Prior Authorization Code List:	
Department: Utilization Management	**Original Issue Date:** 12.2.2021
Approver: UM Committee **Date Approved:**	**Date Last Reviewed: 12/28/2022** ☒Revised ☐No Revisions ☐New Requirements
Dependencies: *Claims*	**Effective Date: 1.1.2023**

I. GENERAL INFORMATION

This list provides prior authorization guidance for providers who participate in the Mass Advantage Medicare PPO, HMO Basic, and HMO Plus plans.

- To request prior authorization, please complete and submit the Prior Authorization Request Form via fax or call 888-656-7783
- Member eligibility and benefit coverage can be verified by contacting Provider Services or electronically on secure Provider website.
- Note that Prior Authorization is *not required* for emergency or urgent care.
- Obtaining a prior authorization is not a guarantee of payment. In addition, while some providers may not be directly responsible for obtaining prior authorization, in some instances as a condition for payment, you may need to make sure that prior authorization has been obtained.
- As a Medicare Advantage plan, Mass Advantage is required to make coverage determinations for services through the Centers for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD) policies and Massachusetts Medicare Administrative Contractors Local Coverage Determination (LCD) policies. When cited by CMS, NCDs, LCDs, and Original Medicare guidance in Medicare manuals are provided for each indication listed below. When CMS citations are not available, we follow a Hierarchy of Evidence for prior authorization review.

II. The Indications and Services Listed Below Require Prior Authorization Review

1. Scheduled Inpatient Hospitalizations for Acute, Psychiatric stays; Skilled Nursing Facility stays
2. Hospital Outpatient Services: Observation, Outpatient Surgery
3. Home Health and Home Infusion
4. Rehabilitation: Cardiac/Pulmonary
5. Medicare Part B Prescription Drugs
6. Outpatient Diagnostic Procedures and Tests: Advanced Imaging, Molecular Pathology Procedures (Genetic Testing)
7. Ambulance Services: Land, Air, Water
8. Prosthetics
9. DME: Specific High-Dollar Equipment

1. Scheduled Inpatient Hospitalizations for Acute, Psychiatric stays; Skilled Nursing Facility stays	
Services	**CPT and HCPCS Codes**
Inpatient Acute Hospitalization and Acute Psychiatric Hospitalization • *No Prior Authorization required on admission. (5 days authorized on admission), Notice of Admission required* • *Continued stay review required* • *Retrospective admission requires review* Medicare Reference:; NCD 150.10 Lumbar Artificial Disc Replacement (LADR) NCD 150.11 Thermal Intradiscal Procedures (TIPs) NCD 150.13 Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis LCD L36406 Minimally-invasive Surgical (MIS) Fusion of the Sacroiliac (SI) Joint LCD L33569 Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF) LCD L35936 Facet Joint Interventions for Pain Management; Psychiatric Inpatient Hospitalization; Medicare Benefit Policy Manual Chapter 1 – Inpatient Hospital Services;	23472-23474,27125,27130,27132,27134,27137,27138,27437,27438, 27440-27447, 27486, 27487 21685,41512,41530,41599,42145 15820-15823,15877, 67900-67904,67906,67908,67909,67911,67914-67917, 67921-67924,67950 15830,15847 33875,33877,33880,33881,33883,33886,34701-34706,34830-34832, 34841-34843,34845-34848 26535,26536,28110,28240,28285,28289,28291,28292,28295-28299,28306, 28308,28310,28740,28750, L8641 30400,30410,30420,30430,30435,30450,30460,30462,30468 20999,22100-22103,22116,22206-22208,22210,22212,22214,22216,22222, 22226,22510-22515,22526,22527,22532-22534,22548,22551,22552,22554 22556,22558,22585,22586,22590,22595,22600,22610,22612,22614,22630, 22632-22634,22800,22802,22804,22808,22810,22812,22818,22819,22830 22840-22849,22853,22854,22856-22859,22861,22862,22867-22870,22899, 27279,27280,62287,62380,63001,63003,63005,63011,63012,63015-63017 63020,63030,63035,63040,63042-63048,63050,63051,63054, 63055-63057,63064, 63066,63075-63078,63081,63082,63085,63086, 63087, 63088, 63090, 63091, 63101,63102,63103 63170,63172,63173,63185,63190,63191,63194-63200,63250-63252, 63265-63268,63270-63273,63275-63278,63280-63283,63285-63287,63290 63295,63300- 63308,0095T,0098T,0163T,0164T,0165T,0202T,0219T,0220T,0221T, 0222T,0274T,0275T,0656T,0657T,C1821,C2614,C9757,S2348, S2350,S2351 36465,36466,36468,36470,36471,36473-36476,36478,36479,36482,36483, 37500,37700,37718,37722,37735,37760,37761,37765,37766,37780,37785 0524T, S2202 LTAC Level – 120 Rehab Level 1 – 120 Rehab Level 2 – 129
Skilled Nursing Facility (SNF) Medicare References NCD 70.2 Consultation Services Rendered by a Podiatrist in a Nursing Facility : Medicare Benefit Policy Manual Chapter 8 – Coverage of Extended Care (SNF) Services	SNF admissions require prior authorization. Both facility and professional claim payment require a prior authorization for a facility stay.
Transplants **Bone Marrow – Peripheral Stem Cell** Medicare Reference NCD 110.23	38230, 38240, 38241, 38242

Heart/Lung Medicare Reference NCD 260.9 v.3	33930 and 33935
Heart Medicare Reference NCD 260.9 v.3	33940, 33945, 0051T, 0052T, 0053T
Lung Medicare Reference: None	32850, 32851, 32852, 32853, 32854
Kidney Medicare Reference: None	50300, 50320, 50340, 50360, 50365, 50370, 50380, 50547
Pancreas Medicare Reference NCD 260.3 v.3	48160, 48550, 48554, 48556
Liver Medicare Reference: NCD 260.1 v.3	47135 and 47136
Intestine Medicare Reference: 260.5 v.2	44132, 44133, 44135, 44136
2. Hospital Outpatient Services: Observation, Outpatient Surgery	
Observation Medicare Reference: None	99217-99226, 99234-99236, G0378, G0379 Revenue Code 0760-0762 for the Observation Charge *Observation services generally do not exceed 24 hours. It should be very rare that observation services should exceed 48 hours; usually they will be less than 24 hours in duration.*
Outpatient Surgery and Procedures	
Blepharoplasty Medicare Reference: None	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67930, 67935, 67938, 67950, 37961, 37966, 37971, 37973, 37974, 37975, 60799
Abdominoplasty Medicare Reference: None	15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879, 17999
Aortic, Implants, etc Medicare References: None	33875, 33877, 33880, 33881, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843, 34845, 34846, 34847, 34848
Bunionectomy/Hammertoe Medicare Reference: None	28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641, 26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295
Rhinoplasty Medicare Reference: None	20912, 21210, 30465, 30520, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468
Spinal Fusion, Kyphoplasty, Decompression, Vertebroplasty Medicare References: NCD 150.10 Lumbar Artificial Disc Replacement (LADR) NCD 150.11 Thermal Intradiscal Procedures (TIPs) NCD 150.13 Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis LCD L36406 Minimally-invasive Surgical (MIS)	20999, 22100, 22101, 22102, 22103, 22116, 22206, 22207, 22208, 22210, 22212, 22214, 22216, 22222, 22226, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22861, 22862, 22867, 22868, 22869, 22870, 22899, 27279, 27280, 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048,

Fusion of the Sacroiliac (SI) Joint LCD L33569 Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF) LCD L35936 Facet Joint Interventions for Pain Management; NCD Vertebral Axial Decompression (VAX-D) (160.16) Version 1	63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 0095T, 0098T, 0163T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, 0656T, 0657T, C1821, C2614, C9757, S2348, S2350, S2351
Varicose Veins Medicare References: LCD L33575 Varicose Veins of the Lower Extremity, Treatment of	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T, S2202
Attended Sleep Testing Procedures Medicare References: NCD 240.4.1 Sleep Testing for Obstructive Sleep Apnea (OSA)	95806, 95807, 95808, 95810, 95811, 0466T, 0467T, 0468T, 64568
3. Home Health and Home Infusion	
Medicare Reference: NCD 290.1 Version 2 Home Health Visits to a Blind Diabetic; NCD 290.2 Home Health Nurses' Visits to Patients Requiring Heparin Injection; Medicare Benefit Policy Manual, Chapter 7- Home Health Services	G0068, G0069, G0070, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G2168, G2169, G0299, G0300, G0333, G0490, G0493, G0494, G0495, G0496, G0498, G9147, ,99318
4. Rehabilitation: Cardiac/Pulmonary	
Cardiac / Pulmonary Medicare Reference: NCD 20.31 Intensive Cardiac Rehabilitation (ICR) Programs; NCD 20.31.1 The Pritikin Program; NCD 20.31.2 Ornish Program for Reversing Heart Disease; NCD 20.10.1 Cardiac Rehabilitation Programs for Chronic Heart Failure; NCD 20.31.3 Benson-Henry Institute Cardiac Wellness Program; NCD 240.8 Pulmonary Rehabilitation Services; NCD 20.35 Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)	G0422, G0423, G0424, 93668 (SET)
5. Medicare Part B Prescription Drugs	
Medicare References: NCD 110.17 Version 1 Anti-Cancer Chemotherapy for Colorectal Cancer; NCD 110.21 Version 1 Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions; NCD 250.3 Version 1 Intravenous Immune Globulin for the Treatment of Autoimmune Mucocutaneous Blistering Diseases; LCD L33394	J0897, J0885, J9271, J0881, J9312, J0178, J2469, J2505, J0585, J9299, J1745, Q5106, J0897, J9035, J2778, J9355, J1569, J9264, J9305, J7323, J7325, J7326, J9145, J3380, J2350, J9022, J9041, J9173, J3489, J1602, J2357, J1459, J9217, J3489, J9306, J1561, J7321, Q5107, Q5111, J2353, J9034, J7324, J7325, J7321, J3262, J9228, J7327, Q5115, J7328, Q5103, J3590, J7320, J7322, J7325, Q5118

Drugs and Biologicals, Coverage of, for Label and Off-Label Uses; LCD L33646 Botulinum Toxins	
6. Outpatient Diagnostic Procedures and Tests: Advanced Imaging, Molecular Pathology Procedures (Genetic Testing)	
Advanced Imaging	
Abdomen, Brain, Pelvis CT	74150, 74160. 74170, 70450, 70460, 70470, 72192, 72193, 72194
PET Scan Medicare References: NCD 220.6.16 FDG PET for Infection and Inflammation Version 2	78811, 78812, 78813, 78814, 78815, 78816
Radiopharmaceutical Tumor Localization Medicare References: NCD 220.6.17 Positron Emission Tomography (FDG) for Oncologic Conditions	52341, 52342, 52343
Brain, Orbits, Face, Neck MRI Medicare References: NCD Magnetic Resonance Imaging (220.2) Version 6	70540, 70460, 70470
Brain PET Scan Medicare References: NCD220.6.19 Positron Emission Tomography (NAF-18) To Identify Bone Metastasis Of Cancer; NCD FDG PET for Dementia and Neurogenerative Diseases (220.6.13) Version 3; NCD FDG PET for Refractory Seizures (220.6.9) Version 1	78608, 78609
Unlisted MRI Medicare References: NCD Magnetic Resonance Imaging (220.2) Version 6	76498
Functional MRI Brain Medicare References: NCD 220.6.20 Beta-Amyloid Positron-Tomography in Dementia and Neurodegenerative Disease	70551, 70552, 70553
Transthoracic Echocardiogram Medicare References: NCD 220.5 Version 3 Ultrasound Diagnostic Procedures; LCD L33577 Revision 15 Transthoracic Echocardiography (TTE); LCD L33579 Revision 11 Transesophageal Echocardiography (TEE)	93303, 93304, 93305, 93307,93308, 93320, 93321, 93322
Heart Catheterization Medicare References: NCD 220.2 Version 6 Magnetic Resonance Imaging; LCD L33557 Revision 14 Cardiac Catheterization and Coronary Angiography	93452, 93454, 93455, 93456,93457, 93458, 93459, 93460, 93461, 93462, 93463, 93464, 93465, 93466, 93467, 93468
Stress Echocardiogram Medicare	93350, 93351, 93320, 93321, 93325, 93352

References: NCD 220.5 Version 3 Ultrasound Diagnostic Procedures; LCD L33577 Revision 15 Transthoracic Echocardiography (TTE)	75574
CTA Coronary Arteries Medicare References: LCD L33559 Revision 5 Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)	33221, 33224, 33225, 33321
Cardiac Resynchronization Therapy Medicare References: NCD 20.4 Version 4 Implantable Automatic Defibrillators	
Genetic Testing Medicare Reference: NCD 90.2 Version 2 Next Generation Sequencing; NCD 190.7 Human Tumor Stem Cell Drug Sensitivity Assays; LCD L38371 Multimarker Serum Tests Related to Ovarian Cancer Testing; LCD L35000 Molecular Pathology Procedures	81105-81112, 81113,81120, 81121, 81161,81162, 81163, 81164, 81165, 81166, 81167, 81170-81190, ,81200- 81206, 81207, 81208, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227-81270, 81235, 81236, 81237, 81245, 81246, 81256, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81270, 81272, 81273, 81275, 81276,81278, 81287, 81301, 81305, 81307, 81308, 81309, 81310, 81311, 81313, 81314, 81315, 81316, 81332, 81334, 81335, 81338, 81340, 81341, 81342, 81345, 81347,81365, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81384, 81518, 81519, 81520, 81595, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81233, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81306, 81312, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81333, 81343, 81344, 81599, 81105–81112, 81161, 81171, 81172, 81173, 81174, 81200, 81201, 81202, 81203, 81204, 81205, 81227, 81228, 81229, 81230, 81231, 81232, 81234, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81257, 81258, 81259, 81260, 81269, 81271, 81274, 81277, 81283, 81284, 81285, 81286, 81289, 81290, 81291, 81302, 81303, 81304, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81336, 81337, 81346, 81350, 81355, 81361–81364, 81384, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81418,81420, 81422, 81425, 81426, 81427, 81428,81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81441, 81442, 81443, 81448, 81455, 81460, 81465, 81470, 81471, 81493, 81500, 81503, 81504, 81507, 81521, 81522, 81523,81525, 81535, 81536, 81538, 81540, 81541, 81542, 81543, 81545, 81551, 81552
7. Ambulance Services: Land, Air, Water	
Medicare References: Medicare Benefit Policy Manual Chapter 10 – Ambulance Services	No Prior Authorization is required for emergency or urgent care. No Prior Authorization is required for facility-to-facility transport. Ambulance transport greater than 50 miles requires medical necessity review.
8. Prosthetics	
	Note: The below codes exceed $1,000 and require Prior Authorization review
Medicare References: NCD 230.10 Version 1 Incontinence Control Devices; NCD 50.3 Version 2	L5010 L5020 L5050 L5060 L5100 L5105 L5510 L5520 L5530 L5535 L5540 L5560 L5700 L5701 L5702 L5703 L5704 L5705 L5856 L5857 L5858 L5859 L5930 L5960 L6250 L6300 L6310 L6320 L6350 L6360 L6590 L6621 L6624 L6638 L6646 L6648

Cochlear Implantation; NCD 230.15 Version 1 Electrical Continence Aid; NCD 50.2 Electronic Speech Aids; NCD 230.17 Urinary Drainage Bags; LCD L33787 Revision 7 Lower Limb Prostheses; LCD L34824 Revision 8 Vacuum Erection Devices (VED); LCD L33317 Revision 8 External Breast Prostheses; LCD L33738 Revision 5 Facial Prostheses; Medicare Benefit Policy Manual Chapter 15, .	L6883 L6884 L6885 L6900 L6905 L6910 L7181 L7185 L7186 L7190 L7191 L7259 L8044 L8044 L8045 L8046 L8047 L8609 L5150 L5160 L5200 L5210 L5220 L5230 L5570 L5580 L5585 L5590 L5595 L5600 L5706 L5707 L5718 L5724 L5726 L5728 L5961 L5964 L5966 L5968 L5973 L5979 L6370 L6380 L6382 L6384 L6400 L6450 L6693 L6696 L6697 L6707 L6709 L6712 L6920 L6925 L6930 L6935 L6940 L6945 L8035 L8040 L8041 L8042 L8043 L8044 L8614 L8619 L8627 L8628 L8631 L8659 L5250 L5270 L5280 L5301 L5312 L5321 L5610 L5611 L5613 L5614 L5616 L5639 L5780 L5781 L5782 L5795 L5814 L5818 L5980 L5981 L5987 L5988 L5990 L6000 L6500 L6550 L6570 L6580 L6582 L6584 L6713 L6714 L6715 L6721 L6722 L6880 L6950 L6955 L6960 L6965 L6970 L6975 K1007 K1014 K1015 L8681 L8682 L8683 L8689 L8690 L8691 L5331 L5341 L5400 L5420 L5500 L5505 L5643 L5647 L5649 L5651 L5681 L5683 L5822 L5824 L5826 L5828 L5830 L5840 L6010 L6020 L6026 L6050 L6055 L6100 L6586 L6588 L6110 L6120 L6130 L6200 L6881 L6882 L5845 L5848 L6205 L7180 L7007 L7008 L7009 L7040 L7045 L7170 L5969, L5999, L7499, L7510, L7520, L7600, L7900, L7902, L8010, L8033, L8039, L8048, L8049, L8499, L8505, L8604, L8608, L8679, L8680, L8685, L8686, L8687, L8688, L8692, L8693, L8698, L8699, L8701, L8702
	Note: The below codes are less than $1,000 and do not require Prior Authorization. However, medical record documentation must be provider upon request.
	L5000 L5410 L5430 L5450 L5460 L5617 L5632 L5634 L5636 L5637 L5638 L5640 L5655 L5656 L5658 L5661 L5665 L5666 L5679 L5680 L5682 L5684 L5685 L5686 L5710 L5711 L5712 L5714 L5716 L5722 L5920 L5925 L5940 L5950 L5962 L5970 L5986 L6386 L6388 L6600 L6605 L6610 L6632 L6635 L6637 L6640 L6641 L6642 L6676 L6677 L6680 L6682 L6684 L6686 L6703 L6704 L6706 L6708 L6711 L6805 L7368 L7400 L7401 L7402 L7403 L7404 L8032 L8047 L8400 L8410 L8415 L8417 L8500 L8501 L8507 L8509 L8510 L8511 L8607 L8610 L8612 L8613 L8615 L8616 L8641 L8642 L8658 L8670 L8684 L8694 L5618 L5620 L5622 L5624 L5626 L5628 L5642 L5644 L5645 L5646 L5648 L5650 L5668 L5670 L5671 L5672 L5673 L5676 L5688 L5690 L5692 L5694 L5695 L5696 L5785 L5790 L5810 L5811 L5812 L5816 L5971 L5972 L5974 L5975 L5976 L5978 L6611 L6615 L6616 L6620 L6623 L6625 L6645 L6647 L6650 L6655 L6660 L6665 L6687 L6688 L6689 L6690 L6691 L6692 L6810 L6890 L6895 L6915 L7360 L7362 L7405 L7700 L8000 L8001 L8002 L8015 L8420 L8430 L8435 L8440 L8460 L8465 L8512 L8513 L8514 L8515 L8600 L8617 L8618 L8621 L8622 L8623 L8695 L8696 L8630 L5629 L5630 L5631 L5652 L5653 L5654 L5677 L5678 L5679 L5697 L5698 L5699 L5850 L5855 L5910 L5982 L5984 L5985 L6628 L6629 L6630 L6670 L6672 L6675 L6694 L6695 L6698 L7364 L7366 L7367 L8020 L8030 L8031 L8470 L8480 L8485 L8605 L8606 L8624 L8625 L8629 L8603
9. Durable Medical Equipment (DME)	
DME: Specific High-Dollar Equipment Medicare references: NCD 280.1 Version 2 Durable Medical Equipment Reference List NCD 280.3 Version 2 Mobility Assistive Equipment (MAE) NCD 280.15 Version 1 INDEPENDENCE iBOT 4000 Mobility System LCD L33788 Revision 4 Manual Wheelchair Bases LCD L33789 Revision 7 Power Mobility	***Note: A Wheelchair and Power Operated Vehicle Medical Necessity and Home Environment Evaluation Form must be completed and submitted prior to purchase.*** ***The below codes require Prior Authorization.***
	E0277 , E0350 , E0352 , E0370 , E0425 , E0430 , E0435 , E0440 , E0466 , E0482 , E0483 , E0485 , E0486 , E0500 , E0610 , E0615 , E0616 , E0617 , E0620 , E0625 , E0635 , E0636 , E0637 , E0638 , E0639 , E0640 , E0641 , E0642 , E0656 , E0657 , E0670 , E0671 , E0672 , E0673 , E0675 , E0676 , E0691 , E0692 , E0693 , E0694 , E0744 , E0745 , E0746 , E0747 , E0748 , E0749 , E0755 , E0760 , E0761 , E0762 , E0764 , E0765 , E0766 , E0769 , E0770 , E0782 , E0783 , E0784 , E0785 , E0786 , E0787 , E0791 , E0830 , E0936 , E0941 , E0986, E1005, E1006, E1007, E1008,

Devices LCD L33792 Wheelchair Options/Accessories LCD L33312 Wheelchair Seating	E1035, E1036, E1220, E1226, E1229 , E1230, E1239 , E1296, E1500 , E1510 , E1520 , E1530 , E1540 , E1550 , E1560 , E1570 , E1575 , E1580 , E1590 , E1592 , E1594 , E1600 , E1610 , E1615 , E1620 , E1625 , E1629 , E1630 , E1632 , E1635, E1699 , E1902 , E2204, E2331 , E2341, E2342, E2343, E2351, E2358 , E2500 , E2502 , E2504 , E2506 , E2508 , E2510 , E2511 , E2626, E2627, E2628, E2629, E2630, K0005, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0455 , K0606 , K0730 , K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0884, K0885, K0886, K0890 , K0891 , K0898, K0899, K0900, K1001 , K1002 , K1003 , K1004, K1006 , K1016 , K1018 , K1020 , K1023 , K1024 , K1025 , K1027 , K1028 , K1029 , K1031 , K1032 , K1033 , Q0479 , Q0480 , Q0481 , Q0482 , Q0483 , Q0488 , Q0489 , Q0490 , Q0491 , Q0492 , Q0493 , T2029
	Note: The below codes *do NOT require Prior Authorization, however, claims for these items will not be paid unless a Medical Necessity and Home Environment Evaluation Form is completed.*
	K0072 K0073 K0077 K0098 K0105 K0195 K0733 K0052 K0053 K0056 K0065 K0069 K0070 K0071 K0043 K0044 K0045 K0046 K0047 K0050 K0051 K0020 K0037 K0038 K0039 K0040 K0041 K0042 K0004 K0006 K0007 K0015 K0017 K0018 K0019 E2625 E2631 E2632 E2633 K0001 K0002 K0003 E2616 E2619 E2620 E2621 E2622 E2623 E2624 E2607 E2608 E2611 E2612 E2613 E2614 E2615 E2397 E2601 E2602 E2603 E2604 E2605 E2606 E2389 E2390 E2391 E2392 E2394 E2395 E2396 E2382 E2383 E2384 E2385 E2386 E2387 E2388 E2373 E2374 E2375 E2376 E2377 E2378 E2381 E2366 E2367 E2368 E2369 E2370 E2371 E2372 E2359 E2360 E2361 E2362 E2361 E2362 E2363 E2325 E2326 E2327 E2328 E2329 E2330 E2340 E2311 E2312 E2313 E2321 E2322 E2323 E2324 E2224 E2225 E2226 E2227 E2228 E2231 E2310 E2216 E2217 E2218 E2219 E2220 E2221 E2222 E2209 E2210 E2211 E2212 E2213 E2214 E2215 E2201 E2202 E2203 E2205 E2206 E2207 E2208 E1238 E1240 E1270 E1280 E1295 E1297 E1298 E1231 E1232 E1233 E1234 E1235 E1236 E1237 E1222 E1223 E1224 E1225 E1226 E1227 E1228 E1171 E1172 E1180 E1190 E1195 E1200 E1221 E1093 E1100 E1110 E1150 E1160 E1161 E1170 E1060 E1070 E1083 E1084 E1087 E1088 E1092 E1050 E1060 E1070 E1083 E1084 E1087 E1088 E1028 E1029 E1030 E1031 E1037 E1038 E1039 E1012 E1014 E1015 E1016 E1017 E1018 E1020 E0995 E1002 E1003 E1004 E1009 E1010 E1011 E0983 E0984 E0985 E0988 E0990 E0992 E0994 E0971 E0973 E0974 E0978 E0980 E0981 E0982 E0959 E0960 E0961 E0966 E0967 E0968 E0969 E0952 E0953 E0954 E0955 E0956 E0957 E0958 E0705 E0950 E0951