



## 2021 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.
3. Payment is based on benefits in effect at the time of service, member eligibility and medical necessity.
4. HMO SNP members require a prior authorization for ALL out-of-network services.
5. PPO Plans do NOT require a prior authorization for out-of-network services.
6. Retroactive requests (services already rendered) need to be submitted as a claim.

Authorization is required for the following services/procedures
Inpatient Hospital Services
Inpatient Hospital / Partial Hospitalization / Psychiatric Inpatient Hospital / Planned Inpatient Surgeries
Skilled Nursing Facility Services
All SNF Services
Home Health Services
All Home Health Services
Occupational Therapy Services
Occupational Therapy requires prior authorization after the first 10 visits per plan year
Physical and Speech Therapy Services
Physical Therapy & Speech Therapy require prior authorization after the first 10 visits per plan year (combined)
Cardiac Rehabilitation Services
Cardiac Rehabilitation Services require prior authorization after the first 36 visits per plan year
Pulmonary Rehabilitation Services
Pulmonary Rehabilitation Services require prior authorization after the first 36 visits per plan year
Genetic and Molecular Diagnostic Testing
All Genetic and Molecular Diagnostic Testing
Cosmetic Services

All Cosmetic Procedures and associated codes

**Outpatient Diagnostic and Therapeutic Radiology Services - Radiology**

Only the listed Outpatient Diagnostic and Therapeutic Radiology codes below require prior authorization

70336	71551	72158	73220	73725	75635	77372	77799	78473	78598	78710	78805	79999
70540	71552	72159	73221	74181	75898	77373	78075	78481	78599	78725	78806	G6015
70542	71555	72195	73222	74182	76498	77385	78099	78483	78600	78730	78807	G6017
70543	72141	72196	73223	74183	77021	77386	78199	78491	78601	78740	78812	
70544	72142	72197	73225	74185	77022	77520	78299	78492	78602	78761	78813	
70545	72146	72198	73718	75557	77046	77522	78399	78494	78605	78799	78814	
70546	72147	72240	73719	75559	77047	77523	78459	78496	78608	78800	78815	
70547	72148	72255	73720	75561	77048	77525	78466	78499	78610	78801	78816	
70548	72149	72265	73721	75563	77049	77761	78468	78579	78660	78802	78999	
70549	72156	73218	73722	75565	77270	77762	78469	78580	78669	78803	79403	
71550	72157	73219	73723	75574	77371	77763	78472	78597	78700	78804	79440	

**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	22101	23921	27441	33216	36476	43647	52648	62320	63047	64413	64568	69711
15823	22102	24925	27442	33217	36478	43648	53440	62321	63048	64416	64569	69714
17999	22103	25441	27443	33218	36479	43651	53445	62322	63055	64461	64575	69715
19324	22505	25442	27446	33220	36482	43652	53850	62323	63056	64462	64580	69717
19325	22510	25443	27447	33222	36483	43653	53852	62324	63057	64463	64581	69718
21085	22511	25444	27594	33223	37224	43659	55860	62325	63064	64479	64585	69720
21110	22512	25446	27700	33224	37225	43772	55862	62326	63066	64480	64590	69725
21199	22513	25907	27884	33225	37226	43773	55875	62327	63075	64483	64600	69740
21206	22514	25922	27889	33226	37227	43774	55899	63001	63076	64484	64605	69745
21208	22515	25929	28429	33230	37246	43870	57155	63003	63265	64490	64610	69799
21209	22551	26121	29806	33231	37247	43886	57156	63005	63266	64491	64620	69805
21240	22552	26123	29868	33240	37650	43887	57425	63011	63267	64492	64630	69806
21242	22554	26508	30130	33241	37700	43888	58578	63012	63268	64493	64680	69930
21243	22585	26530	30140	33244	37718	43999	58674	63015	63620	64494	64681	69949
21244	22612	26531	30460	33249	37722	47370	61796	63016	63621	64495	64999	69711
21245	22614	26535	30465	33262	37735	47382	61797	63017	63650	64505	67900	69714
21246	22633	26536	30520	33263	37760	48550	61798	63020	63655	64510	67901	69715
21248	22634	27130	30801	33264	37761	48999	61799	63030	63661	64517	67902	

21249	22856	27412	30802	33285	37765	50080	61800	63035	63662	64520	67903	
21256	22899	27415	31660	36465	37766	50081	61880	63040	63663	64530	67904	
21275	23334	27427	31661	36466	37780	50590	61885	63042	63664	64553	67906	
21295	23455	27428	31830	36470	37785	50592	61886	63043	63685	64555	67908	
21296	23800	27437	32701	36471	37790	51715	61888	63044	63688	64561	67909	
21299	23802	27438	32998	36473	37799	52450	62281	63045	64408	64565	67911	
22100	23899	27440	33215	36475	42145	52601	62282	63046	64410	64566	67912	

**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 line item)**

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

Diabetic supplies and services exceeding **\$500.00 billed amount** and for blood glucose monitoring supplies exceeding the following limits:  
 100 test strips and 100 lancets per 90-day supply for individuals who are non-Insulin dependent  
 300 test strips and 300 lancets per 90-day supply for individuals who are Insulin dependent  
 1 lancet device per 6 months for both Insulin dependent and non-Insulin dependent individuals  
 1 continuous glucose monitor per 6 months for both Insulin dependent and non-Insulin dependent individuals

**Medicare Part B Prescription Drugs**

Only the listed Part B Injectable drugs below require prior authorization

J0135	J0587	J0885	J1438	J1557	J1568	J1595	J1830	J2507	J7513	J7999	J9400	
J0364	J0588	J0887	J1439	J1559	J1569	J1599	J2170	J2796	J7599	J9250	J9999	
J0485	J0881	J0888	J1447	J1561	J1572	J1675	J2354	J2941	J7639	J9255		
J0585	J0882	J1212	J1459	J1562	J1573	J1744	J2502	J3490	J7686	J9260		
J0586	J0883	J1410	J1556	J1566	J1575	J1826	J2505	J7330	J7799	J9266		

**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 – SNP Plans Only**

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 9 hours (36 units total) per year