



# 2018 Medicare Prior Authorization Grid

**Please Note:**

1. Services not reflected on this authorization grid do not require authorization.
2. All services must be medically necessary, subject to CMS regulations. If a service performed is not covered by Medicare or an additional benefit offered by ATRIO, the claim will be denied as a non-covered service per Medicare criteria. An approved authorization is not a guarantee of payment. Payment is based on benefits in effect at the time of service, member eligibility and medical necessity.
3. HMO SNP require a prior authorization for ALL out-of-network services.
4. PPO Plans do NOT require a prior authorization for out-of-network services.

**Authorization is required for the following services/procedures**

**Health Education**

The plan will cover attendance to a plan sponsored evidence based health promotion program for members with chronic conditions. For example, programs such as the Chronic Disease Self-Management Program licensed through Stanford University and other similar evidence-based programs would be covered

**Inpatient Hospital Services**

Inpatient Hospital / Partial Hospitalization / Psychiatric Inpatient Hospital

**Skilled Nursing Facility Services**

All SNF Services

**Home Health Services**

Assessment and first 5 visits do not require prior authorization. Subsequent visits require prior authorization

**Occupational Therapy Services**

Occupational Therapy requires prior authorization after the first 20 visits per plan year

**Physical and Speech Therapy Services**

Physical Therapy & Speech Therapy require prior authorization after the first 20 visits per plan year (combined)

**Cardiac and Pulmonary Rehabilitation Services**

Cardiac & Pulmonary Rehabilitation Services require prior authorization after the first 36 visits per plan year

**Outpatient Diagnostic and Therapeutic Radiology Services**

**Diagnostic Services - Radiology**

Only the listed MRI and MRA Scans below require prior authorization

|       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 70336 | 70545 | 71550 | 72146 | 72157 | 72197 | 73221 | 73719 | 73725 | 77058 |
| 70540 | 70546 | 71551 | 72147 | 72158 | 72198 | 73222 | 73720 | 74181 | 77059 |
| 70542 | 70547 | 71552 | 72148 | 72159 | 73218 | 73223 | 73721 | 74182 |       |
| 70543 | 70548 | 72141 | 72149 | 72195 | 73219 | 73225 | 73722 | 74183 |       |
| 70544 | 70549 | 72142 | 72156 | 72196 | 73220 | 73718 | 73723 | 74185 |       |

**Outpatient Hospital and Ambulatory Surgery Center Services**

Only the listed Outpatient surgical procedures provided in hospital outpatient setting or Ambulatory Surgery Center require prior authorization

|       |       |       |       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 15822 | 22513 | 36478 | 37790 | 48550 | 62322 | 63016 | 63055 | 63662 | 64565 | 65757 | 67903 | 69720 |
| 15823 | 22514 | 36479 | 37799 | 48999 | 62323 | 63017 | 63056 | 63663 | 64568 | 65770 | 67904 | 69725 |
| 19324 | 22515 | 37700 | 43647 | 58578 | 62324 | 63020 | 63057 | 63664 | 64569 | 65772 | 67906 | 69740 |
| 19325 | 22551 | 37718 | 43648 | 61796 | 62325 | 63030 | 63064 | 63685 | 64575 | 65775 | 67908 | 69745 |
| 22100 | 22554 | 37722 | 43651 | 61797 | 62326 | 63035 | 63066 | 63688 | 64580 | 65778 | 67909 | 69799 |
| 22101 | 22612 | 37735 | 43652 | 61798 | 62327 | 63040 | 63075 | 64479 | 64581 | 65779 | 67911 | 69930 |
| 22102 | 22614 | 37760 | 43653 | 61799 | 63001 | 63042 | 63076 | 64480 | 64590 | 65780 | 67912 | 69949 |
| 22103 | 22856 | 37761 | 43870 | 61800 | 63003 | 63044 | 63620 | 64483 | 65710 | 65781 | 69711 |       |
| 22505 | 22899 | 37765 | 43886 | 62281 | 63005 | 63045 | 63621 | 64484 | 65730 | 65782 | 69714 |       |
| 22510 | 27446 | 37766 | 43887 | 62282 | 63011 | 63046 | 63650 | 64553 | 65750 | 67900 | 69715 |       |
| 22511 | 36475 | 37780 | 43888 | 62320 | 63012 | 63047 | 63655 | 64555 | 65755 | 67901 | 69717 |       |
| 22512 | 36476 | 37785 | 43999 | 62321 | 63015 | 63048 | 63661 | 64561 | 65756 | 67902 | 69718 |       |

**Ambulance Services**

Only non-emergency ambulance transportation requires prior authorization

**Durable Medical Equipment (DME), Prosthetics/Medical Supplies and Diabetic Supplies and Services**

All DME rentals

DME purchases exceeding **\$500.00 (billed amount per item)**

Prosthetics/Medical Supplies purchases exceeding **\$500.00 (billed amount per item)**

Diabetic supplies and services exceeding **\$500.00 billed amount**

**Medicare Part B Prescription Drugs**

Only the listed Part B Injectable drugs below require prior authorization

|       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| J0585 | J0881 | J0885 | J2323 | J2469 | J3490 | J3590 | Q3027 | J2350 |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|

IVIG - J1459, J1559, J1561-J1569, J1572

**Comprehensive Dental Services**

Facility fees and anesthesia services for dental services provided in an Ambulatory Surgery Center or hospital setting under general anesthesia

**Other Services - Only applies to H3814 - Plan 007**

97802 Medical nutrition, indiv, initial - up to one hour (4 units) per year

97803 Medical nutrition, indiv, subseq - up to one hour (4 units) per year

97804 Medical nutrition, group - up to 4 hours (16 units total) per year