Prior Authorization Types

Procedure codes are categorized as always, sometimes, or never requiring a prior authorization for a service to be performed. This document outlines the criteria for prior authorizations and which codes may require them.

Note: Personal Care Services are not listed in the tables below as these services are "Always" authorized.

- **Always**: The payer always requires an authorization to perform the service.
    - o Authorization(s) are required to be received on the Prior Authorization file.
        - o Visits must be associated to the received authorization from the payer.
        - o Third-Party EVV vendors must include the correct authorization number in the 'AuthRefNo' field outlined in the CareBridge Integration Specifications when sending EVV visit data to CareBridge for these services.

- **Sometimes**: The payer only requires an authorization to perform the service in some situations. (ex. authorization is required for out-of-network provider, authorization is not required for initial # visits, etc.). CareBridge will accept visits for services that are "sometimes" authorized up until the payer sends the authorization to CareBridge.
    - o If an authorization for this service **is sent** to CareBridge by the Health Plan:
        - o CareBridge users are required to complete, and bill associated EVV visit against the issued authorization number.
        - o Third-Party EVV vendors are required to send EVV visits and billing data to CareBridge with the correct authorization number in the 'AuthRefNo' field outlined in the CareBridge Integration Specifications.
            - If the 'AuthRefNo' field is sent with a value not matching the authorization number that CareBridge received from the health plan for this member, provider, service code and date span, a pre-billing alert will trigger and be returned to the provider. Claims will NOT be generated/sent to the payer until provider resolves the alert.
            - If the 'AuthRefNo' field is sent blank (null), CareBridge will attempt to match to an authorization number using other data from the visit data (ex. Member MedicaidID, service code, DOS, etc.).
                - i. If a match is found, the visit will be associated to the issued authorization number.
                - ii. If a match is not found the visit will be treated as if an authorization was not sent to CareBridge by the Health Plan.

- o If an authorization for this service **is not sent** to CareBridge by the Health Plan:
  - o CareBridge users are required to follow the process defined in the No Authorization Workflow training document to complete and bill for associated EVV visits.
  - o Third-Party EVV systems users are required to send EVV visits and billing data to CareBridge with the 'AuthRefNo' field blank (null) as outlined in the CareBridge Integration Specifications.
    - If the 'AuthRefNo' field is sent with a value a pre-billing alert will trigger and be returned to the provider. Claims will NOT be generated/sent to the Health Plan until provider resolves the alert.

- **Never**: The payer *does not* require or issue an authorization to perform the service.
  - o The payer will not send authorizations to CareBridge for services that are "never" authorized". If an authorization is sent to CareBridge by either the payer or the provider for these services, providers may experience issues with the related visits.
  - o CareBridge users are required to follow the process defined in the No Authorization Workflow training document to complete and bill for associated EVV visits.
  - o Third-Party EVV vendors are required to send the the 'AuthRefNo' field as null for all EVV Visits.

Authorization category assignments are captured below.

Iowa

Amerigroup Iowa
Authorization Requirements

Code	Mod	Description	Prior Authorized
S9122	None	Home Health Aide (Waiver)	Always
S9123	None	Nursing Care, RN, home (Waiver)	Always
S9124	None	Nursing Care, LPN, home (Waiver)	Always
T1002	None	Nursing Care, RN, IMMT, home	Always
T1003	None	Nursing Care, LPN, IMMT, home	Always
T1004	None	Home Health Aide, IMMT	Always
T1004	U3	Home Health Aide	Always
T1021	None	Home Health Aide	Always
T1030	None	Nursing Care, RN, home	Always
T1031	None	Nursing Care, LPN, home	Always
S9122	None	Personal Care provided by a HHA or CNA (Non-Waiver)	Always
S9123	None	Nursing Care, RN, home (Non-Waiver)	Always
S9124	None	Nursing Care, LPN, home (Non-Waiver)	Always
G0151	None	Physical Therapist (PT), home health setting or hospice	Sometimes
G0152	None	Occupational Therapist (OT), home health setting or hospice	Sometimes
G0153	None	Speech Language Pathologist (SLP or ST), home health setting or hospice	Sometimes
G0156	None	Home Health Aide, home health or hospice setting	Sometimes
G0158	None	OT Assistant, home health setting or hospice	Sometimes
G0159	None	PT, home health setting	Always
G0160	None	OT, home health setting	Always
G0161	None	SLP, home health setting	Sometimes
G0299	None	RN Direct Care, home health or hospice setting	Always
G0300	None	LPN Direct Care, home health setting or hospice	Always

Iowa Total Care
Authorization Requirements

Code	Mod	Description	Prior Authorized
S9122	None	Home Health Aide (Waiver)	Always

S9123	None	Nursing Care, RN, home (Waiver)	Always
S9124	None	Nursing Care, LPN, home (Waiver)	Always
T1002	None	Nursing Care, RN, IMMT, home	Always
T1003	None	Nursing Care, LPN, IMMT, home	Always
T1004	None	Home Health Aide, IMMT	Always
T1004	U3	Home Health Aide	Always
T1021	None	Home Health Aide	Always
T1030	None	Nursing Care, RN, home	Always
T1031	None	Nursing Care, LPN, home	Always
S9122	None	Personal Care provided by a HHA or CNA (Non-Waiver)	Never
S9123	None	Nursing Care, RN, home (Non-Waiver)	Never
G0151	None	Physical Therapist (PT), home health setting or hospice	Never
G0152	None	Occupational Therapist (OT), home health setting or hospice	Never
G0153	None	Speech Language Pathologist (SLP or ST), home health setting or hospice	Never
G0156	None	Home Health Aide, home health or hospice setting	Never
G0158	None	OT Assistant, home health setting or hospice	Never
G0159	None	PT, home health setting	Never
G0160	None	OT, home health setting	Never
G0161	None	SLP, home health setting	Never
G0299	None	RN Direct Care, home health or hospice setting	Never
G0300	None	LPN Direct Care, home health setting or hospice	Never

Molina Healthcare of Iowa
Authorization Requirements

Code	Mod	Description	Prior Authorized
S9122	None	Home Health Aide (Waiver)	Always
S9123	None	Skilled Nursing (RN) (Waiver)	Always
S9124	None	Skilled Nursing (LPN) (Waiver)	Always
S9122	None	Home Health Aide (Non-Waiver)	Sometimes

S9123	None	Skilled Nursing (RN) (Non-Waiver)	Sometimes
S9124	None	Skilled Nursing (LPN) (Non-Waiver)	Sometimes
T1002	None	Nursing Care, RN, IMMT, home	Always
T1003	None	Nursing Care, LPN, IMMT, home	Always
T1004	None	Home Health Aide, IMMT	Always
T1004	U3	Home Health Aide	Always
T1021	None	Home Health Aide	Always
T1030	None	Nursing Care, RN, home	Always
T1031	None	Nursing Care, LPN, home	Always
G0151	None	Physical Therapist (PT), home health setting or hospice	Sometimes
G0152	None	Occupational Therapist (OT), home health setting or hospice	Sometimes
G0153	None	Speech Language Pathologist (SLP or ST), home health setting or hospice	Sometimes
G0156	None	Home Health Aide, home health or hospice setting	Sometimes
G0158	None	OT Assistant, home health setting or hospice	Sometimes
G0159	None	PT, home health setting	Sometimes
G0160	None	OT, home health setting	Sometimes
G0161	None	SLP, home health setting	Sometimes
G0299	None	RN Direct Care, home health or hospice setting	Sometimes
G0300	None	LPN Direct Care, home health setting or hospice	Sometimes

New Jersey

Amerigroup New Jersey
Authorization Requirements

Amerigroup New Jersey Home Health Codes are "Always" authorized.

Horizon
Authorization Requirements

Horizon New Jersey Home Health Codes are considered "Sometimes" authorized.

North Carolina

Healthy Blue
Authorization Requirements

Code	Mod	Description	Prior Authorized
92521	None	Speech Therapy - Evaluation	Sometimes
92522	None	Speech Therapy - Evaluation	Sometimes
92523	None	Speech Therapy - Evaluation	Sometimes
97161	None	Physical Therapy - Evaluation	Sometimes
97162	None	Physical Therapy - Evaluation	Sometimes
97163	None	Physical Therapy - Evaluation	Sometimes
97164	None	Physical Therapy - Evaluation	Always
97165	None	Occupational Therapy - Evaluation	Sometimes
97166	None	Occupational Therapy - Evaluation	Sometimes
97167	None	Occupational Therapy - Evaluation	Sometimes
97168	None	Occupational Therapy - Evaluation	Always
G0151	None	Physical Therapy	Always
G0152	None	Occupational Therapy	Always
G0153	None	Speech Therapy	Always
G0156	None	Home Health Aide Visit	Sometimes
G0157	None	Physical Therapy	Always
G0158	None	Occupational Therapy - Evaluation	Always
G0159	None	Physical Therapy	Always
		Physical Therapy - Evaluation	
G0160	None	Occupational Therapy	Always
		Occupational Therapy - Evaluation	
G0161	None	Speech Therapy	Always
G0162	None	Skilled nursing: Initial assessment/re- assessment	Always
G0283	None	Physical Therapy	Always

G0299	None	Skilled nursing: Treatment, teaching/training, observation/evaluation	Always
		Skilled nursing: For a dually eligible beneficiary when the visit does not meet Medicare criteria	
		Skilled nursing: venipuncture	
		Skilled nursing: Pre- filling insulin syringes/Medi-Planners	
G0300	None	Skilled nursing: Treatment, teaching/training, observation/evaluation	Always
		Skilled nursing: For a dually eligible beneficiary when the visit does not meet Medicare criteria	
		Skilled nursing: venipuncture	
		Skilled nursing: Pre- filling insulin syringes/Medi-Planners	
G0493		Skilled nursing: Initial assessment/re- assessment	Sometimes
G0494		Skilled nursing: Initial assessment/re- assessment	Sometimes
G0495	None	Skilled nursing: Treatment, teaching/training, observation/evaluation	Sometimes
		Skilled nursing: For a dually eligible beneficiary when the visit does not meet Medicare criteria	
G2168	None	Physical Therapy	Always
G2169	None	Occupational Therapy	Always
S9122	None	Home Health Aide Visit	Always
S9123	None	Skilled nursing: Treatment, teaching/training, observation/evaluation	Always
		Skilled nursing: For a dually eligible beneficiary when the visit does not meet Medicare criteria	
S9124	None	Skilled nursing: Treatment, teaching/training, observation/evaluation	Always
		Skilled nursing: For a dually eligible beneficiary when the visit does not meet Medicare criteria	
		Skilled nursing: venipuncture	

		Skilled nursing: Pre- filling insulin syringes/Medi-Planners	
S9128	None	Speech Therapy	Always
S9129	None	Occupational Therapy	Always
S9131	None	Physical Therapy	Always
T1002	None	Skilled nursing: Treatment, teaching/training, observation/evaluation	Always
		Skilled nursing: For a dually eligible beneficiary when the visit does not meet Medicare criteria	
T1021	None	Home Health Aide Visit	Sometimes
T1030	None	Nursing Care, In The Home, By Registered Nurse	Always

Tennessee

Amerigroup Tennessee
Authorization Requirements

Code	Mod	Description	Prior Authorized
T1000	None	Private duty/independent nursing service(s) - licensed	Always
S9122	None	Home health aide or certified nurse assistant, providing care in the home	Always
S9123	None	Nursing care, in the home; by registered nurse	Always
S9124	None	Nursing care, in the home; by licensed practical nurse	Always
G0151	None	Intermittent Home Health Physical Therapy Visit	Sometimes
G0152	None	Intermittent Home Health Occupational Therapy Visit	Sometimes
G0153	None	Intermittent Home Health Speech Therapy Visit	Sometimes
G0155	None	Intermittent Home Health Social Worker Visit	Sometimes
G0156	None	Intermittent Home Health Aide Visit	Sometimes
G0157	None	Intermittent Home Health Physical Therapy Assistant Visit	Sometimes
G0158	None	Intermittent Home Health Occupational Therapy Assistant Visit	Sometimes
G0299	None	Intermittent Home Health Skilled Nursing Visit RN	Sometimes
G0300	None	Intermittent Home Health Skilled Nursing Visit LPN	Sometimes

United Healthcare Community Plan of Tennessee
Authorization Requirements

Code	Mod	Description	Prior Authorized
T1000	None	Private duty/independent nursing service(s) - licensed	Always
S9122	None	Home health aide or certified nurse assistant, providing care in the home	Always
S9123	None	Nursing care, in the home; by registered nurse	Always
S9124	None	Nursing care, in the home; by licensed practical nurse	Always
G0151	SE, XE, GP	Intermittent Home Health Physical Therapy Visit	Sometimes

G0152	XE, GO, SE	Intermittent Home Health Occupational Therapy Visit	Sometimes
G0153	XE, GN, SE	Intermittent Home Health Speech Therapy Visit	Sometimes
G0155	XE, SE, HA, SD	Intermittent Home Health Social Worker Visit	Sometimes
G0156	XE, SE	Intermittent Home Health Aide Visit	Sometimes
G0157	XE, GP, SE	Intermittent Home Health Physical Therapy Assistant Visit	Always
G0158	XE, GO, SE	Intermittent Home Health Occupational Therapy Assistant Visit	Always
G0159	XE, GP, SE	Intermittent Home Health Physical Therapy Visit	Always
G0160	XE, GO, SE	Intermittent Home Health Occupational Therapy Visit	Always
G0162	XE, SE	Intermittent Home Health RN Visit	Always
G0299	XE, SE	Intermittent Home Health Skilled Nursing Visit RN	Sometimes
G0300	XE, SE	Intermittent Home Health Skilled Nursing Visit LPN	Sometimes
G0493	XE, SE	Intermittent Home Health RN Visit	Always
G0494	XE, SE	Intermittent Home Health LPN Visit	Always
G0495	XE, SE	Intermittent Home Health RN Visit	Always
G0496	XE, SE	Intermittent Home Health LPN Visit	Always
S9127	XE, SE	Social work visit, in the home, per diem	Always
S9129	XE, GO, SE	Occupational therapy, in the home, per diem	Always
S9131	XE, GP, SE	Physical therapy; in the home, per diem	Always
S9474	XE, SE	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem	Always