

# AmeriHealth Caritas Delaware Provider Bulletin

## Change of Prior Authorization Requirements for Certain Procedure Codes

**Summary: Effective October 1, 2020, AmeriHealth Caritas Delaware has removed the prior authorization requirements for a select set of procedure codes and changed the requirements for others.**

AmeriHealth Caritas Delaware is aware of the time spent on administrative tasks and the growing industry need to reduce costs and save time. By removing what doesn't add value to make room for what does, we hope to enable you to spend less time on administrative duties.

For the list of changes that have been applied to the current prior authorization requirements, go to [www.amerhealthcaritasde.com](http://www.amerhealthcaritasde.com) > [Providers](#) > [Resources](#) > [Prior Authorization](#).

To help ensure members receive the most appropriate level of care, **please continue to follow current prior authorization guidelines for all other procedure codes not listed.**

Prior authorization is not a guarantee of payment for the service authorized. AmeriHealth Caritas Delaware reserves the right to adjust any payment made following a review of the medical records or other documentation and/or determination of the medical necessity of the services provided. Additionally, payment may also be adjusted if the member's eligibility has changed from the time the authorization was issued to the time the service was provided.

**If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at 1-855-707-5818. If you have questions related to a procedure code or prior authorization, please call 1-855-396-5770.**

Procedure code	Description	Current Rule	Change
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, one lobe	Yes authorization required	No authorization required
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, two or more lobes	Yes authorization required	No authorization required
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	Yes authorization required after 6 months of age	No authorization required
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 required
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 required
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 required
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 required
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 required
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 required
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 required
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 required
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 required
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 required
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 required
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 required
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	Yes authorization required	No authorization required
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	Yes authorization required	No authorization required
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (e.g., for blepharospasm, hemifacial spasm)	Yes authorization required	No authorization required



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 required
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 required
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 required
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 required
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 required
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 required
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 required
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Yes authorization required	No authorization required
64642	Chemodenervation of one extremity; one to four muscle(s)	Yes authorization required	No authorization required
64643	Chemodenervation of one extremity; each additional extremity, one to four muscle(s) (list separately in addition to code for primary procedure)	Yes authorization required	No authorization required
64644	Chemodenervation of one extremity; five or more muscles	Yes authorization required	No authorization required
64645	Chemodenervation of one extremity; each additional extremity, five or more muscles (list separately in addition to code for primary procedure)	Yes authorization required	No authorization required
64646	Chemodenervation of trunk muscle(s); one to five muscle(s)	Yes authorization required	No authorization required
64647	Chemodenervation of trunk muscle(s); six or more muscles	Yes authorization required	No authorization required
64650	Chemodenervation of eccrine glands; both axillae	Yes authorization required	No authorization required
64653	Chemodenervation of eccrine glands; other area(s) (e.g., scalp, face, neck), per day	Yes authorization required	No authorization required
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	Yes authorization required	No authorization required
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	Yes authorization required	No authorization required
99503	Home visit for respiratory therapy care (e.g., bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits
99504	Home visit for mechanical ventilation care	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits
99505	Home visit for stoma care and maintenance including colostomy and cystostomy	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits
99506	Home visit for intramuscular injections	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits
99507	Home visit for care and maintenance of catheter(s) (e.g., urinary, drainage, and enteral)	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits
99511	Home visit for fecal impaction management and enema administration	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits

## 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 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 reinsertion of needle(s) (list separately in addition to code for primary procedure)	Yes authorization required	No authorization required
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions	Plan-specific rules	Authorization required if < 18 years of age
98941	Chiropractic manipulative treatment (CMT); spinal, three to four regions	Plan-specific rules	Authorization required if < 18 years of age
98942	Chiropractic manipulative treatment (CMT); spinal, five regions	Plan-specific rules	Authorization required if < 18 years of age
98943	Chiropractic manipulative treatment (CMT); extraspinal, one or more regions	Plan-specific rules	Authorization required if < 18 years of age
O228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level	Yes authorization required	No authorization required
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 required
O230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	Yes authorization required	No authorization required
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 required
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 square inches or less, without adhesive border, each dressing	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 square inches but less than or equal to 48 square inches, without adhesive border, each dressing	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and 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 required
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 required
E0951	Heel loop/holder, any type, with or without ankle strap, each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
E0952	Toe loop/holder, any type, each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99



Procedure code	Description	Current Rule	Change
<b>E0959</b>	Manual wheelchair accessory, adapter for amputee, each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>E0960</b>	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>E0961</b>	Manual wheelchair accessory, wheel lock brake extension (handle), each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>E0966</b>	Manual wheelchair accessory, headrest extension, each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>E0970</b>	No. 2 footplates, except for elevating leg rest	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>E0971</b>	Manual wheelchair accessory, anti-tipping device, each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>E0973</b>	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>E0974</b>	Manual wheelchair accessory, anti-rollback device, each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>E0978</b>	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>E0980</b>	Safety vest, wheelchair	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>E0994</b>	Arm rest, each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>E0995</b>	Wheelchair accessory, calf rest/pad, each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>E1015</b>	Shock absorber for manual wheelchair, each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>E1016</b>	Shock absorber for power wheelchair, each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>E1017</b>	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>E1018</b>	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	Yes authorization required	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>G0151</b>	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits
<b>G0152</b>	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits
<b>G0153</b>	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits



Procedure code	Description	Current Rule	Change
<b>GO155</b>	Services of clinical social worker in home health or hospice settings, each 15 minutes	Authorization required after six visits per year, Region 1/Authorization required from start of service, Region 2	Authorization after 18 visits
<b>GO157</b>	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits
<b>GO158</b>	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minute	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits
<b>GO159</b>	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 six visits per calendar/fiscal year	Authorization after 18 visits
<b>GO160</b>	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 six visits per calendar/fiscal year	Authorization after 18 visits
<b>GO161</b>	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 six visits per calendar/fiscal year	Authorization after 18 visits
<b>GO162</b>	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 six visits per calendar/fiscal year	Authorization after 18 visits
<b>GO299</b>	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits
<b>GO300</b>	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits
<b>GO493</b>	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 six visits per calendar/fiscal year	Authorization after 18 visits
<b>GO494</b>	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 six visits per calendar/fiscal year	Authorization after 18 visits
<b>GO495</b>	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 six visits per calendar/fiscal year	Authorization after 18 visits
<b>GO496</b>	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 six visits per calendar/fiscal year	Authorization after 18 visits
<b>K0015</b>	Detachable, nonadjustable height armrest, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0017</b>	Detachable, adjustable height armrest, base, replacement only, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0018</b>	Detachable, adjustable height armrest, upper portion, replacement only, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0019</b>	Arm pad, replacement only each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99

## Change of Prior Authorization Requirements for CPT Codes



Procedure code	Description	Current Rule	Change
<b>K0020</b>	Fixed, adjustable height armrest, pair	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0037</b>	High mount flip-up footrest, replacement only, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0038</b>	Leg strap, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0039</b>	Leg strap, H style, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0040</b>	Adjustable angle footplate, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0041</b>	Large size footplate, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0042</b>	Standard size footplate, replacement only, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0043</b>	Footrest, lower extension tube, replacement only, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0044</b>	Footrest, upper hanger bracket, replacement only, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0045</b>	Footrest, complete assembly, replacement only, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0046</b>	Elevating legrest, lower extension tube, replacement only, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0047</b>	Elevating legrest, upper hanger bracket, replacement only, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0050</b>	Ratchet assembly, replacement only	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0051</b>	Cam release assembly, footrest or legrest, replacement only, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0052</b>	Swingaway, detachable footrests, replacement only, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0065</b>	Spoke protectors, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0069</b>	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0070</b>	Rear wheel assembly, complete with pneumatic tire, spokes or molded, replacement only, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0071</b>	Front caster assembly, complete, with pneumatic tire, replacement only, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0072</b>	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99

## Change of Prior Authorization Requirements for CPT Codes



Procedure code	Description	Current Rule	Change
<b>K0073</b>	Caster pin lock, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0077</b>	Front caster assembly, complete, with solid tire, replacement only, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0098</b>	Drive belt for power wheelchair, replacement only	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>K0105</b>	IV hanger, each	Yes authorization required	Rental/Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>LO112</b>	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 be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99 (currently a rental)
<b>LO220</b>	Thoracic rib belt, custom fabricated	Region 1 authorization required/ Region 2, dollar threshold	Authorization should be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>LO452</b>	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 be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>LO480</b>	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, one-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 be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>LO482</b>	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, one-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 be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>LO484</b>	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, two-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 be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>LO486</b>	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, two-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 be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>LO622</b>	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 be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99
<b>LO624</b>	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semirigid 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 be Yes if $\geq$ \$750.00 and No if $\leq$ \$749.99



Procedure code	Description	Current Rule	Change
<b>L0629</b>	Lumbar-sacral orthotic (LSO), flexible, provides lumbosacral 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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>L0632</b>	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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>L0636</b>	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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>L0638</b>	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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>L0640</b>	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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>L1630</b>	Hip orthosis, abduction control of hip joints, semi-flexible (Von Rosen type), custom-fabricated	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>L1640</b>	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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>L1680</b>	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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>L1685</b>	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, custom fabricated	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>L1700</b>	Legg-Perthes orthosis (Toronto type), custom fabricated	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>L1710</b>	Legg-Perthes orthosis (Newington type), custom fabricated	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>L1720</b>	Legg-Perthes orthosis, trilateral (Tachdjian type), custom fabricated	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>L1730</b>	Legg-Perthes orthotic (Scottish Rite type), custom fabricated	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>L1755</b>	Legg-Perthes orthosis (Patten bottom type), custom fabricated	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>L1834</b>	Knee orthosis, without knee joint, rigid, custom-fabricated	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99



Procedure code	Description	Current Rule	Change
L1840	Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
L1846	Knee orthotic (KO), 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and No if ≤ \$749.99



Procedure code	Description	Current Rule	Change
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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
L3671	Shoulder orthotic (SO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and No if ≤ \$749.99

## Change of Prior Authorization Requirements for CPT Codes



Procedure code	Description	Current Rule	Change
L3720	Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom-fabricated	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
L3808	Wrist-hand-finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, include	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
L3900	Wrist-hand-finger orthotic (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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
L3901	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
L3904	Wrist-hand-finger orthosis, external powered, electric, custom fabricated	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
L3905	Wrist-hand orthotic (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
L3906	Wrist-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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
L3913	Hand-finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and 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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
L3961	Shoulder-elbow-wrist-hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99
L3975	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Region 1 authorization required/Region 2, dollar threshold	Authorization should be Yes if ≥ \$750.00 and No if ≤ \$749.99



Procedure code	Description	Current Rule	Change
<b>L4631</b>	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 be Yes if ≥ \$750.00 and No if ≤ \$749.99
<b>S9097</b>	Home visit for wound care	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits
<b>S9098</b>	Home visit, phototherapy services (e.g., Bili light), including equipment rental, nursing services, blood draw, supplies, and other services, per diem	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits
<b>S9128</b>	Speech therapy, in the home, per diem	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits
<b>S9129</b>	Occupational therapy, in the home, per diem	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits
<b>S9131</b>	Physical therapy, in the home, per diem	Authorization required after six visits per calendar/fiscal year	Authorization after 18 visits
<b>T1030</b>	Nursing care, in the home, by registered nurse, per diem	Authorization required after sixth visit	Authorization after 18 visits
<b>T1031</b>	Nursing care, in the home, by licensed practical nurse, per diem	Authorization required after sixth visit	Authorization after 18 visits
<b>97810</b>	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
<b>97811</b>	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
<b>97813</b>	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
<b>97814</b>	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
<b>98940</b>	Chiropractic manipulative treatment (CMT); spinal, one to two regions	Plan-specific rules	Authorization required if < 18 years of age
<b>98941</b>	Chiropractic manipulative treatment (CMT); spinal, three to four regions	Plan-specific rules	Authorization required if < 18 years of age
<b>98942</b>	Chiropractic manipulative treatment (CMT); spinal, five regions	Plan-specific rules	Authorization required if < 18 years of age
<b>98943</b>	Chiropractic manipulative treatment (CMT); extraspinal, one or more regions	Plan-specific rules	Authorization required if < 18 years of age

