer compression system; leg (below knee), including ankle and foot  |
| 97597 | Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less |

97598 Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

97602 Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session

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### EXCISIONS - MALIGNANT LESIONS

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Code	Description
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm



## Change Log

Date	Page(s)	Action Details
1/25/2024	2	Revised Dermatology wording
2/27/2024	8, 9	Amended mammogram to include "3D", codes 36430, 96360, 96361, 93016,93017,93018 added.
4/10/2024	6, 9	36415 96523 36592 96523 36592 Codes updated not to require PA
7/3/2024	3, 5, 6	Codes added: 20600, 20604-20606, 20610-20611, 95800, 95801, 90935-90999, 11719-11721, 11055-11057, 11730, 11732, 11750, 97597-97598 Updated DME language
7/18/2024	6	Codes removed: 54150 and 54161 as they require a PA
7/23/2024	1	Language update
8/19/2024	9	Code added: A4627 does not require PA
8/20/2024	3	Dialysis services provided by physicians in/out no pa
11/01/2024	12	Code added: A4351 does not require PA
12/30/2024	12	Code added: G0108 does not require PA
02/14/2025	2	Vitamin D testing 82306 requires PA effective 3/1/25
03/19/2025	6	69209, 69210 no pa required
03/28/2025	Multiple	Diagnostic language update
06/19/2025	6	Code added: 19084 does not require PA
07/25/2025	9	Codes added: A9270, B4150,B4157-B4158, B4160-B4162 does not require PA (WIC FORMULA)
8/28/2025	2	Habilitative and rehabilitative therapy services wording/qty update
10/03/2025	2	Updating BH services completed by AH as of 10/1/2025
04/08/2026	1	Wording changes to in & out of network, consents for sterilization moved to additional information
04/08/2026	2	OP/ASC wording revisions, Chiropractic/Massage prior authorization requirement updates; Dermatology wording revision
04/10/2026	4	DME wording updates, Urological & Ostomy coverage limits added
04/10/2026	5	Diabetic Supply wording updates; gestational table removed
04/10/2026	6	57160 added
04/27/2026	13-16	Table added for procedure codes when no pa is required in network
05/07/2026	4	Removed wording "Non-recurring" from DME tables



05/27/2026	9	A6412 "ortopads" moved to no longer require prior authorization
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