



## 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.
  - Authorization(s) are required to be received on the Prior Authorization file.
    - Visits must be associated to the received authorization from the payer.
    - 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.
  - If an authorization for this service **is sent** to CareBridge by the Health Plan:
    - CareBridge users are required to complete, and bill associated EVV visit against the issued authorization number.
    - 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.



- If an authorization for this service **is not sent** to CareBridge by the Health Plan:
  - CareBridge users are required to follow the process defined in the No Authorization Workflow training document to complete and bill for associated EVV visits.
  - 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.
  - 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.
  - CareBridge users are required to follow the process defined in the No Authorization Workflow training document to complete and bill for associated EVV visits.
  - 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 | Evaluation of speech fluency  | Sometimes        |
| 92522 | None | Evaluation of speech sound production   | Sometimes        |
| 92523 | None | Evaluation of speech sound production; with evaluation of language comprehension and expression     | Sometimes        |
| 97161 | None | Physical therapy evaluation; low complexity, requiring components                                   | Sometimes        |
| 97162 | None | Physical therapy evaluation; moderate complexity requiring components                               | Sometimes        |
| 97163 | None | Physical therapy evaluation; high complexity requiring components                                   | Sometimes        |
| 97164 | None | Re-evaluation of physical therapy established plan of care requiring components                     | Always           |
| 97165 | None | Occupational therapy evaluation; low complexity requiring components                                | Sometimes        |
| 97166 | None | Occupational therapy evaluation; moderate complexity requiring components                           | Sometimes        |
| 97167 | None | Occupational therapy evaluation; high complexity requiring components                               | Sometimes        |
| 97168 | None | Re-evaluation of occupational therapy care/established plan of care requiring components            | Always           |
| G0151 | None | Services performed by a qualified therapist in the home health or hospice setting                   | Always           |
| G0152 | None | Services performed by a qualified occupational therapist in the home health or hospice setting      | Always           |
| G0153 | None | Services performed by a qualified speech-language pathologist in the home health or hospice setting | Always           |
| G0156 | None | Services of home health/hospice aide in home health or hospice settings                             | Sometimes        |



|       |      |   |           |
|-------|------|---|-----------|
| G0157 | None | Services performed by a qualified physical therapist assistant in the home health or hospice setting  | Always    |
| G0158 | None | Services performed by a qualified occupational therapist assistant in the home health or hospice setting  | Always    |
| G0159 | None | 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                   | Always    |
| G0160 | None | 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           | Always    |
| G0161 | None | 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 | Always    |
| G0162 | None | Skilled services by a registered nurse (RN) for management and evaluation of the plan of care   | Always    |
| G0283 | None | Electrical Stimulation (Unattended), To One Or More Areas For Indication(s) Other Than Wound Care, as part of a therapy plan of care  | Always    |
| G0299 | None | Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting  | Always    |
| G0300 | None | Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting   | Always    |
| G0493 | None | Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition   | Sometimes |
| G0494 | None | Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition  | Sometimes |
| G0495 | None | 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  | Sometimes |
| G2168 | None | Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program                                      | Always    |
| G2169 | None | Services performed by an occupational therapist assistant in the home health setting in the delivery of a   | Always    |





|       |      |   |           |
|-------|------|---|-----------|
|       |      | safe and effective occupational therapy maintenance program               |           |
| 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    |
| S9128 | None | Speech therapy, in the home   | Always    |
| S9129 | None | Occupational therapy, in the home   | Always    |
| S9131 | None | Physical therapy, in the home   | Always    |
| T1002 | None | RN services,  | Always    |
| T1021 | None | Home health aide or certified nurse assistant                             | 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    |