

Procedure code	Description	Current rule	Change
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	Yes authorization required	No authorization
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	Yes authorization required	No authorization
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	Yes authorization required-after 6 months of age	No authorization
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	Yes authorization required-after 6 months of age	No authorization
62280	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	Yes authorization required	No authorization
62281	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	Yes authorization required	No authorization
62282	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	Yes authorization required	No authorization
62320	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Yes authorization required	No authorization
62321	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT)	Yes authorization required	No authorization
62322	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Yes authorization required	No authorization
62323	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT)	Yes authorization required	No authorization
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	Yes authorization required	No authorization
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	Yes authorization required	No authorization
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Yes authorization required	No authorization
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	Yes authorization required	No authorization
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	Yes authorization required	No authorization
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	Yes authorization required	No authorization
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (e.g., for blepharospasm, hemifacial spasm)	Yes authorization required	No authorization

Change of Prior Authorization Requirements for CPT Codes



Procedure code	Description	Current rule	Change
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (e.g., for chronic migraine)	Yes authorization required	No authorization
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (e.g., for cervical dystonia, spasmodic torticollis)	Yes authorization required	No authorization
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (e.g., for spasmodic dysphonia), includes guidance by needle electromyography, when performed	Yes authorization required	No authorization
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Yes authorization required	No authorization
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	Yes authorization required	No authorization
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Yes authorization required	No authorization
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	Yes authorization required	No authorization
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Yes authorization required	No authorization
64642	Chemodenervation of one extremity; 1-4 muscle(s)	Yes authorization required	No authorization
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Yes authorization required	No authorization
64644	Chemodenervation of one extremity; 5 or more muscles	Yes authorization required	No authorization
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)	Yes authorization required	No authorization
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	Yes authorization required	No authorization
64647	Chemodenervation of trunk muscle(s); 6 or more muscles	Yes authorization required	No authorization
64650	Chemodenervation of eccrine glands; both axillae	Yes authorization required	No authorization
64653	Chemodenervation of eccrine glands; other area(s) (e.g., scalp, face, neck), per day	Yes authorization required	No authorization
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	Yes authorization required	No authorization
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	Yes authorization required	No authorization
99503	Home visit for respiratory therapy care (e.g., bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits year
99504	Home visit for mechanical ventilation care	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits year
99505	Home Visit for stoma care and maintenance including colostomy and cystostomy	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits year
99506	Home visit for intramuscular injections	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits year
99507	Home visit for care and maintenance of catheter(s) (e.g., urinary, drainage, and enteral)	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits year
99511	Home visit for fecal impaction management and enema administration	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits year

Change of Prior Authorization Requirements for CPT Codes



Procedure code	Description	Current rule	Change
97810	Acupuncture, one or more needles, without electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient.	Yes authorization required	No authorization
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	Yes authorization required	No authorization
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.	Yes authorization required	No authorization
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	Yes authorization required	No authorization
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions	Plan specific rules	Authorization required
98941	Chiropractic manipulative treatment (CMT); spinal, three to four regions	Plan specific rules	Authorization required
98942	Chiropractic manipulative treatment (CMT); spinal, five regions	Plan specific rules	Authorization required
98943	Chiropractic manipulative treatment (CMT); extraspinal, one or more regions	Plan specific rules	Authorization required
O228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level	Yes authorization required	No authorization
O229T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)	Yes authorization required	No authorization
O230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	Yes authorization required	No authorization
O231T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)	Yes authorization required	No authorization
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	Yes authorization required	No authorization
C9753	Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)	Yes authorization required	No authorization
E0951	Heel loop/holder, any type, with or without ankle strap, each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E0952	Toe loop/holder, any type, each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99

Change of Prior Authorization Requirements for CPT Codes



Procedure code	Description	Current rule	Change
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E0959	Manual wheelchair accessory, adapter for amputee, each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E0966	Manual wheelchair accessory, headrest extension, each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E0970	No. 2 footplates, except for elevating leg rest	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E0971	Manual wheelchair accessory, anti-tipping device, each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E0974	Manual wheelchair accessory, anti-rollback device, each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E0980	Safety vest, wheelchair	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E0994	Arm rest, each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E0995	Wheelchair accessory, calf rest/pad, each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E1015	Shock absorber for manual wheelchair, each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99

Change of Prior Authorization Requirements for CPT Codes



Procedure code	Description	Current rule	Change
E1016	Shock absorber for power wheelchair, each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	Yes authorization required	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
GO151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
GO152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
GO153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
GO155	Services of clinical social worker in home health or hospice settings, each 15 minutes	Authorization required after 6 visits per year Region 1/ Authorization required from start of service Region 2	Authorization after 18 visits
GO157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
GO158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minute	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
GO159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
GO160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
GO161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
GO162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
GO299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
GO300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
GO493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits



Procedure code	Description	Current rule	Change
GO494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
GO495	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
GO496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
K0015	Detachable, non-adjustable height armrest, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0017	Detachable, adjustable height armrest, base, replacement only, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0019	Arm pad, replacement only each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0020	Fixed, adjustable height armrest, pair	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0037	High mount flip-up footrest, replacement only, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0038	Leg strap, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0039	Leg strap, H style, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0040	Adjustable angle footplate, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0041	Large size footplate, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0042	Standard size footplate, replacement only, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0043	Footrest, lower extension tube, replacement only, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0044	Footrest, upper hanger bracket, replacement only, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99

Change of Prior Authorization Requirements for CPT Codes



Procedure code	Description	Current rule	Change
K0045	Footrest, complete assembly, replacement only, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0046	Elevating legrest, lower extension tube, replacement only, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0047	Elevating legrest, upper hanger bracket, replacement only, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0050	Ratchet assembly, replacement only	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0051	Cam release assembly, footrest or legrest, replacement only, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0052	Swingaway, detachable footrests, replacement only, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0065	Spoke protectors, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0070	Rear wheel assembly, complete with pneumatic tire, spokes or molded, replacement only, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0073	Caster pin lock, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0077	Front caster assembly, complete, with solid tire, replacement only, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0098	Drive belt for power wheelchair, replacement only	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
K0105	Iv hanger, each	Yes authorization required	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Rental/Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99



Procedure code	Description	Current rule	Change
LO220	Thoracic, rib belt, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
LO452	Thoracic-lumbar-sacral orthotic (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
LO480	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
LO482	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
LO484	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
LO486	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
LO622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
LO624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
LO629	Lumbar-sacral orthotic, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
LO632	Lumbar-sacral orthotic (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
LO636	Lumbar-sacral orthotic (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99



Procedure code	Description	Current rule	Change
L0638	Lumbar-sacral orthotic (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L0640	Lumbar-sacral orthotic (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1630	Hip orthosis, abduction control of hip joints, semi-flexible (Von Rosen type), custom-fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1640	Hip orthotic (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1680	Hip orthotic (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1685	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1730	Legg Perthes orthotic, (Scottish Rite type), custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1834	Knee orthosis, without knee joint, rigid, custom-fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1840	Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1844	Knee orthotic (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99

Change of Prior Authorization Requirements for CPT Codes



Procedure code	Description	Current rule	Change
L1846	Knee orthotic, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1860	Knee orthosis, modification of supracondylar prosthetic socket, custom-fabricated (SK)	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1900	Ankle-foot orthotic (AFO), spring wire, dorsiflexion assist calf band, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1920	Ankle foot orthosis, single upright with static or adjustable stop (Phelps or Perlstein type), custom-fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1940	Ankle-foot orthotic (AFO), plastic or other material, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1945	Ankle-foot orthotic (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1960	Ankle-foot orthotic (AFO), posterior solid ankle, plastic, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1970	Ankle-foot orthotic (AFO), plastic with ankle joint, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1980	Ankle-foot orthotic (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthotic), custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L1990	Ankle-foot orthotic (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthotic), custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2000	Knee-ankle-foot orthotic (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2005	Knee-ankle-foot orthotic (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2010	Knee-ankle-foot orthotic (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), without knee joint, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99

Change of Prior Authorization Requirements for CPT Codes



Procedure code	Description	Current rule	Change
L2020	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthotic), custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2030	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthotic), without knee joint, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2034	Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2036	Knee-ankle-foot orthotic (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2037	Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2038	Knee-ankle-foot orthotic (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2040	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2050	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2060	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2070	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2080	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2090	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2106	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture cast orthotic, thermoplastic type casting material, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2108	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture cast orthotic, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2232	Addition to lower extremity orthotic, rocker bottom for total contact ankle-foot orthotic (AFO), for custom fabricated orthotic only	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99

Change of Prior Authorization Requirements for CPT Codes



Procedure code	Description	Current rule	Change
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated ort	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3671	SO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adj	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3674	Shoulder orthotic (SO), abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3720	Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom-fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3730	Elbow orthosis, double upright with forearm/arm cuffs, extension/flexion assist, custom-fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3740	Elbow orthosis, double upright with forearm/arm cuffs, adjustable position lock with active control, custom-fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3800	Wrist hand finger orthosis, short opponens, no attachments, custom-fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3805	Wrist hand finger orthosis, long opponens, no attachment, custom-fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3808	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includ	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3891	"Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3900	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99

Change of Prior Authorization Requirements for CPT Codes



Procedure code	Description	Current rule	Change
L3901	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricate	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3904	Wrist hand finger orthosis, external powered, electric, custom-fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3905	WHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabr	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3906	Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustm	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjust	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3935	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabr	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L3975	SEWHFO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	Region 1 authorization required/Region 2 dollar threshold	Authorization should = Yes >= \$750.00 and Authorization should = No if <= \$749.99
S9097	Home visit for wound care	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
S9098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
S9128	Speech therapy, in the home, per diem	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
S9129	Occupational therapy, in the home, per diem	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
S9131	Physical Therapy; in the home, per diem	Authorization required after 6 visits per calendar/fiscal year	Authorization after 18 visits
T1030	Nursing care, in the home, by registered nurse, per diem	Authorization required after 6th visit	Authorization after 18 visits



Procedure code	Description	Current rule	Change
T1031	Nursing care, in the home, by licensed practical nurse, per diem	Authorization required after 6th visit	Authorization after 18 visits
97810	Acupuncture, one or more needles, without electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient	Yes authorization required	No authorization required
97811	Acupuncture, one or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of needle(s) (list separately in addition to code for primary procedure)	Yes authorization required	No authorization required
97813	Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Yes authorization required	No authorization required
97814	Acupuncture, one or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)	Yes authorization required	No authorization required