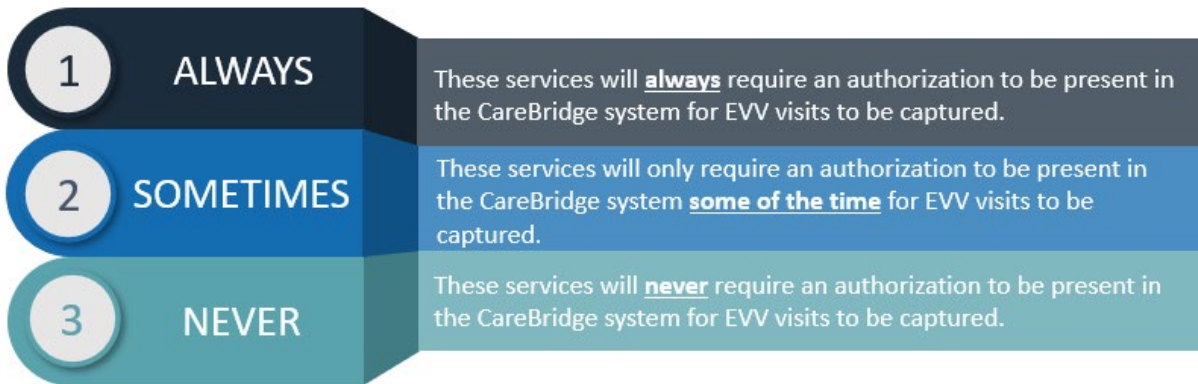# Authorization Issuance Types

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.

> IMPORTANT: If a Provider has been issued an authorization and **does not** see the authorization in the CareBridge system, providers should reach out to their health plan point of contact.

Always

When a service is listed as "Always" as the Auth Issuance Type, the Health Plan requires that a valid authorization be present in the CareBridge system before an EVV visit can be captured.

CareBridge User

- *Visits for these services **must be** associated to the authorization received by CareBridge from the Health Plan.*
  - *If services need to be rendered prior to the authorization being available in the CareBridge system, a manual entry may be necessary after the visit took place.*

Third-Party EVV User

- *EVV visit data sent to CareBridge for these services **must include** the correct authorization number in the 'AuthRefNumber' field.*
  - *This authorization number **must match** to an authorization received by CareBridge from the Health Plan*
    - *If the authorization number does not match what the Health Plan sent to CareBridge, an alert will be returned to the Provider / Third-Party EVV vendor in the CareBridge response file.*

Sometimes

When a service is listed as "Sometimes" as the Auth Issuance Type, the Health Plan requires that a valid authorization be present in the CareBridge system in some situations before an EVV visit can be captured.

CareBridge User

*An authorization for the service **is sent** to CareBridge by the Health Plan:*	• *Visits for these services **must be** associated to the authorization received by CareBridge from the Health Plan.*
	   ○ *This authorization number **must match** an authorization received by CareBridge from the Health Plan.*
	      • *If the 'AuthRefNumber' field is blank, CareBridge will attempt to match to an authorization using other provided data elements.*

*An authorization for the service **is not sent** to CareBridge by the Health Plan:*	• *Providers must follow the "No Authorization Workflow" as covered in the following training materials:*
	   ○ *Micro Learning: CareBridge Provider Portal - No Authorizations*
	   ○ *Reference Document: No Authorization Workflow*

Third-Party EVV User	

An authorization for the service **is sent** to CareBridge by the Health Plan:	• EVV visit data sent to CareBridge for these services **must include** the **correct** authorization number in the '*AuthRefNumber*' field.
	  • This authorization number **must match** to an authorization received by CareBridge from the Health Plan.
	    • If the '*AuthRefNumber*' field is blank, CareBridge will attempt to match to an authorization using other provided data elements.
	      i. If a match **is found**, the visit will be associated to this 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.

An authorization for the service **is not sent** to CareBridge by the Health Plan:	• EVV visit data sent to CareBridge for these services **must be sent** with the '*AuthRefNumber*' field **blank** (null). • If the '*AuthRefNumber*' field is sent to CareBridge with a value, an alert will be returned to the Provider / Third-Party EVV vendor in the CareBridge response file.

Never

When a service is listed as "Never" as the Auth Issuance Type, the Health Plan does not require an authorization be present in the CareBridge system for EVV visit to be captured.

CareBridge User

- Providers must follow the "**No Authorization Workflow**" as covered in the following training materials:
    - Micro Learning: CareBridge Provider Portal - No Authorizations
    - Reference Document: No Authorization Workflow

- EVV visit data sent to CareBridge for these services **must be sent** with the '*AuthRefNumber*' field **blank** (null).
  - If the '*AuthRefNumber*' field is sent to CareBridge with **any** value, an alert will be returned to the Provider / Third-Party EVV vendor in the CareBridge response file.

Authorization category assignments are captured below.

Personal Care Services are not listed as these services are "Always" authorized.

Iowa

Wellpoint 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	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

Iowa Total Care
Authorization Requirements

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

Code	Mod	Description	Prior Authorized
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

Wellpoint 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

Wellpoint 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	Sometimes
G0158	XE, GO, SE	Intermittent Home Health Occupational Therapy Assistant Visit	Sometimes
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	Sometimes
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