

MMA Prior Authorization List

Effective 2/1/25

ALL SERVICES RENDERED BY OUT-OF-NETWORK PROVIDERS REQUIRE PRIOR AUTHORIZATION FROM THE HEALTH PLAN.	CPT CODES THAT REQUIRE PRIOR AUTH
ADMISSION INPATIENT and FACILITY-BASED CARE	
ALL NON-ELECTIVE (EMERGENCY) ADMISSION	POS 21
ELECTIVE (MEDICAL, BEHAVIORAL, SUBSTANCE USE) INPATIENT ADMISSION	POS 21
ELECTIVE SURGICAL INPATIENT ADMISSION	POS 21
INPATIENT REHABILITATION ADMISSION	POS 61
NURSING FACILITY SERVICES	Rev Codes 0101, 0185, 0182
SKILLED NURSING FACILITY ADMISSION	POS 31
BEHAVIORAL HEALTH	
BEHAVIOR ANALYSIS WILL BE PROVIDED BY HN1 PLEASE CONTACT HEALTH NETWORK ONE AT 1-888-550-8800 ,	
FOR BEHAVIORAL HEALTH AND SUBSTANCE USE SERVICES THAT REQUIRE PRIOR AUTHORIZATION, PLEASE REFER TO CCP'S BEHAVIORAL HEALTH AUTHORIZATION GUIDELINES	
CAR T-CELL THERAPY	
CAR T-CELL THERAPY	Q2041, Q2042, Q2053, Q2054, Q2055
COSMETIC/ PLASTIC/ RECONSTRUCTIVE PROCEDURES	
ADJACENT TISSUE TRANSFER/ REARRANGEMENT/ REPAIR INTEGUMENTARY SYSTEM	14000 - 14350
BARIATRIC SURGERY	43644 - 43645, 43770 - 43775, 43842 - 43848, 43886 - 43999
BLADDER REPAIR/ RECONSTRUCTION PROCEDURES	51800 - 51980
BREAST SURGICAL PROCEDURES (Excludes excisions or biopsies)	19300 - 19396
CANTHOPLASTY	67950
CONSTRUCT BLADDER OPENING	51980
CREATE TEAR SAC DRAIN	68720
DERMATOLOGIC PHOTOCHEMOTHERAPY AND LASER TREATMENT	96910 - 96922
GASTRIC NEUROSTIMULATOR PROCEDURES	43647 - 43648, 43881 - 43882
GASTRIC PROCEDURES (Including laparoscopic surgery and revision of anastomosis)	43651 - 43659, 43850 - 43865
HAND AND FINGERS RECONSTRUCTION	26541 - 26596
HEAD (SKULL, FACE, TMJ) RECONSTRUCTION	21029, 21120 - 21296
HEART DEFECT REPAIR (STRUCTURAL)	93580 - 93592
HUMERUS AND ELBOW RECONSTRUCTION	24301 - 24498
INTRALESIONAL INJECTIONS	11900 - 11901
KERATOPROSTHESIS	65770

KNEE, ARTHROPLASTY	27437 - 27447
LIP/ PALATE REPAIR	40650 - 40761
MASTOID SURGERY	69501 - 69605
NECK AND THORAX RECONSTRUCTION	21685 - 21750
NOSE, REPAIR	30400 - 30630
PALATE AND UVULA REPAIR	42200 - 42281
PELVIS and HIP RECONSTRUCTION	27097 - 27187
PENILE REPAIR	54300 - 54400
SKIN FLAPS AND GRAFTS	15570 - 15847
TESTICULAR PROSTHESIS INSERTION	54660
DERMATOLOGY AND PODIATRY SERVICES WILL BE PROVIDED BY HN1 PLEASE CONTACT HEALTH NETWORK ONE AT 1-888-550-8800	
DIAGNOSTIC IMAGING AND LAB TESTING	
CT SCAN (Requirement waived for high performing PCPs)	70450 - 70498, 71250 - 71275, 72125 - 72133, 72191 - 72194, 73200 - 73206, 73700 - 73706, 74150 - 74178, 74261 - 74263, 75635
CTA AND CALCIUM SCORING	75571 - 75574
GENETIC TESTING (No authorization is required for standard genetic tests performed on the pregnant enrollee)	Require PA: 81200 - 81479, 81599, 88230 - 88299, 88360 - 88368. Do NOT Require PA if claim has a pregnancy diagnosis: 81220, 81243, 81401, and 81420.
MRI (Requirement waived for high performing PCPs)	70336, 70540 - 70543, 70551 - 70559, 71550 - 71552, 72141 - 72158, 72195 - 72197, 73218 - 73223, 73718 - 73723, 74181 - 74183, 75557 - 75565, 76390, 76498, 77021 - 77022, 77058 - 77059, 77084, 0159T
PET SCAN	78459, 78491 - 78492, 78608 - 78609, 78811 - 78816
DIALYSIS	
HEMODIALYSIS AND PERITONEAL	4056F, 90945 - 90947, 90935 - 90937, E1500 - E1599

DURABLE MEDICAL EQUIPMENT (DME) FOR DME NOT LISTED BELOW, PLEASE CONTACT COASTAL CARE SERVICES AT 1-833-204-4535	
COCHLEAR DEVICE SYSTEM	L8614
DIABETIC SHOES	A5500 - A5514
PATIENT LIFTS	E0621 - E0635
ELECTIVE INVASIVE PROCEDURES	
ABLATE HEART DYSRHYTHM FOCUS (ELETROPHYSIOLOGICAL PROCEDURES)	93653 - 93657
ABLATE INFERIOR TURBINATE	30801 - 30802
ABORTION PROCEDURES (elective)	59840 - 59857
ADJUST BONE FIXATION DEVICE	20693
ANAL PRESSURE RECORD	91122
ANAL/ URINARY EMG	51784
ARTHROSCOPY ALL BODY AREAS	29800 - 29999
AV SHUNT/ ANASTOMOSIS PROCEDURES	36818 - 36821
BRONCHOSCOPIC PROCEDURES	31622 - 31661
CAPSULE ENDOSCOPY	91110 - 91112
CARDIAC CATHETERIZATION	93451 - 93533
CARDIOVERSION, ELECTRICAL - INTERNAL	92961
CARPAL TUNNEL SURGERY	64721 - 64722
CATARACT SURGERY <i>(Medically necessary cataract surgery will be authorized by 20/20 iCare network. CCP will be responsible for the prior authorization of the facility and ancillary medical services in the facility)</i>	66821, 66982 - 66986
CHOLECYSTECTOMY, LAPAROSCOPIC	47562 - 47579
CIRCUMCISION (AUTH REQUIRED IF AGE > 12 weeks old)	54120, 54161 - 54163
CORONARY THERAPEUTIC SERVICES	92920 - 92979
CYSTOMETROGRAM	51725 - 51729
CYSTOSCOPY AND TREATMENT	52000 - 52355
DENERVATION	64612 - 64615, 64617 - 64640
DISCECTOMY/ VERTEBRAL BODY RESECTION	63075 - 63091
ELECTRICAL STIMULATION, OPERATIVE	20975
ELECTROMYOGRAPHY and NERVE CONDUCTION VELOCITY TESTING	95860 - 95872, 95875 - 95887, 95905 - 95913
ENDOCERVICAL CURETTAGE	57505
ENDOSCOPY, SURGICAL (SINUS, ESOPHAGUS, SMALL INTESTINE, STOMA)	31267, 31276, 43200 - 43232, 44360 - 44379, 44380 - 44386
EPIDURAL INJECTION FOR LYSIS	62263 - 62264
EPIDURAL INJECTION FOR PAIN	62280 - 62282, 62320 - 62327, 64479 - 64484

ESOPHAGOGASTRIC FUNDOPLASTY	43327 - 43337
EXCISION CYSTIC HYGROMA, AXILLARY/ CERVICAL	38550 - 38550
GRAFT PROCEDURES ON MUSCULOSKELTAL SYSTEM (GENERAL)	20900 - 20939
HEMORRHOIDECTOMY	46250 - 46262
HERNIA REPAIR (Open and laparoscopic)	49495 - 49587, 49650 - 49659
HYPERBARIC TREATMENT (Wound care center only)	99183
HYSTERECTOMY (With signed sterilization form)	58541 - 58544, 58548 - 58554, 58570 - 58578
HYSTEROSCOPY	58340, 58555 - 58565, 58579, 58999
IMPLANT AND REVISION OF NEUROELECTRODES	61850 - 61888
IMPLANT COCHLEAR DEVICE	69930
IMPLANT CORNEAL RING	65785
IMPLANT CRANIAL BONE GRAFT	61316
IMPLANT EYE SHUNT	66180
IMPLANT INFUSION PUMP	36260
INSERTION OF TUNNELED INTRAPERITONEAL CATHETER	49418
LAMINOTOMY/ LAMINECTOMY	63001 - 63051, 63075 - 63091
LAPAROSCOPY OF ABDOMEN, PERITONEUM, OMENTUM	49320 - 49329
MYOMECTOMY	58545 - 58546
NEPHRECTOMY	50220 - 50240, 50543, 50545 - 50546, 50548
ORAL SURGERY	21040, 40899, 41800 - 41874
ORCHIECTOMY, ORCHIOPEXY	54520, 54690 - 54692
OVIDUCT/ OVARY, LAPAROSCOPY	58660 - 58679
PROCTOPEXY, LAPAROSCOPIC	45400 - 45402, 45499
PENILE IMPLANT (REMOVAL ONLY)	54406, 54415
PROSTATE PROCEDURES	53850 - 53899
SHOULDER SURGERY/ REPAIR/ REVISION/ RECONSTRUCTION	23395 - 23491
SKIN GRAFTING PROCEDURES	15002 - 15278
SPIDER VEIN AND ENDOVENOUS THERAPY	36473 - 36483, 37650 - 37785
SPINAL IMPLANT/ PUMP/ ANALYZE	62350 - 62351, 62360 - 62362
SPINE FUSION	22548 - 22819
STERILIZATION PROCEDURES (With signed sterilization form)	55250, 58600 - 58615, 58700 - 58720
STRESS TEST (THALLIUM, CARDIOLYTE ETC.)	93015 - 93018
THORACOSCOPY, DIAGNOSTIC OR SURGICAL	32601 - 32609, 32650 - 32674
TOTAL DISC ARTHROPLASTY (Artificial disc)	22856 - 22865

TRANSCATH STENT TO CAROTID ARTERY/ INCLUDING ANGIOPLASTY	37215
TRANSCATH PERM OCCLUSION/ EMBOLIZATION PERC, OF CNS	61624
UTERINE FIBROID EMBOLIZATION	37243
HOME HEALTH	
FOR HOME HEALTH SERVICES, PLEASE CONTACT COASTAL CARE SERVICES AT 1-833-204-4535 .	
HOSPICE	
HOSPICE INPATIENT	Q5005, Q5006, Rev codes 0654, 0655, 0656, 0657, 0658
HOSPICE OUTPATIENT AT HOME/ ALF/ SNF	Rev code 0651, 0652, 0551, 0561; CPT codes G0299, G0155, Q5001 - Q5004, Q5007 - Q5009
MATERNITY (Requirement Waived for High Performing OB Providers)	
DELIVERY (SCHEDULED CESAREAN AND INDUCTIONS)	59409 - 59414, 59514, 59525, 59612, 59614, 59622, 59870, 59871, 59899
HOME HEALTH - OB PATIENTS	99500 - 99602, Q5001S5035 - S5036, S5180 - S5181, S5522 - S5523, S9097 - S9098, S9122 - S9127, S9129 - S9131, S9145, S9208 - S9214, S9335, S9351, S9353, S9373, S9379, S9381, S9474, S9529, S9538, S9560, S9810, J1729, T1020 - T1021, T1030 - T1031, T2042 - T2046
OBSTETRICAL CARE — PRE-NATAL PROCEDURES ONLY (Office Visits and Prenatal sonograms do not require prior auth)	59000 - 59076, 59866
MEDICAL FOSTER CARE	
Level 1 Foster Care Level 2 Foster Care Level 3 Foster Care	S5145 HA (level 1), S5145 TF (level 2), S5145 TG (level 3)
ORTHOTICS AND PROSTHETICS	
CRANIAL ORTHOSIS/ HELMET PROTECTIVE	S1040, S5560, A8000 - A8004
CUSTOM ORTHOTICS	C1813, L0112 - L4398, L8699, S1040, S2230, S2235, S8460
LIMB AND TORSO PROSTHETICS	L5000 - L8507
ORTHOTICS/ PROSTHETICS	L0120 - L3257, L3340 - L3420, L3430 - L3480, L3570 - L3595, L3600 - L3649, L3650 - L3677, L3710 - L3762, L3763 - L3764, L3808 - L3904, L3912 - L3931, L3960, L3962, L3980 - L3999, L4000 - L4210, L4350 - L4398

PROSTHETIC CUSTOM EYE, SURFACING & FITTING	V2623 - V2628, V5336
PHYSICIAN OFFICE ADMINISTERED DRUGS PLEASE REFER TO THE PHARMACY PRIOR AUTHORIZATION LIST	
PROVIDER OFFICE ADMINISTERED DRUGS	J0129, J0135, J0378, J0475 - J0476, J0490, J0585, J0717, J0881 - J0882, J0885, J0897, J1442, J1447, J1453, J1602, J1650, J1652, J1745, J1950, J2357, J2469, J2503, J2505, J2778, J3262, J3357 - J3358, J3380, J3489, J7324, J9035, J9354, Q5101, Q5103 - Q5108, Q5110 - Q5111
REHABILITATION THERAPIES (PT/OT/ST)	
PLEASE CONTACT HEALTH NETWORK ONE AT 1-888-550-8800 EXCEPT WHEN ADMINISTERED IN A PPEC FACILITY.	
THERAPY	
RESPIRATORY THERAPY	G0238
INTEGRATIVE MEDICINE SERVICES	
ACUPUNCTURE (Prior authorization required for Expanded Benefit Only- Limitations apply)	97810, 97811, 97813, 97814
ART THERAPY (Prior authorization required for Expanded Benefit Only- Limitations apply)	G0176
CHIROPRACTIC SERVICES (Prior authorization required for Expanded Benefit Only — Limitations apply)	98940, 98941, 98942, 98943
EQUINE THERAPY (10 sessions) (Prior authorization required for Expanded Benefit Only — Limitations apply)	S8940
MASSAGE THERAPY (Prior authorization required for Expanded Benefit Only — Limitations apply)	97124, 97140, 97010, 97112
PET THERAPY (Prior authorization required for Expanded Benefit Only — Limitations apply)	G0176
TRANSPLANT	
ALL TRANSPLANT SERVICES, INCLUDING EVALUATIONS AND LISTINGS	32850 - 32856, 38204 - 38215, 38230 - 38243, 33927 - 33945, 44132 - 44137, 44715 - 44721, 47133 - 47147, 48550 - 48556, 50300 - 50380, 50547, 65710 - 65757, 0141T - 0143T
TRANSPORTATION	
AIR AMBULANCE	A0430, A0431, A0435, A0435, A0436