



## Medicaid Prior Authorization

List effective 8/1/2024

Managed Health Services (MHS) requires prior authorization (PA) as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all Medicaid products offered by MHS.

MHS is committed to delivering cost-effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary, according to current standards of practice. Prior authorization is a process initiated by the physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in network utilization, where applicable.

**It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.**

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL HMO SERVICES EXCEPT WHERE INDICATED.

For complete CPT/HCPCS code listing, please see the Online Prior Authorization Tool on our website at [mhsindiana.com/providers/prior-authorization/medicaid-pre-auth.html](https://mhsindiana.com/providers/prior-authorization/medicaid-pre-auth.html).

**Effective August 1, 2024, the following are changes to prior authorization requirements:**

Service Category	PA Rule	Services	Procedure Codes
Behavioral Health	PA Required	Treatment Services	90867, H0019, T2048
		Behavior Assessment	96116, 0362T
		Psychotherapy	0373T
	No PA Required	Behavior Assessment	90791, H0031
		Therapy	90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90899, H0040
Substance Use Treatment		T1007, T1010, T1012	
Cardiovascular	PA Required	Cardiovascular Procedures	33548, 93799
	No PA Required	Cardiac Rehab	G0422, G0423
		Cardiac Tests	G9157
Drug Codes	PA Required	Chemotherapeutics	J0894, J9015, J9017, J9027, J9037, J9043, J9050, J9065, J9177, J9198, J9261, J9293, J9328, J9349, J9358, Q2050
		Specialty Drugs	J1096, J1439, J1448, J1575, J1950, J2315, J2358, J2426, J2502, J2792, J2794, J3315, J3316, J7188, J7205, J7313, J9035, J9202, J9217, J9218, J9226, Q5101, Q5108, Q5111, Q5122
		Other Drugs	J7328
	No PA Required	Chemotherapeutics	J0594, J9000, J9025, J9030, J9040, J9045, J9060, J9070, J9098, J9100, J9120, J9130, J9150, J9171, J9178, J9181, J9185, J9190, J9200, J9201, J9206, J9207, J9208, J9209, J9230, J9245, J9263, J9267, J9268, J9280, J9320, J9340, J9351, J9360, J9370, J9390, J9600, Q2049
		Diabetic Drugs and Supplies	A9277, A9278, E0784, E2100
		Specialty Drugs	80220, J0121, J0205, J0207, J0215, J0692, J0695, J0712, J0714, J0875, J0883, J0884, J0890, J0895, J1205, J1650, J2407, J2425, J2547, J2670, J2791, J3090, J3095, J3489, J7342, J9155, Q0144, Q4081, S0148
		Nutritional Services	B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4189, B4193, B4197, B4199

Service Category	PA Rule	Services	Procedure Codes
		Contraceptives	J7297, S4993
		Other Drugs	J7310, J7340, J7500, J7503, J7512, J7513, J7517, J7525, J8520, J8521, J8530, J8670, J8700
Durable Medical Equipment & Supplies	PA Required	Supplies and Devices	0266T, E0481, E0482, E0483, E0486, E0731, E1390, K0900, K1018, K1024, K1025
		Cardiac Devices	C1899
		Mobility Services	E0638, E0639
		Wheelchairs	E0983, E1009, E1239, E2322, E2609, E2617, K0012, K0013, K0812, K0814, K0815, K0820, K0830, K0831, K0836, K0868, K0869, K0870, K0871, K0878, K0879, K0880
	Orthotic and Prosthetic	K1014, L1845	
	PA Required	Skin Grafts	Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4112, Q4115, Q4116, Q4117, Q4118, Q4121, Q4166, Q4168, Q4170, Q4171, Q4173, Q4174, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226, Q4227, Q4230, Q4239, Q4249
Durable Medical Equipment & Supplies	PA not required if member < 21 years at DOS	Nutritional Services	B4104
		Orthotic and Prosthetic	L1907, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1990
	PA Required except with breast cancer diagnosis	Breast Implants & Prosthesis	L8039
	No PA Required	Orthotic and Prosthetic	A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5508, A5510, A5512, E1801, E1806, E1811, E1812, E1818, E1841, K0672, L0112, L0160, L0170, L0190, L0200, L0220, L0452, L0456, L0457, L0458, L0460, L0462, L0464, L0467, L0468, L0469, L0470, L0480, L0488, L0490, L0491, L0492, L0622, L0624, L0628, L0630, L0631, L0634, L0635, L0637, L0639, L0641, L0643, L0649, L0650, L0651, L0970, L0976, L1001, L1010, L1025, L1030, L1050, L1085, L1200, L1230, L1280, L1300, L1640, L1652, L1660, L1680, L1686, L1690, L1730, L1820, L1832, L1836, L1844, L1850, L1860, L1900, L1910, L1920, L1930, L1980, L2080, L2106, L2108, L2112, L2114, L2116, L2136, L2182, L2186, L2200, L2220, L2230, L2232,

Service Category	PA Rule	Services	Procedure Codes
Durable Medical Equipment & Supplies	No PA Required	Orthotic and Prosthetic	L2240, L2300, L2310, L2330, L2340, L2350, L2360, L2370, L2375, L2425, L2430, L2492, L2500, L2510, L2520, L2525, L2526, L2540, L2570, L2580, L2610, L2627, L2628, L2630, L2670, L2680, L2750, L2760, L2820, L2830, L2850, L3000, L3002, L3003, L3010, L3020, L3140, L3207, L3208, L3209, L3211, L3215, L3216, L3217, L3219, L3221, L3222, L3224, L3225, L3230, L3250, L3252, L3253, L3254, L3255, L3257, L3620, L3630, L3640, L3649, L3678, L3702, L3710, L3760, L3762, L3806, L3808, L3906, L3915, L3916, L3927, L3931, L3956, L3960, L3962, L3967, L3981, L3982, L4000, L4070, L4080, L4090, L4100, L4130, L4205, L4350, L4370, L4396, L4398, L5150, L5400, L5410, L5430, L5450, L5460, L5616, L5617, L5622, L5626, L5628, L5630, L5631, L5632, L5634, L5636, L5638, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5650, L5651, L5652, L5653, L5654, L5655, L5658, L5661, L5665, L5670, L5671, L5672, L5673, L5677, L5678, L5679, L5681, L5682, L5683, L5684, L5686, L5692, L5695, L5696, L5714, L5716, L5785, L5790, L5810, L5811, L5812, L5816, L5818, L5822, L5828, L5855, L5859, L5920, L5925, L5940, L5950, L5960, L5962, L5964, L5970, L5972, L5974, L5975, L5976, L5978, L5982, L5984, L5985, L5986, L5990, L6388, L6616, L6623, L6625, L6628, L6629, L6632, L6637, L6641, L6647, L6650, L6665, L6670, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6692, L6693, L6698, L6707, L6708, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6883, L6884, L6885, L6895, L6905, L6940, L6945, L7360, L7366, L7368, L7404, L7405, L7520, L7900, L8020, L8030, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049, L8691
		Nutritional Services	B9002, B9004, B9006, B9998, B9999, E0791
		Supplies and Devices	A4208, A4210, A4553, A4870, A8003, A9285, C1780, C1781, E0190, E0240, E2402, E0445, E0480, E0550, E0601, E0618, E0619, E0667, E0668, E0670, E0781, E0849, E0912, E2000, K0455, K0730, K1006, L8684, S8120, S8121
		Mobility Devices	E0147, E0630, E0635, E0636

Service Category	PA Rule	Services	Procedure Codes
		Beds	E0186, E0251, E0255, E0260, E0261, E0265, E0266, E0277, E0292, E0293, E0294, E0295, E0296, E0301, E0302, E0303, E0304, E0371, E0372, E0373
		Breast Pump	E0604
		Cardiac Services	E0615, K0609, S1091
		Wound Care	A6460, A6461, A6501, A6507, A6511
		Wheelchairs	E1030, E1031, E1037, E1050, E1060, E1070, E1084, E1086, E1087, E1089, E1090, E1092, E1093, E1110, E1130, E1140, E1150, E1160, E1195, E1222, E1224, E1226, E1240, E1250, E1260, E1280, E1285, E1290, E1295, E1296, E2202, E2203, E2204, E2228, E2291, E2292, E2293, E2294, E2359, E2366, E2368, E2378, E2611, E2612, E2628, K0002, K0004, K0006
Gastroenterology	PA Required	Bariatric Surgery	43647, 43775
		Digestive System Procedures	44899, 45399, 45499, 45999, 46999, 47399, 47999, 91299
	No PA Required	Bariatric Surgery	43882, 43886, 43887, 43888
		Digestive System Procedures	43278, 43279, 43653, 43860, 43865, 47563, 47579, 47740, 47741, S2079
Genetic Analysis	PA Required	Genetic Testing	81507, 81519
	No PA Required	Genetic Testing	83915, 86812, 86813, 86816, 86817, 86821, 86825, 86826, 86828, 86831, 86832, 86833, 87483, 88230, 88233, 88235, 88237, 88239, 88240, 88241, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88267, 88269, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88289, 88291, 96040, 0174U, 0219U
Genitourinary	PA Required	Other & Unlisted	51999, 54699, 55899
		Gender Reassignment	55970, 55980
		Infertility Treatments	58350
	PA only required if billed with diagnosis of Gender Dysphoria	Genitourinary Procedures	54125, 54406, 54408, 54410, 54411, 54415, 54416, 54420, 54520, 54660, 54690, 55175, 55180, 55866, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57292, 57295, 57335, 57426, 58661, 58940, 58999
		Hysterectomies	58150, 58180, 58260, 58262, 58263, 58270, 58275, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573
		Sterilizations	58720

Service Category	PA Rule	Services	Procedure Codes
	No PA Required	Genitourinary Procedures	58340, 58660
		Cystoscopies	S2070
Hearing Services	PA Required	Implants and Supplies	L8614
		Hearing Aids	V5274
	No PA Required	Implants and Supplies	L8628
		Hearing Aids	V5014, V5090, V5110, V5150, V5160, V5190, V5200, V5240, V5241, V5262, V5263, V5275
Home Services	PA Required	Nursing Services	S9351
	No PA Required	Home Therapy	99500, 99503, 99505, 99506, 99507, 99509, 99510, 99511
		Home Visit	G9187
		Nursing Services	T1001, T1002, T1003
Hospice	No PA Required	Hospice Services	651, 652, 655, 657, 659
Imaging Service	PA Required	Nuclear Medicine	78999
		MR Imaging	C8920
		PET Scans	G0219
	No PA Required	Diagnostic Radiology	74740
		Imaging Injectables	A9503, A9510, A9526, A9580
Laboratory	PA Required	Microbiology	87999
	No PA Required	Lab Tests	0014M, 80184, 84999, 87501, 87503, 89300, G0659
Maternity Services	PA Required	Maternity Care & Delivery	59899
	No PA Required	Abortion Procedures	59100
		Maternity Care & Delivery	59812, 59821, 59830, 59897
Oncology	PA Required	Radiation Services	77423, 77520
	No PA Required	Radiation Services	77432, C1717, C9728, Q3001
		Chemotherapeutics	A9542
Other Medical Services	PA Required	Hyperbaric Oxygen Therapy	G0277
	No PA Required	Other Services	T1015, T1017, T2011
Pain Management	PA Required	Spinal Surgery	22526
		Injections	62321, 62323, 64405, 64483, 64490, 64493, 64494
	PA not required if billed on same	Injections	64462
		Neurology & Neuromuscular	64625

Service Category	PA Rule	Services	Procedure Codes
	day as other surgery		
	No PA Required	Injections	20552, 20553, 62280, 62290, 62291, 62324, 62325, 62326, 62327, 64425, 64435, 64455, 64484, 64491, 64505, 64620, 64630, 64632, 64680, 64681
		Neurology & Neuromuscular	64605
Physical Medicine	PA Required	Therapy Services	G0129
	No PA Required	Therapy Services	G0237, G0238, G0239, G2169, V5362, V5363, V5364
Physician Services	PA Required	Injections	90378, 90399
		Unlisted Other Services	94799, 96999, 99199
	No PA Required	Injections	20550, 90281, 90283
		Other Services	99188, G0372
		Home Visit	99350
		Education Services	G0108, G0109
		Telemedicine	G0459
Pulmonology	No PA Required	Endoscopies	32607, 32608, 32609
Skin Procedures	PA Required	Lipectomy	15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15877
		Other Services	17999
Sleep Medicine	PA Required	Sleep Studies	95782, 95805, 95807, 95808, 95810, 95811
Stereotactic Radiosurgery	No PA Required	Nervous System Procedures	61796, 61797, 61798, 61800, 63620, 63621
	PA Required	Musculoskeletal Procedures	20937, 21899, 23929
		Facial, Cranial & TMJ Procedures	21089, 21120, 21121, 21122, 21123, 21125, 21137, 21138, 21139, 21151, 21155, 21208, 21209, 21270, 21296, 21499, 42145
		Eye & Ocular Adnexa Procedures	21280, 21282, 66999, 67299, 67399, 67599, 67906, 67938, 67950, 68899
		Spinal Surgery	22867, 22868, 22869, 22870
		Chest, Abdomen & Pelvis Procedures	22999, 39499, 49329, 50549
		Cardiovascular Procedures	33285, 33999, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37243, 37500, 37700, 37718, 37722, 37799, C9765
		Other Unlisted Services	38999, 53899, 60699, 64999

Service Category	PA Rule	Services	Procedure Codes
Surgery Procedures		Auditory System Procedures	69300, 69714, 69799
		Skin Grafts	C9354, C9358, C9360, C9363
	PA only required if billed with diagnosis of Gender Dysphoria	Integumentary Services	11960, 11970, 14000, 14001, 15100, 15101, 15120, 15121, 15200, 15570, 15574, 15600, 15620, 15757, 15758, 15769, 15771, 15772, 15773, 15774
		Breast Services	19303
		Respiratory Services	31599, 31899
		Genitourinary Procedures	53410, 53415, 53420, 53425, 53430, 53460
	PA Required except with Breast Cancer diagnosis	Breast Services	19330, 19340, 19342, 19350, 19364, 19370, 19371, 19380, 19499
PA after 12 wound visits	Wound Care	11042, 11043, 11044	
Surgery Procedures	No PA Required	Integumentary Services	14020, 14021, 14040, 14041, 14060, 14061, 15002, 15003, 15004, 15005
		Breast Services	19307, 19357, 19361, 19369, S2066, S2068
		Musculoskeletal Procedures	20527
		Facial, Cranial & TMJ Procedures	21206, 21256, 21263, 21267, 41512, 41530
		Rhinoplasties	30460, 30462, 30520, 30630
		Respiratory Services	32505
		Cardiovascular Procedures	34841
		Hemic and Lymphatic System Procedures	38243
		Tonsils & Adenoid Procedures	42842, 42844, 42860, 42870
		ENT Procedures	42890, 42892, 42900, 42950, 42972, 42999
	Chest, Abdomen, Pelvis Procedures	49900, 49904, 49905, 49906	
		Spinal Surgery	64568
		No PA Required	Nervous System Procedures



Service Category	PA Rule	Services	Procedure Codes
		Eye & Ocular Adnexa Procedures	65756, 65757, 67914, 67915, 67921, 67922, 67923, 67924, 67961, 67966, 67971, 67973, 67974, 67975
		Auditory System Procedures	69310, 69320, 69949
Transplant Services	PA Required	Transplant	32851, 32852, 32853, 32854, 33935, 33945, 38240, 44135, 44136, 47135, 48160, 50360, 50365
	No PA Required	Transplant	33933, 33940, 38205, 38230, 38232, 47140, 47142
Transportation Services	PA Required	Medical Transportation, Mileage	A0435
	No PA Required	Medical Transportation, Mileage	A0999, R0075
Vision Services	No PA Required	Vision Supplies	S0515