2025 Prior Authorization Requirements

- If a requested service or item is not listed, please call Provider Services at 866-420-9332 for clarification.
- **All non-contracted providers and vendors require prior authorization (PA) for all services.**
- The list was updated and effective on 1/1/2025. Some of the requirements in member booklets may differ. Providers need to do diligence to ensure PA is obtained if required.
- Please refer to your provider agreement for reimbursement structure and CCA's payment policies for coding information.
- For details on Medical Necessity Guidelines, please click here

Commonwealth Care Alliance Covered Services	One Care and Senior Care Options Prior Authorization (PA) Requirements	For Services That Require Prior Authorization, Please Refer to Claim Submission Billing Guidelines Below:
Acupuncture	For Chronic Low Back Pain, prior authorization is required after 12 Visits. For all other diagnoses, prior authorization is required after 36 visits	97810, 97811, 97813, 97814
Adult Day Health Services	Prior Authorization Required	S5101, S5102, T2003
Adult Foster Care – Level I & Level II	Prior Authorization Required	S5140, S5140-TG
Adult Foster Care – Level I and Level II Alternative Placement Medical Leave of Absence (MLOA) Non-Medical Leave of Absence (NMLOA)	Prior Authorization is not required for alternative placement; however, an existing authorization must be on file.	S5140, S5140-TG
Group Adult Foster Care (GAFC)(supportive housing)	Prior Authorization Required	H0043
Anesthesia - CT Scan or MRI & Procedures Moderate Conscious Sedation	Prior Authorization Required	99152, 99153, 99156, 99157
Alzheimer's Assessment	Prior Authorization Required	S5110
Ambulatory/Outpatient Surgery	Prior Authorization Required	10040, 10040, 11920, 11921, 11951, 11952, 11971, 15820, 15821, 15822, 15823, 15830, 15831, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17380, 19300, 19368, 19369, 19370, 19396, 21193, 21194, 21195, 21198, 21199, 21206, 21240, 21242, 21243, 21245, 21247, 21255, 22206, 22207, 22210, 22212, 22214, 22220, 22222, 22224, 22532, 22533, 22548, 22551, 22554, 22556, 22558, 22590, 22595, 22600, 22610, 22612, 22630, 22633, 22856, 22857, 22858, 22861, 22862, 23472, 27096, 27130, 27132, 27134, 27279, 27446, 27447, 27486, 27487, 27702, 30430, 30435, 30450, 30460, 30462, 33276, 33277, 33278, 33279, 33280, 33281, 33287, 33288, 33289, 33930, 33933, 33935, 33940, 33944, 36465, 36466, 36468, 36470, 36471, 36473, 36475, 36478, 36482, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 43210, 43644, 43645, 43770, 43771, 43772, 43773, 43775, 43845, 43846, 43847, 43848, 43882, 44132, 44133, 44137, 44715, 44720, 44721, 47133, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50547, 53410, 53415, 58152, 58263, 58267, 58270, 58940, 61885, 61886, 62320, 62321, 62322, 62323, 62380, 63001, 63003, 63005, 63012, 63015, 63016, 63017, 63020, 63030, 63040, 63042, 63045, 63046, 63047, 63050, 63051, 63055, 63056, 63064, 63075, 63077, 63650, 63655, 63685, 64451, 64479, 64483, 64490, 64493, 64553, 64561, 64566, 64568, 64569, 64581, 64582, 64582, 64583, 64590, 64595, 64633, 64634, 64635, 64636, 67221, 67225, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67961, 67966, 69705, 69706, 69930, G0260, G0277, G0429
Assisted Living Services (ALS) Basic, or Special Care/Memory Care Unit	Prior Authorization Required	T2031
Behavioral Health Care Services	Prior Authorization Required	Repetitive Transcranial Magnetic Stimulation (rTMS) Treatment: 90867, 90868, 90869 Esketamine for Treatment-Resistant Depression: G2082, G2083
Behavioral Health Diversionary Services	Notification of Admission Required within 48 Hours of Admission	1002
	Notification of Admission Required within 48 Hours of Admission	H0010, H0011 H2036
	Notification of Admission Required within 48 Hours of Admission	0126
	Prior Authorization Required	Eating Disorder Acute Residential Treatment: H0017, T2033 Specializing: T1004
Chiropractic Care	Prior Authorization Required after 36 Visits	98940, 98941, 98942
Chore Services – Heavy	Prior Authorization Required	S5121
Chore Services – Light	Prior Authorization Required	S5120
Companion Services	Prior Authorization Required	S5135
Day Habilitation – Skills Training and Development	Prior Authorization Required	S5100, S5101, S5102, S5102-UD

Commonwealth Care Alliance Covered Services	One Care and Senior Care Options Prior Authorization (PA) Requirements	For Services That Require Prior Authorization, Please Refer to Claim Submission Billing Guidelines Below:
Adult Day Health, Day Habilitation – Non-emergent Transportation	Prior Authorization Required	T2003.
Dental: • Crowns • Dentures • Oral surgery Other	Prior Authorization Required • Replacement dentures and crowns are limited to coverage once every Five years unless authorized differently.	Commonwealth Care Alliance has selected SKYGEN Dental as the dental program administrator for its Senior Care Options and One Care plans. All claims and authorizations must be submitted to SKYGEN. Additional requirements and limitations may apply. Please click here to access the SKYGEN Dental Provider Manual for more information. Additional questions or inquiries should be directed to SKYGEN Dental Provider Relations at 855-434-9243 or NetworkDevelopment@skygenusa.com.
Diabetic Self-Management Training, Services, and Supplies	Prior Authorization Required for non-formulary diabetic testing supplies	If you have questions, please call Member Services at 866-610-2273.
Durable Medical Equipment and Medical Supplies - General including Equipment, Concentrators, CGM, and Incontinence Supplies	Prior Authorization Required	A4239, A9300, E0424, E0486, E1390, E1391, E1392, E1399, E2103, K0553, K0554, K0900, S0500, S1034, S1035, S1036, S1037, S5165, T5001
Durable Medical Equipment - Cranial and Ocular Prosthetics	Prior Authorization Required	S1040, V2623, V2624, V2625, V2626, V2627, V2628, V2629
Durable Medical Equipment - Diabetic Shoes, Fittings, & Modifications	Prior Authorization Required	A5510, A7025, A7026, A8002, A8003, A9276, A9277, A9278, A9279, A9282, A9283, A9285, A9900, A9999
Durable Medical Equipment - Miscellaneous	Prior Authorization Required	E0468, E0740, E0744, E0749, E0755, E0769, E0983, E2599
Durable Medical Equipment - Prosthetics & Accessories	Prior Authorization Required	C2624, L0170, L0220, L0452, L0480, L0482, L0484, L0486, L0622, L0624, L0627, L0629, L0632, L0634, L0636, L0638, L0640, L0970, L0972, L0974, L0976, L0999, L1000, L1300, L1310, L1499, L1630, L1640, L1680, L1685, L1834, L1840, L1844, L1846, L1860, L1900, L1904, L1907, L1920, L1940, L1945, L1950, L1960, L1970, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2080, L2090, L2320, L2330, L2340, L2350, L2387, L2510, L2520, L2525, L2526, L2540, L2627, L2755, L2800, L2999, L3002, L3003, L3020, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3217, L3219, L3221, L3230, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3265, L3330, L3649, L3671, L3674, L3677, L3678, L3702, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3806, L3900, L3901, L3904, L3905, L3913, L3919, L3921, L3933, L3935, L3956, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3999, L4000, L4010, L4020, L4030, L4040, L4045, L4050, L4055, L4361, L4631, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5680, L5681, L5682, L5683, L5684, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5855, L5856, L5857, L5858, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5990, L5999, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6386, L6388, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6715, L6805, L6810, L6880, L6881, L6882, L6883, L6884, L6885, L6890, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7260, L7261, L7360, L7362, L7364, L7366, L7367, L7368, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7600, L8010, L8039, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8499, L8619, L8621, L8627, L8628, L8629, L8690, L8691, L8692, L8693, L9900, Q4100, Q4103, Q4104, Q4105, Q4107, Q4108, Q4112, Q4113, Q4114, Q4115, Q4128, Q4132, Q4161, Q4162, Q4164, Q4165, Q4182, Q4199, Q4251, Q4252, Q4253
Durable Medical Equipment - Wheelchair Accessories	Prior Authorization Required	E0193, E0194, E0236, E0239, E0277, E0301, E0302, E0303, E0304, E0328, E0373, E0431, E0439, E0462, E0465, E0466, E0467, E0470, E0471, E0472, E0482, E0483, E0601, E0627, E0635, E0636, E0637, E0638, E0639, E0640, E0641, E0642, E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0691, E0692, E0693, E0694, E0745, E0746, E0747, E0748, E0760, E0761, E0762, E0764, E0765, E0766, E0770, E0784, E0984, E0986, E0988, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1035, E1036, E1161, E1230, E1239, E1810, E1811, E1816, E1825, E1830, E1841, E2227, E2228, E2300, E2301, E2310, E2311, E2312, E2313, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351, E2368, E2370, E2373, E2374, E2375, E2376, E2377, E2378, E2402, E2500, E2502, E2504, E2508, E2510, E2511, E2512, E2610, E2620, E2621

Commonwealth Care Alliance Covered Services	One Care and Senior Care Options Prior Authorization (PA) Requirements	For Services That Require Prior Authorization, Please Refer to Claim Submission Billing Guidelines Below:
Durable Medical Equipment - Wheelchairs & Supplies	Prior Authorization Required	K0010, K0012, K0013, K0108, K0606, K0738, 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, K0880, K0884, K0885, K0886, K0890, K0891, K0898
Gender Affirmation Surgery and Related Procedures	Prior Authorization Required	14040, 14041, 15769, 15773, 17999, 19303, 19316, 19318, 19325, 19350, 21120, 21121, 21123, 21125, 21127, 21137, 21138, 21139, 21208, 21209, 21270, 21280, 21281, 21282, 28282, 30400, 30410, 30420, 30520, 30560, 30620, 31599, 31750, 53420, 53425, 53430, 54125, 54400, 54401, 54405, 54520, 54690, 55175, 55180, 55899, 55970, 55980, 56620, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57335, 58150, 58180, 58260, 58261, 58262, 58275, 58276, 58277, 58278, 58279, 58280, 58281, 58282, 58283, 58284, 58285, 58286, 58287, 58288, 58289, 58290, 58291, 58292, 58293, 58294, 58295, 58296, 58297, 58541, 58542, 58543, 58544, 58550, 58551, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720, 58999, 69700
Genetic and Molecular Testing	Prior Authorization Required	81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81211, 81212, 81213, 81214, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81277, 81278, 81279, 81280, 81281, 81282, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81338, 81339, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81347, 81348, 81349, 81350, 81351, 81352, 81353, 81354, 81355, 81356, 81357, 81358, 81359, 81360, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81419, , 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81441, 81442, 81443, 81445, 81448, 81450, 81451, 81455, 81456, 81457, 81458, 81459, 81460, 81461, 81462, 81463, 81464, 81465, 81470, 81471, 81479, 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Grocery Shopping and Delivery	Prior Authorization Required	S5121
Hearing Aids – Major Repairs, Replacement, and Accessories	Please call Nations Hearing for more information at 800-921-4559	
Home-Delivered Meals Medically Tailored Meals	Prior Authorization Required when requesting 15 or more Home Delivered Meals per week. Prior Authorization Required for all Medically Tailored Meals	S5170
Homemaker Service	Prior Authorization Required	S5130
Hospice Services	Prior Authorization Required	0650, 0651, 0652, 0655, 0656, 0657, 0658, 0659

Commonwealth Care Alliance Covered Services	One Care and Senior Care Options Prior Authorization (PA) Requirements	For Services That Require Prior Authorization, Please Refer to Claim Submission Billing Guidelines Below:
Incontinence supplies	Prior authorization required **ONLY** when number of units requested exceeds the maximum units established by CCA	T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4543, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4536, T4537, T4538, T4539, T4540, T4541, T4542, T4544, T4545,
Infusion Therapy	Prior Authorization Required	99601, 99602, E0784, G0088, G0089, G0090, S0092, S0093, S5522, S5523, S9325, S9326, S9327, S9328, S9329, S9330, S9331, S9336, S9338, S9345, S9346, S9347, S9348, S9349, S9351, S9353, S9355, S9357, S9359, S9361, S9363, S9364, S9365, S9366, S9367, S9368, S9372, S9373, S9374, S9375, S9376, S9377, S9379, S9490, S9494, S9497, S9500, S9501, S9502, S9503, S9504
Inpatient Hospital Services (including all inpatient services at the following settings: acute inpatient, chronic, and rehabilitation)	Prior Authorization Required	0101, 0102, 0103, 0104, 0105, 0106, 0107, 0108, 0109, 0110, 0111, 0112, 0114, 0115, 0117, 0118, 0119, 0120, 0121, 0122, 0124, 0125, 0127, 0128, 0129, 0130, 0131, 0132, 0134, 0135, 0138, 0139, 0140, 0141, 0142, 0144, 0145, 0147, 0148, 0149, 0150, 0151, 0152, 0154, 0155, 0157, 0158, 0159, 0160, 0161, 0162, 0163, 0164, 0165, 0166, 0167, 0168, 0169, 0170, 0171, 0172, 0173, 0174, 0175, 0176, 0177, 0178, 0179, 0180, 0181, 0182, 0184, 0185, 0186, 0187, 0188, 0189, 0190, 0194, 0195, 0196, 0197, 0198, 0199, 0200, 0201, 0202, 0203, 0204, 0205, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0213, 0214, 0215, 0216, 0217, 0218, 0219
Long Term Support Services - Includes Home Health and In-Home Therapies	Prior Authorization Required	G0151, G0152, G0153, G0155, G0156, G0156, G0157, G0158, G0161, G0299, G0299, G0299, G0299, G0300, G0300, G0300, G0300, G0300, G0300, G0493, T1000, T1002, T1003, T1004, T1020, T1030, T1031, T1502, T1503, T2019, T2031
Laundry	Prior Authorization Required	S5175
Massage Therapy	Prior Authorization Required - Maximum of 12 visit per Calendar year.	97110, 97112, 97124, 97140
Medical Services and Procedures	Prior Authorization Required	S0810, S2095, S2107, S2152, S2202, S2235, S2350, S2351, S3870, S8035, S8940, S8950, S8990, S9989, 93264
Medication Dispensing System & Installation	Prior Authorization Required	A9279, T5999
Miscellaneous Supplies and Equipment	Prior Authorization Required	A9150, A9152, A9153, A9155, A9156, A9180, A9270, A9272, A9274, A9275
Part B Medication	Yes, except for the medications referenced in the PA Select Drug Exception list	Please refer to the CMS Medicare guidelines.
Personal Care Agency Services (Agency Delivery)	Prior Authorization Required	S5131
Personal Care Attendant (PCA) Program (Consumer/Self Directed Care)	Prior Authorization Required	99456, T1019, T 202 2, 99509
Prosthetic Management and Training	Prior Authorization Required	97750, 97755, 97760, 97761, 97763
Radiology, Tomography, and X-ray Services	Prior Authorization Required Note - Prior Authorization is not required for codes billed with Modifier 26.	0558T, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 70544, 70545, 70546, 70547, 70548, 70549, 70554, 70555, 71250, 71260, 71270, 71275, 71555, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72159, 72191, 72192, 72193, 72194, 72198, 73200, 73201, 73202, 73206, 73225, 73700, 73701, 73702, 73706, 73725, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74185, 74261, 74262, 74263, 74712, 74713, 75557, 75559, 75561, 75563, 75565, 75571, 75572, 75573, 75574, 75580, 75635, 76380, 76390, 76391, 77046, 77047, 77048, 77049, 77058, 77059, 77078, 77816, 78481, 78483, 78491, 78492, 78815, 78816, 95965, 95966, 95967, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, C8937, C9762, C9763, G0297, G2097
Select Drugs	Prior Authorization Required, except for the medications referenced in the PA Select Drug Exception list	
Skilled Nursing Facility Services (including services at the following levels: sub-acute, skilled, custodial, medical, and non-medical leave of absence)	Prior Authorization Required	0100, 0183, 0185, 0191, 0192, 0193, 0194
Supportive Day Program, SCO Only (social day care)	Prior Authorization Required	S5101
Supportive Home Care Aide	Prior Authorization Required	S5125
Therapies: Outpatient Occupational, Physical, and Speech	Prior Authorization required after 20 visits	97129, 97130, 97150, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97110-GP, 97112-GP, 97124-GP, 97140
	Prior Authorization required after 35 visits	95207, 95208, 95524, 92526, 92606, 92609
Transitional Living Program	Prior Authorization Required	T1020
Transplant Services	Prior Authorization Required	0810, 0811, 0812, 0813, 0814, 0815, 0816, 0817, 0818, 0819, 00796, 32851, 32852, 32853, 32854, 32855, 32856, 33945, 38230, 38232, 38240, 38241, 44135, 44136, 47140, 47141, 47142, 48554, 48556, 50300, 50320, 76776, G0341, G0342, G0424, G0434, Q0083, Q0084, Q0085, S2053, S2054, S2055, S2060, S2061, S2065, S2102, S2103, S2150
Nonemergency Transportation Services	Prior Authorization Required	A0120, A0130, A0140, T2001, T2002, T2003, T2004, T2005, T20049.
Ambulance Service (Ground and Air)/Specialty Care Transport	Prior Authorization Required	A0424, A0430, A0431, A0434
Wound Treatment - Negative pressure wound therapy and Electric Stimulation	Prior Authorization Required	97605, 97606, 97607, 97608, G0281, G0283