

Prior Authorization Code List | Effective January 1, 2022

Prior authorization (PA) requests should be submitted on an Alterwood Prior Authorization form along with sufficient clinical documentation via fax at 410-801-5701. PA forms can be found at: <https://www.alterwoodadvantage.com/for-providers/>

To ensure timeliness of PA request, documentation submitted shall include, but is not limited to: completed preauthorization form, treatment received to date, current medical health status and/or proposed treatment plan.

Important Notes

Prior authorization is not required for emergency care. This Prior Authorization Code List should be read in conjunction with the Prior Authorization Summary.

This document includes codes of services, items and medications that require authorization prior to being provided or administered for Alterwood Advantage members.

- All codes included in this document requires authorization regardless of how it is categorized.
- Durable Medical Equipment (DME) and Durable Medical Services (DMS) codes are not listed. All DME/DMS (greater than \$500, including rentals and repairs) require a prior authorization.
- Specialized services delivered through Home Health to be performed in the home setting require prior authorization.
- Codes are updated from time-to-time within each category and released on an on-going basis.

Alterwood provides a comprehensive list of codes in this document that corresponds to categories found in the Prior Authorization Summary.

It is the network provider's responsibility to obtain authorization prior to services, items and medications being rendered. Facilities are encouraged to verify that a prior authorization is approved before providing a service, item or medication unless it is an emergent situation. Payment may be denied for services rendered without authorization. Products and services not on the Medicare Fee Schedule will not be paid.

All services, items and medications delivered by an out-of-network provider are not covered without prior authorization.

For additional information, refer to the Prior Authorization Summary and Prior Authorization Forms at <https://www.alterwoodadvantage.com/for-providers/>

Codes Requiring Prior Authorization

Digestive	47135	48554	48999		
Endocrine	60512				
Female/Reproductive	19300	19316	19318	19325	19328
	19342	19350	19355	19357	19370
	19371	19380	19396	19499	55980
	56800	56805	57291	57295	57296
	57426	58350	58560	58920	59840
	59841	59866	76831		
Head and Neck	21010	21070	21073	21076	21077
	21079	21080	21081	21082	21083
	21084	21085	21086	21087	21088
	21089	21116	21120	21121	21122
	21123	21125	21127	21138	21139

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Head and Neck, <i>continued</i>	21181	21198	21199	21206	21208
	21209	21210	21215	21230	21235
	21240	21242	21243	21244	21245
	21246	21248	21249	21260	21261
	21263	21267	21275	21280	21282
	65710	65730	65750	65755	65756
	67850	67900	67901	67902	67903
	67904	67906	67908	67909	67914
	67915	67916	67917	67921	67922
	67923	67924	67961	67966	67971
	67973	67974	67975	69300	69310
	69320	L8609	L8610	Q1004	Q1005
	S0800	S0810	S0812	S2230	S2235
Hemic and Lymphatic	P9099				
Home Health	99324	99325	99326	99327	99328
	99334	99335	99336	99337	99500
	99501	99502	99503	99512	99600
	S9001	S9122	S9123	S9208	S9209
	S9211	S9212	S9213	S9214	S9325
	S9346	S9351	S9353	S9357	S9359
	S9363	S9370	S9373	S9374	S9375
	S9376	S9377	S9379	S9537	S9542
	S9558	S9559	S9560	S9562	0551
	0561	0571	0581		
Integumentary	15572	15574	15576	15600	15610
	15620	15630	15650	15730	15731
	15733	15734	15736	15738	15740
	15750	15760	15769	15770	15771
	15772	15773	15774	15777	15820
	15821	15822	15823	15830	15832
	15833	15834	15835	15836	15837
	15838	15839	15999	17999	
Male/Reproductive	54300	54304	54400	54401	54405
	54406	54408	54410	54415	54416
	54420	54435	54437	54438	54440
	54450	54500	54505	54520	54690
	54699	54800	55200	55300	55500
	55970				
Medications <i>Self-Administered Drugs (SAD) are not covered under the medical benefit. Appropriate modifiers should be submitted on SAD drugs administered by a Provider.</i>	C9081	C9399	J0129	J0130	J0135
	J0178	J0179	J0180	J0202	J0222
	J0223	J0224	J0256	J0490	J0517
	J0585	J0586	J0587	J0588	J0593
	J0596	J0597	J0598	J0599	J0638
	J0717	J0725	J0742	J0791	J0800
	J1300	J1305	J1322	J1426	J1427
	J1602	J1745	J1786	J2323	J2326

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Medications, <i>continued</i>	J2350	J2503	J2507	J2562	J3032
	J3241	J3262	J3357	J3358	J3380
	J3398	J3399	J3490	J3590	J3591
	J7189	J7318	J7320	J7321	J7322
	J7323	J7324	J7325	J7326	J7327
	J7328	J7329	J7330	J7331	J7332
	J7351	J7352	J7599	J7699	J7799
	J7999	J8499	J8597	J8999	J9042
	J9177	J9216	J9246	J9271	J9325
	J9358	J9999	Q2041	Q2042	Q2043
	Q2053	Q2054	Q5103	Q5104	Q5109
	Q5121				
Musculoskeletal	20974	20975	20979	20985	20999
	0262U	L1499	L8613	L8630	L8631
	L8641	L8642	L8658	L8659	S2066
	S2067	S2068			
Other	A4253	A4259	E0607	E2101	S9975
	A0428	A0998	A0434	A0999	
Rehabilitation (Physical Therapy, Occupational Therapy, and Speech Therapy)	70371	92507	92508	92521	92522
	92523	92524	97039	97161	97162
	97163	97164	97165	97166	97167
	97168	97750	G0151	G0152	G0153
	G0157	G0158	G0159	G0160	G0161
	G2168	G2169	S9128	S9129	S9131
	S9152	0421	0431	0441	
Specialized Services - Diagnostic	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	81212
	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
81207	81208	81209	81210	81212	

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Specialized Services – Diagnostic, <i>continued</i>	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
	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	81350	81351	81352	81353
	81355	81357	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	81420
	81422	81425	81426	81427	81430
	81431	81432	81433	81434	81435
	81436	81437	81438	81439	81440
	81442	81443	81445	81448	81450
	81455	81460	81465	81470	81471
81479	81490	81493	81500	81503	
81504	81506	81507	81508	81509	
81510	81511	81512	81513	81514	
81518	81519	81520	81521	81522	
81525	81528	81529	81535	81536	
81538	81539	81540	81541	81542	

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Specialized Services – Diagnostic, <i>continued</i>	81546	81551	81552	81554	81595
	81596	81599	83950	83951	88245
	88248	88249	88261	88262	88263
	88264	88267	88269	88271	88272
	88273	88274	88275	88280	88283
	88285	88289	88291	88299	96040
	0017U	0018M	0022U	0094U	0101A
	0101U	0102A	0102U	0103U	0111U
	0115U	0129U	0151U	0169U	0171U
	0172U	0205U	0211U	0212U	0213U
	0214U	0215U	0216U	0217U	0218U
	0231U	0233U	0234U	0235U	0236U
	0237U	0238U	0239U	0240U	0242U
	0245U	G9143	S3800	S3840	S3841
	S3842	S3844	S3845	S3846	S3849
	S3850	S3852	S3853	S3854	S3861
S3865	S3866	S3870			
Specialized Services - Treatment	38205	38206	38207	38208	38209
	38210	38211	38212	38213	38214
	38215	38230	38232	38240	38241
	38242	38243	M0075	M0100	S1034
	S2055	S2095	S2102	S2103	S2140
	S2142	S2150	S2152	S2202	

Other Important Information			
Other: T and U Codes	Alterwood Advantage does not cover T codes and other investigational procedures outside of CMS approved clinical trials. U codes are only covered when recommended by NCCN or other nationally recognized compendia or guidelines.		
Delegate Call Centers	<table border="0"> <tr> <td>Behavioral Health (Optum): 866-340-0639 Dental (DentaQuest): 866-340-0813 Hearing (Nations): 866-340-0492 Pharmacy/Part D PAs (Elixir): 866-267-3144</td> <td>OTC (Nations): 866-340-0627 Transportation, Routine: 866-340-0665 Vision (EyeMed): 866-340-0753</td> </tr> </table>	Behavioral Health (Optum): 866-340-0639 Dental (DentaQuest): 866-340-0813 Hearing (Nations): 866-340-0492 Pharmacy/Part D PAs (Elixir): 866-267-3144	OTC (Nations): 866-340-0627 Transportation, Routine: 866-340-0665 Vision (EyeMed): 866-340-0753
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Miscellaneous	<ul style="list-style-type: none"> Blood glucose test strips and lancets require a prior authorization above 100 strips and lancets for non-insulin dependent diabetics and above 300 strips and lancets for insulin dependent diabetics every three (3) months. CMS' LCD encourages members to be seen by their provider every six (6) months for diabetes management when greater than these quantities are needed. Providers must verify adherence to the high utilization testing regimen. Codes related to Behavioral Health, Dental, Hearing, Part D, and Vision are not included. Please contact our delegate partners listed above for their prior authorization information. Codes that are not covered or excluded by the Centers for Medicare and Medicaid Services are not listed. Refer to Member's Evidence of Coverage for a description of covered and non-covered services. Alterwood reserves the right to perform retrospective reviews to validate coverage and medical necessity based upon CMS, NCA, NCD, LCD, or MCG and to ensure quality services are rendered. 		